

Training and employment in New Zealand

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This article is one of a series dealing with training and employment in countries overseas, previous articles have covered Australia (Kisely, 1993) and Canada (Kisely & Jones, 1996). This paper updates an earlier report on New Zealand which was published five years ago (Timney, 1991). In particular it highlights important recent changes to registration procedures which will affect doctors wishing to go to New Zealand, for either temporary work experience or permanent settlement.

Description of the country and health service

New Zealand consists of two main islands (North and South) located in the South Pacific to the south-east of Australia. The population of 3.4 million is predominantly of European origin but Maoris and Pacific Islanders form substantial minorities. A previous report has described some of the cultural issues and their impact on the practice of psychiatry (Timney, 1991).

The two largest cities are located in the North Island. Auckland the larger of the two, has a population of 1 million while the capital, Wellington, has a population of around half that number. The two main cities in the South Island are Christchurch and Dunedin.

With a population of less than three and a half million occupying the same land area as the UK, the countryside is relatively unspoilt and easily accessible from the main urban centres. There are opportunities for a wide range of outdoor pursuits, especially in the South Island where the Southern Alps offer skiing and other recreational possibilities.

At the turn of the century, New Zealanders enjoyed one of the highest standards of living in the world. Extensive health and welfare provision was introduced through initiatives such as the Plunket Society formed to improve child and maternal health (Hamer, 1993). As a result, New Zealanders have been used to comprehensive health and welfare provision with a health service that was very similar to the National Health Service.

The very strength of New Zealand's economy, an agricultural sector that was the most efficient in the world, was also its weakness. Over-reliance on primary produce meant that the country was particularly vulnerable to changes in market prices, with the loss of assured markets in Britain following the entry of the UK into the European Community.

By the 1980s the New Zealand Labour Government was obliged to institute wide ranging reforms and liberalisation of the economy (Sinclair, 1993). Welfare benefits fell in value and New Zealanders confronted previously unknown levels of poverty and deprivation.

As in Britain the process of economic liberalisation was accompanied by the introduction of market forces to the health service. Changes to health services have seen the introduction of a purchaser/provider split, where geographically distributed health authorities purchase health care from provider units. These 'trusts' are termed Crown Health Enterprises (CHEs) and have enhanced powers to negotiate individual employment contracts with medical staff. Although this mirrors the situation in the UK, the process is further advanced in New Zealand, so that it is no longer possible to negotiate national terms and conditions of service that cover all CHEs. There are indications that the internal market in New Zealand health care will be modified following a further change of Government (Anonymous, 1997; Hornblow, 1997).

Training

Training in Australia and New Zealand is overseen by the Royal Australian and New Zealand College of Psychiatrists (the RANZCP) and has been described previously in relation to Australia (Harrison, 1989; Kisely, 1993) and New Zealand (Timney, 1991). However, the regulations were changed in 1992, and transitional arrangements under the old rules are to be phased out by the end of 1997 (Fellowships Board of the Royal Australian and New Zealand College of Psychiatrists, 1992).

Fellowship of the RANZCP is an 'exit' examination which marks the end of training. The minimum period in which training can be

completed is five years. The first year of training is a probationary year during which the trainee works in adult general psychiatry, has to submit a case history of a patient with an acute psychiatric disorder, and must pass a clinical examination.

In the following three years trainees complete training in four areas.

- (a) At least 18 months training in adult general psychiatry including a minimum of six months in a community setting.
- (b) Periods of six months in child and/or adolescent psychiatry, and consultation-liaison psychiatry
- (c) Six months in a sub-speciality of psychiatry such as old age psychiatry, forensic psychiatry, substance use, or learning disability.
- (d) Supervised psychotherapy including long-term and brief interventions, as well as marital, family or group therapy.

During this time five further case histories are required involving: chronic psychiatric, organic psychiatric, child and adolescent, and consultation-liaison cases. The last two must be submitted within eight weeks of completing the relevant training. In addition trainees must pass a general medical viva comprising of a clinical case.

Section 1 of the Fellowship examination consisting of written papers, two clinical cases and a consultancy viva, is initially attempted in the third or fourth year of training. Section II is completed in the final year of training following the submission of a dissertation. As is now the case in Britain, there is one unified training grade (registrar).

