



**Medical
Research
Institute of
New Zealand**
**Rangahautia
Te Ora**



**MRINZ INTERNATIONAL MEDICAL
GRADUATE ORIENTATION HANDBOOK**

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| | |
|--|----|
| Introduction | 3 |
| The New Zealand Health and Disability System..... | 4 |
| The Minister of Health | 4 |
| The Ministry of Health (Manatū Hauora) | 4 |
| Health New Zealand (Te Whatu Ora) | 4 |
| The Māori Health Authority (Te Aka Whai Ora) | 4 |
| Ministry of Disabled People - Whaikaha | 5 |
| Accessing healthcare in NZ | 5 |
| The Public System | 5 |
| The Private System..... | 5 |
| Accident Compensation Corporation (ACC) | 6 |
| The Ministry of Social Development (MSD) | 7 |
| The Pharmaceutical Management Agency (PHARMAC)..... | 7 |
| Practising as a Research Doctor in New Zealand | 8 |
| MCNZ registration | 9 |
| Indemnity | 9 |
| Advanced life support training | 10 |
| Privacy | 10 |
| Good Clinical Practice (GCP) | 10 |
| New Zealand Association of Clinical Research (NZACRes)..... | 11 |
| The Health Research Council (HRC) | 11 |
| Health Disability and Ethics Committees (HDECs) | 11 |
| Standing Committee on Therapeutic Trials (SCOTT) | 12 |
| Cultural Awareness and Safety and Te Titiriti O Waitangi | 12 |
| Life in Wellington | 14 |
| Arrival..... | 14 |
| Travel | 14 |
| Accommodation | 15 |
| Finances | 15 |
| Payroll | 16 |
| Tax..... | 16 |
| Kiwisaver | 16 |
| Annual leave..... | 17 |
| Sick leave..... | 17 |

Introduction

Tēnā koe and welcome to Aotearoa New Zealand!

This handbook serves as a guide to undertaking clinical research as an academic physician at the Medical Research Institute of New Zealand (MRINZ). Its purpose is to introduce you to healthcare delivery, medical practice, and life in Aotearoa New Zealand.

A broad overview of the healthcare system will be provided, highlighting the medical culture unique to NZ. Due to the volume and complexity of information summaries are given with links to further detailed information as required. The intent is to provide a framework for ongoing learning as your practice develops. Embedded hyperlinks should be followed and explored to gain a progressive understanding of health delivery in NZ, which will evolve during your practice here.

The New Zealand Health and Disability System

The NZ health sector comprises several key organisations, working together with Government ministers to deliver health service delivery to the nation.

The Minister of Health

Appointed by the Prime Minister, supported by Associate Ministers, with overall responsibility for health system.

The Ministry of Health ([Manatū Hauora](#))

Advises the Government on health and disability policy, regulates the health system and drives performance.

Health New Zealand ([Te Whatu Ora](#))

This centralised agency took over the planning and commissioning of health services on 1st July 2022, which was previously divided across 20 District Health Boards spread across NZ. These have been replaced by regional divisions with the aim of continuity and equity in service delivery nationally.

The Māori Health Authority ([Te Aka Whai Ora](#))

This entity was established to work with Health NZ and the Ministry of Health to lead the reform of the health system in ensuring Māori needs and Crown obligations under the treaty of Waitangi (Te Tiriti o Waitangi) are met. Developing an understanding of the inequity in health delivery and outcomes that persists across NZ is critical to any clinical practice here and is likely to challenge previous experiences in other healthcare systems.

Ministry of Disabled People - [Whaikaha](#)

Also formed on the 1st of July 2022 with a specific mandate to support a holistic approach to supporting disability in NZ in line with the [enabling good lives approach](#).

Accessing healthcare in NZ

The Public System

The health system in NZ is heavily subsidised, to ensure fair access to services to all residents and those with rights under reciprocal healthcare agreements. You must be aware of your entitlements under your specific visa and country of residence on arrival and should register with a primary care physician and obtain a National Health Index number (NHI). If you have a work visa valid for two years or more, are a citizen or resident then you can access free or low-cost healthcare under the public system. Certain appointments and services are free, some (such as General Practitioner appointments, prescriptions) have a variable charge. You must become familiar with [eligibility requirements](#) to ensure your personal needs are met.

The Private System

As per many countries, part of the NZ healthcare system is private, working in tandem to lessen the burden of the public system and provide fast track treatment to those who are registered for this, either personally or through the workplace. There are significant differences in medicines and treatments funded in NZ compared to other countries and you should become aware of this when considering if a private insurance policy is right for you. MRINZ staff can offer advice and connections on request.

