

Appendix

Detailed timeline of medical licensing history in Aotearoa New Zealand since 1849

The following timeline (refer to Appendix Table 1) provides a more detailed historical overview of the policies relating to medical licensing since Aotearoa New Zealand became a British colony. The table describes who was eligible for registration in Aotearoa New Zealand, organised according to how they most correspond with the categorisations of medical doctors in place in 2024:

- **NZMGs:** New Zealand medical graduates.
- **Specialists:** The distinction between graduate (primary medical qualification) and postgraduate specialist qualifications was not clearly established in policy until 1971. Members of a recognised British college of surgeons, for example, would likely be considered specialists now, although no such distinction was made in

nineteenth and early twentieth century policy. Those who would now be classified as *specialists* registered through whichever available pathway applied to them at the time.

- **Australian:** This category refers to Australian medical graduates, or general registrants applying on the basis of having obtained full medical licensing in Australia.
- **United Kingdom (UK)/Ireland:** Doctors with primary medical qualifications and/or training in the UK and Ireland, or general registrants applying on the basis of having obtained full medical licensing in the UK.
- **Comparable:** Doctors from other countries whose qualifications and/or experience were considered acceptable and/or equivalent to NZMGs.
- **NZREX:** Doctors required to retrain or take a licensing examination to work in Aotearoa New Zealand.

Pathways shaded in grey were not applicable at that time.

Appendix Table 1: Historical overview of key policies indicating who was eligible for medical registration in Aotearoa New Zealand since 1849.

NZMGs	Specialists	Australian	UK/Ireland	Comparable	NZREX
1849¹					
			Recognised by a college of physicians or surgeons in the <u>UK or Ireland</u> ; and/or Served and trained in the British armed forces as a medical officer		
1869²					
		Australian medical graduates were entitled to registration ³	All practitioners registered or eligible to register in the <u>UK or Ireland</u>	All other applicants with medical qualifications requiring at least <u>3 years of training assessed for acceptability by the registrar-general</u>	
1905⁴					
<u>NZMGs automatically eligible</u> for registration		Same as above	Same as above	Governor in council (governor-general) prepared a list of qualifications from foreign institutions (which provided at least 5 years of training) that he considered to be " <u>equal in status to that of New Zealand</u> "	IMGs whose qualifications were not deemed "equal in status" could apply for registration on completion of the <u>final examination at the University of Otago</u> medical school

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NZMGs	Specialists	Australian	UK/Ireland	Comparable	NZREX
1914⁵					
Same as above		Same as above	Same as above	A “ <u>medical board</u> ” was <u>responsible</u> for assessing individual applications from IMGs with at least 5 years of training and could refuse a candidate at their discretion	No mention of the option to register after examination
1924⁶					
Same as above			Same as above, but British and Irish were <u>no longer automatically entitled</u> to registration and <u>could be refused at the MCNZ’s discretion</u>	Same as above, but the Medical Board was renamed as the Medical Council of New Zealand	<u>Examination option re-established</u> for those whose degrees were not recognised by the MCNZ The MCNZ also made provisions for <u>some IMGs to complete a 3-year retraining programme</u> in Otago ⁷
1950⁸					
NZMGs entitled to <u>conditional registration</u>		Australian medical graduates <u>eligible for conditional registration at the MCNZ’s discretion</u>	Medical practitioners licensed or eligible to be licensed in the UK and/or Ireland were <u>eligible for conditional registration at the MCNZ’s discretion</u>	There was no clear distinction between IMGs with acceptable qualifications and those required to take further examination Instead, conditional registration was available to IMGs from foreign approved universities requiring a minimum <u>6 years of study</u> who, <u>at the discretion of the MCNZ, could have been asked to take further courses or examinations</u> , or simply be refused A 1964 amendment first gave the MCNZ the authority to assess IMG <u>English language competency</u> , ⁹ which has been included in all licensing policies since	

Appendix Table 1 (continued): Historical overview of key policies indicating who was eligible for medical registration in Aotearoa New Zealand since 1849.