Working in New Zealand

There are three hurdles to arranging work in New Zealand, which vary in difficulty according to whether temporary work experience or permanent settlement are contemplated: medical registration, work permits and recognition of specialist qualifications.

Medical registration

The Medical Council of New Zealand (MCNZ) is responsible for the registration of doctors in New Zealand. Up until 1996, New Zealand was one of the few remaining countries outside the European Union that still accepted UK or Irish medical degrees for full registration accompanied by a Certificate of Good Standing from the Medical Council of either country. Similar arrangements applied to medical graduates from Canadian and South African universities. However, the passage of a revised Medical Practit-

ioners Act has introduced several additional hurdles (Medical Council of New Zealand, 1996). Graduates of medical schools from outside Australasia will now only be eligible for two different types of registration: (a) Temporary registration without examination will be available for a maximum of three years for doctors visiting New Zealand to teach, receive approved postgraduate training or serve in shortage specialities for a limited period. A further route to temporary registration will remain available for graduates of medical schools in the UK, Ireland, Canada and South Africa until July 1998. These graduates will be eligible for temporary registration without examination for a maximum period of three years after which they must pass the New Zealand Registration Examination (NZREX), or apply for admission to the vocational register. (b) Probationary registration will be available to overseas medical graduates through two methods: passing the NZREX or being assessed as being eligible for admission to the vocational register. NZREX consists of language, written and clinical examinations and is held twice a year in New Zealand. The language and written components are, however, to be phased out in favour of a pass in the United States Medical Licensing Examination Steps 1 and 2 which is administered by the United States Educational Commission for Foreign Medical Graduates. A pass in the clinical component of NZREX will still be necessary for probationary registration within New Zealand. An alternative to NZREX is application for admission to the vocational register, a much easier process. Postgraduate qualifications that are recognised include the Australasian qualifications or their equivalent as approved by the MCNZ. In practice this means that the Council will take advice from the relevant Australasian College. Luckily in the case of psychiatry arrangements exist for the mutual recognition of specialist qualifications between the UK and Australasian Colleges.

In both cases (passing NZREX or eligibility for admission to the vocational register), foreign doctors will need to complete a supervised probationary period of 12 months before probationary registration can be converted to general registration. Only at this point can full vocational registration as a specialist be activated.

Irrespective of the type of registration gained, registration and practising certificates are only issued on arrival in New Zealand following a compulsory interview.

Work visas and immigration

The granting of temporary or permanent residence is the responsibility of the New Zealand Immigration Service. Work permits for temporary

or permanent work must be obtained through the High Commission in London on sponsorship from a prospective employer. The immigration process entails both an interview and medical examination. In the case of either temporary work experience or permanent settlement, doctors will also need to prove their eligibility for the appropriate form of registration before immigration procedures can be completed.

Specialist recognition

Specialist registration and admission to the vocational register is administered by the RANZCP. The procedure as it applies to Australia is explained more fully elsewhere (Royal Australian and New Zealand College of Psychiatry, 1995). Broadly similar rules apply to New Zealand as the RANZCP covers both countries. Assessment of overseas training is carried out by the Training and Examination Exemptions Subcommittee of the College. The MRCPsych is classed as a broadly equivalent qualification provided the applicant has had at least five years' postgraduate experience in psychiatry, and that their training is broadly similar to that of Australasian trainees. If this is the case, arrangements exist for the mutual recognition of training between the RANZCP and the UK College (Royal College of Psychiatrists, 1991; Royal Australian and New Zealand College of Psychiatrists, 1992, 1995).

Foreign medical graduates may also apply to the Subcommittee for an assessment of their standing as regards the College training and examination programme. Fellowship of the College (FRANZCP) follows completion of five years' mandatory experience including child and adolescent psychiatry, submission of case histories, a clinical medical examination, two written papers, two clinical psychiatric examinations, a consultancy viva (the last three of which form Section I), and a dissertation (which forms Section II). Holders of MRCPsych with less than three years' experience at senior registrar level would not be expected to sit the written papers but would have to pass the clinical parts of the examination. These might include the general medical viva and the two psychiatric clinical cases. They might also have to submit the dissertation depending on experience, higher degree and level of publication. Doctors with more than three years' experience at senior registrar level or above might only have to undergo the general medical viva and possibly one psychiatric case, or a final viva (a presentation of the candidate to the Committee for Examinations which may be used as a final examination). Those with FRCPSych would only have to sit the final viva and submit evidence of good standing from the UK College.