Accident Compensation Corporation (ACC)

The [ACC](#) is a unique Crown entity and represents a no-fault accidental injury compensation scheme. The scheme covers all persons injured in NZ, irrespective of residency and is funded via a mandatory salary deduction. The availability of ACC means that there is no right to take legal action for personal injury, including injuries sustained during medical treatment. However exemplary charges may be lodged in some cases. You should review the chapter in Coles Medical Practice linked below. As a healthcare practitioner in NZ you may register to provide ACC funded treatment – at the MRINZ this is not in the scope of the role.

For the purposes of clinical research, knowledge of ACC is necessary with eligibility currently varying depending on the nature of the clinical trial within which a related injury is sustained. For non-commercial studies, such as those funded by organisations such as the NZ Health Research Council, ACC cover is available in the event of a trial related injury. For commercially sponsored trials, for example an early phase asthma biologic sponsored by GlaxoSmithKline, ACC cover is not available, and the Sponsor is required to show equivalent insurance at the regulatory approval stage. You should discuss this specifically in context as your progress in role at the MRINZ, as there are important issues around enforcement of Sponsor insurance that are currently under review by a Parliamentary select committee.

The Ministry of Social Development (MSD)

A primary department of MSD is [Work and Income NZ \(WINZ\)](#), which provides support and benefit to those on low or no income, through financial means and housing services. Dependant on non-MRINZ clinical duties you may be required provide medical certificates to patients requiring WINZ services. WINZ will support you in this directly as required.

The Pharmaceutical Management Agency (PHARMAC)

[PHARMAC](#) is a Crown entity that decides on the medications and devices that are subsidised for New Zealanders under the public healthcare system and manages this 'schedule'. PHARMAC is responsible for the negotiation with pharmaceutical companies to maximise access to the latest therapeutics, within the current budget allocated by treasury. Special access programmes are available for medicines outside of the schedule. Any medical practice outside of the MRINZ, will require you to be familiar with PHARMACs role and scope including the differences in medicines that may not be funded in NZ, but you may be used to prescribing overseas.

Practising as a Research Doctor in New Zealand

When starting any new clinical role, there is an inevitable period of familiarisation to new culture, regulations, systems, and structures. At the MRINZ, you will be surrounded by a diverse team each with valuable experiences and insights that will shape your practice as you progress. We have both NZ trained Doctors, and those who have immigrated from overseas working at the MRINZ, many of whom have part time clinical roles. On arrival you will be inducted by your primary supervisor, supported by other MRINZ staff to support your learning and development as you work toward full general or vocational scope of practice. A supervision plan, specific to you, will be provided.

The Medical Council of New Zealand has a wealth of up-to-date information pertinent to successful medical practice in NZ. One such essential resource is [Cole's Medical Practice in New Zealand](#), created in 1988 as a formal reference for medical practice in NZ, and is updated regularly. This provides you a formal point of comparison to your previous practice setting with detailed information on aspects unique to Aotearoa NZ.

Your appointment to the MRINZ will be research focused, however the expectations regard the standard of clinical practice remain. You will manage trial participants, taking comprehensive medical histories and physical examination, obtain and interpret clinical tests and procedures (such as spirometry, ECG, phlebotomy), prescribe medications, manage and report acute adverse medical events and provide emergency treatment where indicated. During your active period of supervision, your primary supervisor will enact a MCNZ approved supervision plan over the period required by your registration pathway. After this time, you may seek MCNZ approval to become fully registered, at which point you are required to undertake recertification under a specialist college, or the [Inpractice programme](#).

You will be supported in this transition nearer the time, by MRINZ staff currently registered under the various programmes. Depending on your personal aspirations and circumstance you may move into the NZ healthcare system as a specialists or trainee, with or without an ongoing research role.

[MCNZ registration](#)

All practicing Doctors must be [registered](#) by the Medical Council and the certificate issued is an important document to provide to clinical research bodies in New Zealand and overseas as part of your MRINZ role. There is an annual cost to this registration, which is reimbursed by the MRINZ during your employment.

[Indemnity](#)

The MRINZ has comprehensive institutional indemnity for our research activities. You must also hold professional indemnity appropriate to your clinical role. There are several organisations offering this in New Zealand, those accepted by the MRINZ currently are:

[The Medical Protection Society \(MPS\)](#)

[NZMPI](#)

[Medicus](#)

You must review the policy specifically with a view to clinical research cover, as this may vary between organisations and year to year, dependent on the policy underwriter. Of note the MPS is unique in that it offers discretionary cover, and thus is not underwritten, however is supportive of research. It is worth discussing your indemnity with an MRINZ Deputy Director.

