International Medical Graduate

Ready-for-Work
Training Programme

Clinical Education & Training Unit (CETU)
Auckland District Health Board
Programme Overview ........................................................................................................... 1
Programme Description ...................................................................................................... 2
Registration with MCNZ ...................................................................................................... 4
Medical Tutors ................................................................................................................... 4
Working Conditions and Salary .......................................................................................... 4
After the Ready-for-Work Training Programme—Starting Work in a New Zealand Hospital .......................................................................................................................... 4
Applying for the Ready-for-Work Programme ..................................................................... 5

PROGRAMME DEVELOPMENT

The International Medical Graduate Ready-for-Work Training Programme was developed by Gill Naden and Dr Stephen Child of the Clinical Education & Training Unit (CETU) at Auckland District Health Board. The programme is managed by Pat Starkey.
Programme Overview

International Medical Graduates (IMGs) are a growing and important part of the medical profession in New Zealand. Yet starting work as an overseas-trained doctor in New Zealand can be a challenging and sometimes difficult experience. The Auckland District Health Board’s (ADHB) IMG Ready-for-Work Training Programme is designed to help support overseas-trained doctors as they make the transition to working in the New Zealand hospital environment.

The majority of IMG doctors that come to New Zealand must sit the New Zealand Registration Examination (NZREX) before they can start work as a doctor. The Ready-for-Work Programme is designed for doctors who have passed the NZREX but have not yet worked in a New Zealand hospital.

The purpose of the programme is to introduce IMG doctors to the New Zealand medical system in a supported environment. The programme lasts 26 weeks and combines classroom teaching with ward work, with the trainee taking increasing responsibility over time. The trainees receive the identical pay rate of currently employed first year House Officers, and are entitled to all of the standard terms and conditions of the Multi-Employer Collective Agreement, the union contract that covers junior doctors. Two senior doctors are attached to the Ready-for-Work programme, directing the programmes clinical content, taking weekly tutorials and overseeing each trainee’s progress.

The Ready-for-Work programme begins with a two-week orientation/induction consisting of classroom tutorials and procedural skills sessions. The trainees then begin their ward attachment. Each trainee has a buddy throughout the ward work part of the programme. In this role the trainee functions as a supernumerary House Officer, with full prescribing rights and independent clinical work load.

The trainees continue to attend weekly tutorials on a variety of clinical topics throughout the programme. Two of the tutorial programmes are developed around the specific needs of the trainees; others are part of the regular House Officer teaching programme run by the Clinical Education & Training Unit.

The last three months of the programmes (the second ward rotation) may count towards Medical Council of New Zealand general registration if the trainee fulfils the requirements as approved by the Intern Supervisor.

In the following pages we detail what overseas-trained doctors can expect to learn and experience during the Ready-for-Work programme at ADHB. We also explain the requirements for the programme and how to apply to join it.
ORIENTATION – weeks 1-2
The two-week orientation consists of tutorials and procedural skills sessions that are
designed to cover the range of competencies required of a first year House Officer
in New Zealand. Topics include:

**Procedural and Clinical Skills**
1.5-day skills refresher, practising a wide range of procedures. Additional sessions are
arranged on a needs basis.

**Resuscitation**
A 2-day advanced resuscitation course (Level 7 New Zealand Resuscitation Council
Advanced Cardiac Life Support Course).

**Maori Cultural Teaching**
- Bicultural issues in New Zealand
- How the Treaty of Waitangi intersects with healthcare
- Caring and support for Maori patients

**Medico-Legal Issues**
Framework of New Zealand law and ethics that underpins the way healthcare is
delivered.

**Communication**
- Dealing with difficult people – colleagues, patients or families
- Communicating well with other health professionals
- Breaking bad news
- Managing conflict and complaints

**Information Technology Skills**
Learning the hospital software systems and intranet, with additional training later in
the course to help improve presentation skills using PowerPoint, file importation, and
so on.

**Orientation Tutorials**
Topics include:
- Filling in hospital forms
- Medication charting inpatient and discharge prescriptions
- Controlled drug prescriptions
- Therapeutics –
  - Common on-call prescription requests
  - Which analgesic, when?
  - Which antiemetic, when?
- Prescribing in the elderly
- Prescribing in renal disease

See Appendix 1 for a typical Ready-for-Work orientation programme.
WARD ATTACHMENT (weeks 3-13)
The first ward attachment is usually on a general medicine or general surgery run, where the IMG is buddied with Postgraduate Year 2 House Officer.

WARD ATTACHMENT (weeks 14-26)
The trainee is again buddied with a PGY2 House Officer. During this rotation, trainees are encouraged to act independently and take on full House Officer responsibilities.

ONGOING TEACHING (weeks 3-26)
- Twice weekly teaching designed around the specific needs of the IMG group.

The following sessions are just some of the topics covered in the tutorials. IMGs are also encouraged to bring their ideas, and any concerns, to the senior medical tutors – whether it’s clinical management issues, understanding how the wards work or how to integrate into the hospital.