Practicalities

Temporary work experience as part of training

In this situation, arrangements remain relatively straightforward. Finding out about posts available is best done through senior colleagues with contacts abroad. Most vacancies are advertised in the *New Zealand Medical Journal*, and jobs also appear in the overseas section of the *British Medical Journal's* classified advertisements. A list of addresses of CHEs is also available through the International Department of the British Medical Association (see appendix).

If time spent in New Zealand is to be counted as part of training, it is important to clarify with the Australasian Royal College that experience will be recognised. Following the introduction of the specialist registrar grade in the UK, it is unlikely that a post that is not recognised for training by the Australasian College will be recognised as counting towards the Certificate of Completion of Specialist Training, so it is important to check beforehand whether such experience is recognised. The optimum time for temporary overseas experience as part of UK psychiatric training is probably as part of a specialist registrar rotation. It is usually possible to arrange a year's absence with the guarantee of a continued place on the UK scheme.

Permanent settlement

As with temporary work experience, details of permanent positions for trained psychiatrists can be obtained through contacting prospective employers directly or the pages of the medical press. Advertisements for consultant positions regularly appear in the *British Medical Journal's* overseas jobs section.

There are a number of pitfalls to avoid when considering permanent residence

Medical registration Doctors wishing to stay permanently in New Zealand will have to apply for probationary registration as opposed to temporary registration, and it is in their interests to check about their eligibility to do so before leaving the UK. This means that the temporary concession granted to UK and Irish doctors concerning the latter category of registration is not appropriate for doctors wishing permanent residence. It might be possible that UK and Irish doctors could be transferred onto the permanent register at the end of the transitional period, as happened in some states in Australia, but there is absolutely no indication of this. Temporary registration is also available in shortage specialities, such as psychiatry, but only on the basis that the doctor concerned will leave the country once that experience is concluded. Doctors should be very wary if they are informed

otherwise. New Zealand is oversupplied with foreign doctors who are unable to practise because their qualifications are not recognised by the MCNZ, and at least 600 are unemployed (Williams, 1996).

Terms and conditions of service As in NHS trusts, CHEs are beginning to exploit their new freedoms to vary terms and conditions of service. Variations in contract exist in terms of salary, annual leave, study leave and superannuation (Williams, 1996). The Association of Salaried Medical Practitioners will vet contracts offered by CHEs (see appendix).

Specialist registration Specialist registration and thus vocational registration may be gained on the strength of MRCPsych, however it is advisable to consider applying for the FRANZCP once in a permanent specialist post. It is possible that affiliates to the RANZCP, without the need for assessment, may be available to foreign trained psychiatrists resident in New Zealand (McKergow, 1995). However, accreditation for training junior staff is given to individuals, not institutions, and those without the FRANZCP may find approval more difficult to obtain. This has obvious repercussions from the point of view of being allocated registrars and employment prospects in teaching units.

Conclusions

The usual requirements for working in New Zealand are:

- (a) eligibility for probationary or temporary registration with the MCNZ, on the basis of the following: success at the NZREX, recognised specialist qualifications, approved training or teaching experience, and until July 1998, a medical degree from the UK, Ireland, Canada or South Africa
- (b) an offer of employment from a New Zealand employer
- (c) completion of the immigration process, including a medical examination and interview.

Registration, specialist recognition and work permits are inter-linked and often progress in one area is affected by the situation in another. In spite of recent changes, New Zealand remains a worthwhile destination for both training and more permanent employment; this article will hopefully help doctors negotiate the burgeoning red tape and the more obvious pitfalls.

Appendix

Royal Australian and New Zealand College of Psychiatrists
101 Rathdowne Street
Carlton
Victoria 3053
Australia

The Medical Council of New Zealand
PO Box 11-649
Wellington
New Zealand

The Association of Salaried Medical Practitioners
PO Box 5251
Wellington
New Zealand

International Department
British Medical Association
BMA House
Tavistock Square
London WC1H 9JP

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