NZMGs	Specialists	Australian	UK/Ireland	Comparable	NZREX
1968^{10,a}					
Same as above	The <u>first list of approved specialist qualifications</u> was published in 1971, including those from <u>Australia, the UK, Ireland, Canada, South Africa¹¹ and the USA¹²</u>	Australian graduates now specifically mentioned on the list of qualifications <u>recognised for conditional registration at both the general and specialist levels</u>	Same as above	In 1970, other qualifications (beyond those accepted in Australia or the UK/Ireland) recognised for conditional registration were from <u>Canada, South Africa, Hong Kong, Singapore, Sri Lanka (Ceylon) and Malta¹³</u> By 1979, this only included <u>Canada and South Africa¹⁴</u>	Other IMGs were eligible for <u>probationary registration upon recognition by the USA ECFMG⁷</u> <u>Temporary registration of up to 2 years was introduced in the 1980s while candidates prepared for probationary status on completion of New Zealand licensing examinations: the PRENZ (1984–1989) and then the NZREX (1989–1997)</u> <u>From 1990, a screening examination (first part of the NZREX) was also required before temporary registration was available¹⁵</u>
1995^{16,b}					
NZMGs <u>eligible for probationary registration</u> (which required the completion of an internship as a house officer to progress to general registration, i.e., PGY1)	Shift to accepting specialist qualifications on a <u>case-by-case basis¹⁷</u> However, <u>general registration was a prerequisite for vocational registration,</u>	Graduates from Australian institutions were eligible to apply for temporary, probationary or general <u>registration without examination</u> , depending on	Officially, <u>all IMGs (except for Australian IMGs) were required to take the NZREX</u> , as doctors from the <u>UK, Ireland, Canada and South Africa</u> were no longer automatically eligible for registration However, the MCNZ “ <u>ruled that for a limited period these</u>	<u>Temporary licensing option phased out</u> for candidates preparing for the NZREX, who now <u>had to pass the examination before they could work as</u>	

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NZMGs	Specialists	Australian	UK/Ireland	Comparable	NZREX
	<p>meaning specialists without recognised primary qualifications were diverted to the NZREX¹⁸</p>	<p>their experience¹⁹ From 2000, NZMGs and Australian graduates with completed <u>internships could apply for immediate general registration</u> on a case-by-case basis²⁰</p>	<p><u>doctors could still apply for temporary registration under the new Act</u>²¹ for up to <u>3 years</u> From 1998, this also applied to doctors from <u>the USA</u>²² This “limited period” of exemption from the NZREX lasted for the entire length of time before the new <u>Health Practitioners Competence Assurance Act 2003</u>²³⁻²⁵ <u>Temporary registration thus changed in meaning</u> from previously applying to those on the NZREX pathway preparing for probationary registration to those from countries previously accepted for conditional or general registration, <u>in order to avoid severe workforce shortages</u>²⁶</p>		<p><u>doctors</u> in any capacity²⁷ The majority of doctors who took the NZREX during this time continued to be from countries outside of the UK, Ireland, Canada, South Africa and the USA^{20, 26-31}</p>
2003^{32, 33, c}					
<p>NZMGs <u>eligible for provisional registration</u> until internship requirements (PGY1 and PGY2) are complete</p>	<p>IMGs assessed and granted <u>full vocational registration</u> or <u>provisional vocational registration</u> (pending supervision for at least 12 months and completion of any other MCNZ requirements), or <u>referred to a general licensing pathway</u> Special purpose registration available for <u>locum tenens</u> specialists from <u>Australasia, the UK, Ireland, South Africa, Canada and the USA</u> to work for</p>	<p>Requirements for Australian medical graduates were now <u>identical to those of NZMGs</u></p>	<p>Medical degree from a list of <u>UK or Irish universities</u> only, plus <u>1 year minimum experience</u> (this could include an internship year, and the country where this experience should be completed was not specified)</p>	<p>Must have <u>worked for 36 months continuously, at least 30 hours per week</u>, in a listed comparable health system to obtain provisional registration Must then work at least 1 year full-time with satisfactory supervisory reports to be eligible for full general registration In 2004, comparable health system countries included <u>Australia, the UK, Ireland,</u></p>	<p>Hold a <u>medical degree</u> from the WHO World Directory of Medical Schools or the ECFMG FAIMER Directory, and have <u>passed USMLE steps 1 and 2</u>, and <u>NZREX</u> The Australian Medical Council multiple-choice examination was accepted from 2006 as an alternative to USMLE steps 1 and 2,³⁵ with the first mention of acceptance of the UK PLAB 1 examination from 2009³⁶</p>