- Discharge summaries
- Prescribing drugs — hypertension, respiratory disease, IHD and angina, abnormal heart rhythms
- Test interpretation — urine microbiology, CSF microbiology, pleural/peritoneal fluid testing, iron studies interpretation
  Investigating - anaemia, hyponatraemia, hypercalcaemia, pleural effusion, ascites, abdominal pain
- Common investigations — colonoscopy, upper GI endoscopies, CT scans, cardiac echo
- Radiology requests
- Consenting patients
- Where/how to access information
- Case presentations

- Weekly House Officer Teaching programme (Tuesdays) – case-based teaching presented by registrars and senior doctors. Two-hour sessions over 48 weeks of the year, covering a wide range of topics:

  - Clinical management of many medical conditions
  - Career planning
  - Fatigue management
  - Financial planning
  - Medico-legal issues
  - Maori health modules
  - Professionalism in medicine

- The Clinical Education & Training Unit organises a number of additional teaching programmes, including the weekly House Officer Teaching Programme and Medical Grand Round, that doctors on the Ready-for-Work programme are encouraged to attend.

OSCEs (Objective, Structured, Clinical Examination)
During the second ward attachment, trainee progress and needs are assessed using an OSCE approach. This is not an exam but rather a way of learning in a formative but structured situation based on identified needs.
Registration with MCNZ

The second rotation may be counted towards general registration with the Medical Council of New Zealand (MCNZ). This will depend on the nature of the rotation, the workload that the trainee has carried and their success on the rotation. This is always at the discretion of the Intern Supervisor.

Medical Tutors

Two senior doctors act as medical tutors for the Ready-for-Work programme. They deliver the orientation clinical tutorials and the twice-weekly teaching sessions.

Working Conditions and Salary

Doctors on the Ready-for-Work programme receive the identical pay rate as currently employed first year House Officers during the 26 weeks of the Ready-for-Work programme. They are also entitled to all of the standard terms and conditions of the Multi-Employer Collective Agreement, the union contract that covers junior doctors.

After the Read-for-Work Training Programme—Starting Work in a NZ Hospital

The Ready-for-Work Training Programme does not guarantee employment following the course. However, experience with the programme to date demonstrates that overseas trained doctors who do the course integrate better into the New Zealand hospital system. They have a greater knowledge about the New Zealand healthcare system, a better understanding of the expectations of doctors in New Zealand and more confidence as they begin working alongside their colleagues as part of the medical profession in New Zealand.
Applying for the Read-for-Work Programme

Entry Requirements

- Passed NZREX.
- Have not previously worked in a New Zealand hospital.
- Have New Zealand Residency or Citizenship and be currently residing in New Zealand.

Application Procedures

Step 1: Send NZREX pass results and complete Curriculum Vitae to the Clinical Education & Training Unit.
Step 2: Interview at the CETU offices with the programme manager and a clinical tutor.
Step 3: If selected for the Ready-for-Work programme, you must then apply to the Medical Council of New Zealand (MCNZ) for provisional registration. The MCNZ forms you must complete listed in Appendix 2.

IMPORTANT: Please contact CETU about closing dates for applications.

Starting the Programme

Before starting the Read-for-Work programme, you must provide Auckland District Health Board with:

- A valid New Zealand work permit.
- Proof of New Zealand Residency or your application for New Zealand Residency.
- Provide medical results for our Pre Employment Screening – see Appendix 3. ADHB can organise some tests, if required.
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<td>9.00am – 12.30pm TEAM BUILDING EXERCISES</td>
<td>9.30am – 11.30am MAORI CULTURAL TEACHING</td>
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<td>10.00am – 12.00pm CETU ORIENTATION</td>
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To gain Medical Council of New Zealand registration, you must complete the following MCNZ forms:

Chkl 3  Part A: Checklist for registration in New Zealand
REG1  Part B: Application for registration in New Zealand

Both of these forms can be downloaded from the Medical Council of New Zealand website:

www.mcnz.org.nz / Registration / forms, policies and fees / Registration Application Forms

When completed, send these forms, with other documents listed on the MCNZ forms, to:

Pat Starkey  
Clinical Education & Training Unit  
Level 15, Support Building  
Auckland City Hospital  
Private Bag 92024  
Auckland

Note: Please include contact details for all the referees you list on your Application for Registration.

For more information about the MCNZ registration process, email the MCNZ at mcnz@mcnz.org.nz or call them on +64 4 384 7635.
Vaccination / immunisation records are not acceptable for screening as they do not indicate immunity status

The following results (proof of immunity) are required for Pre Employment Screening:

- Blood results for – Measles, Mumps, Rubella, Chickenpox (VZV) & HepB (antigens & antibodies)
- An MRSA nasal swab may be required
- A 2-step Mantoux will be required (only if the 1st mantoux is negative)

2-Step Mantoux

1st mantoux is administered (skin test) and student returns 72 hours later to have it “read”. If negative, this is a false result, and in this instance a 2nd mantoux is required 1 week later. The reading of this 2nd test will be the true reading.

Positive Mantoux Result

- A positive result is measured to ascertain the size. This can indicate immunity, possible TB or possible contact with a TB patient a chest X-ray may be required.
- If the person was born in NZ, Australia, UK, Canada, a chest X-ray is performed when a mantoux is 15mm and over
- If the person is born in a country where TB is prevalent, a mantoux 10mm and over will require a chest X-ray
CONTACT US

For more information about the International Medical Graduate
Ready-for-Work Training Programme, contact:

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