Appendix Table 1 (continued): Historical overview of key policies indicating who was eligible for medical registration in Aotearoa New Zealand since 1849.

NZMGs	Specialists	Australian	UK/Ireland	Comparable	NZREX
	up to 6 months, if they worked <u>at least 30 hours per week for 24 of the past 36 months</u>			<p><u>Canada, the USA, the Netherlands and Germany</u>³³</p> <p>By 2005, <u>Austria, Belgium, Denmark, Finland, France, Italy, Norway, Sweden and Switzerland</u> had been added³⁴</p>	<p>After NZREX, candidates must work under supervision for at least 1 year (PGY1) in a <u>hospital OR general practice</u> in Aotearoa New Zealand, with satisfactory supervision reports</p> <p>All IMGs (including those on other licensing pathways) must pass (or be exempt from) the MCNZ's English testing policy (in 2004 this was <u>7.5 overall in the IELTS Academic Module, with at least 7.0 in all individual components</u>)</p>
2010³⁷					
Same as above	<p>Same as above for vocational registration (<u>case-by-case basis</u>)</p> <p>From 2010, specialists applying for <u>locum tenens</u> positions were only required to have worked <u>20 hours per week over 24 months of the last 36 months</u></p>	Same as above	<p>Primary medical degree from approved competent authority (UK or Irish medical councils) and 1 year of general medical experience</p> <p>Unlike earlier, it is clearly specified that the <u>1 year of prior work experience required must be in a competent authority country</u></p>	<p>Have worked for 36 months (minimum 30 hours per week) during the 48 hours prior to application in a comparable health system (listed on website) and have full or general registration in a comparable health system;</p> <p><u>OR be satisfactorily participating in a training programme recognised by the</u></p>	<p>Primary medical degree from an approved medical school listed on the website, an approved medical knowledge examination as listed on website, and completion of the NZREX within 5 years of this</p> <p>NZREX candidates must then either complete the four rotations of PGY1 <u>OR apply for an exemption</u></p>

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NZMGs	Specialists	Australian	UK/Ireland	Comparable	NZREX
				<p><u>American specialty boards or Canadian colleges</u></p>	<p><u>on a case-by-case basis to work directly in primary care</u> if they worked at least 5 years in general practice previously</p> <p>In 2009, <u>English language policy</u> changed to require <u>7.5 in Speaking and Listening</u> in IELTS, and 7.0 in Reading and Writing for IMGs³⁶</p>
2012 onwards					
<p>Same as above</p>	<p><u>Locum tenens</u> was extended to allow special purpose registration for <u>up to 12 months</u>, instead of just 6 months in 2012³⁸</p> <p>From 2013, <u>locum tenens</u> applicants now only required 22 months (minimum 20 hours per week) of active clinical practice prior to application (1,760 hours worked)³⁹</p> <p>Current listed approved qualifications from <u>Australasia, Canada, Ireland, South Africa, the UK and the USA</u>⁴⁰</p>	<p>Same as above</p> <p>From 2018, the <u>Australian general registrants pathway</u> was introduced, where <u>doctors who completed Australian medical licensing examinations</u> and 12 months supervised practice in Australia could apply for provisional registration⁴¹</p>	<p>Same as above</p> <p>A 2022 update states clearly for the first time that competent authority refers only to UK and Irish graduates⁴²</p> <p>From June 2023, the <u>UK general registrants pathway</u> was introduced for IMGs who have completed <u>UK medical licensing examinations and PGY1 in the UK, making them eligible to bypass the NZREX</u> and receive provisional registration⁴³</p>	<p>From November 2013, comparable health system doctors were now only required to have <u>33 months recent clinical practice (minimum 30 hours per week)</u> during the past 48 months, equating to 3,950 hours (but only a maximum of 40 hours per week count)³⁹</p> <p>From 2023, working <u>20 hours per week is now considered sufficient</u> (for a minimum of 33 months within the past 48 months), and a wider range of experience is accepted for doctors</p>	<p>Same as above</p> <p>In 2014, the <u>option to complete the PGY1 year in primary care for NZREX graduates was removed</u>, so requirements for registration were identical for NZREX candidates and recent NZMGs and Australian graduates⁴⁶</p> <p>From June 2023, IMGs who have completed the <u>UK medical knowledge and clinical examinations (PLAB 1 and 2)</u> do not also need to take the NZREX to apply for PGY1 positions⁴³</p>

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NZMGs	Specialists	Australian	UK/Ireland	Comparable	NZREX
				<p>applying to work in rural settings⁴²</p> <p>Comparable health system countries increased to 22 by 2012 with the inclusion of the <u>Czech Republic, Greece, Iceland, Israel, Singapore and Spain</u>,³ and 23 in 2018 with the addition of <u>Portugal</u>⁴⁴</p> <p>In 2024, 24 countries are recognised, with <u>Hong Kong</u> being the most recent addition⁴⁵</p> <p>From 2022, comparable health system applicants need to have worked in the “<u>same area</u>” of medicine as the role they are applying for, OR a “<u>similar area</u>”⁴²</p>	<p>A <u>pilot programme</u> for 10 NZREX graduates to complete PGY1 in a <u>primary care</u> setting is currently underway, alongside a pilot bridging programme⁴⁷</p> <p>From December 2022, English language policy requires <u>7.0 in all four individual components of IELTS</u> or a minimum score of <u>350 in the Occupational English Test Medical Module</u>⁴⁸—the Occupational English Test was also added to the policy between 2009 and 2022, but it is unclear when that change was made</p>

NZMG = New Zealand medical graduate; UK = United Kingdom; NZREX = New Zealand Registration Examination; IMG = international medical graduate; MCNZ = Medical Council of New Zealand; USA = United States of America; ECFMG = Educational Commission for Foreign Medical Graduates; PRENZ = Probationary Registration Examination in New Zealand; PGY1/PGY2 = Postgraduate Year 1/Postgraduate Year 2; WHO = World Health Organization; FAIMER = Foundation for Advancement of International Medical Education and Research; USMLE = United States Medical Licensing Examination; IELTS = International English Language Testing System; PLAB 1/2 = Professional and Linguistic Assessments Board clinical examination.

^a In addition to “conditional registration” for those with recognised qualifications, “probationary registration” was introduced for IMGs with non-approved qualifications to register without having to go through formal retraining upon consideration of their medical knowledge and English competency by the MCNZ. “Temporary registration” was introduced for those preparing to take examinations and apply for “probationary registration”. IMGs could apply for “conditional registration” after completing their probationary period and passing required examinations and/or completing supervised work to an acceptable standard. “Temporary” and “probationary” registration were therefore only for IMGs with qualifications that were not automatically recognised for “conditional registration”.

^bWith the new Act in 1995, “conditional registration” was renamed as “probationary registration” for all doctors (not just IMGs) who were not yet eligible for full registration (usually less experienced practitioners).

^c“Probationary registration” is now referred to as “provisional registration”.

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