Advanced life support training

All MRINZ clinical staff are required to be up to date with advanced life support. As a medical doctor you are required to meet level 7 certification every three years and should be aware there are aspects specific to the NZ specific setting. The timing of your next course will be discussed with your line manager on arrival.

Privacy

The NZ Privacy Act has recently been updated and is highly pertinent to medical practice and clinical research. At the MRINZ we host confidential, identifiable personal and medical data. You are expected to complete the training [here](#), in addition to reading and adhering to the standard MRINZ operating procedures that will be provided.

Good Clinical Practice (GCP)

GCP is the cornerstone of clinical research, a direct outcome of the Nuremburg trials and later, the Declaration of Helsinki. The optimal approach to learning GCP is through a combination of self-directed, and applied learning. You will be expected to complete the [NIDA GCP](#) course online, prior to, or soon after, arrival at the MRINZ as a priority and upload a certificate to the MRINZ Employee Management Portal (MEP). This is required to be renewed every two years and is mandatory for regulatory submissions. There are several experts in GCP at the MRINZ who will provide on the job training and formal sessions to support you during your time with us.

New Zealand Association of Clinical Research (NZACRes)

[NZACRes](#) is the research sector representative body, with a multi-disciplinary membership from all roles in the clinical research process. Membership is encouraged and paid for by the MRINZ. There are educational resources available on the NZACRes website, and their issued [Clinical Trial Research Agreement \(CTRA\)](#) is the NZ standard for research contracts. You will learn about this process in your clinical operations induction at MRINZ.

The Health Research Council (HRC)

The [HRC](#) is the body responsible for administering government funding toward health-related research in NZ. Depending on your role and length of appointment, you may be asked to register with the HRC as an investigator for a grant application. This will be fully explained to you, with training in application writing, contract and milestone management and reporting given.

Health Disability and Ethics Committees (HDECs)

[HDECs](#) are committees responsible for the ethical review of clinical studies which meet 'in scope' criteria. Most clinical studies that involve participants, human tissues or the collecting of health information require a formal application via the HDEC which will review the study protocol, all participant facing materials, Māori and Pacific responsiveness and ethical aspects. If you are responsible for an HDEC application as part of your MRINZ role you will be expected to attend the meeting over teleconference and answer any questions the committee may have. You will be fully supported in this by an experienced MRINZ investigator.

You may also be required to lodge annual reports to the HDEC. The highly informative National Ethical Standards for Health and Disability Research and Quality can be found [here](#).

Standing Committee on Therapeutic Trials (SCOTT)

[SCOTT](#) reports to the HRC, and is responsible for the scientific review of interventional trials that use a new medicine, requiring approval under [Section 30 of the Medicines Act 1981](#). Applications to SCOTT are relatively unusual in most of the MRINZ trial portfolio, if you are part of a study requiring this (such as the Pharmacy Research Network programme) you will receive training on the application and six-monthly reporting required.

Cultural Awareness and Safety and Te Titiriti O Waitangi

The indigenous peoples of Aotearoa NZ, Māori, have on average the poorest health related status of any ethnic group and significantly higher mortality rate than non-Māori. This trend extends to other minority populations in NZ such as Pacific peoples and is a complex and persistent issue that must be prioritised within every clinician's practice. Reasons for inequity in healthcare access and related outcomes in NZ are multi-factorial and require you to be aware of and responsive to both your patients' values and worldview and your own. At the MRINZ you will be enrolled in the Wellington Regional Hospital Tikanga (Māori custom and practice) training workshop, which is research specific. Here you will be introduced to the major healthcare related considerations for your practice, setting a resource foundation for you to further develop cultural safety in your practice. Coles Medical Practice has an excellent chapter of introduction to this topic for Māori and other cultures in NZ which should be reviewed and revisited during your appointment. We also strongly recommend watching the [HRC educational videos](#) that discuss advancing Māori health and reviewing the [NZ Health Research Strategy](#) which will place your role in a National context.

[Te Tiriti O Waitangi](#) is the founding document of NZ, and agreement between Māori chiefs and the British Crown signed in 1840 at Waitangi in the far North Island. It is important that you read the treaty (ensure you read both the English and te reo Māori text) and explore the history of colonisation in NZ, the signing of the Treaty, events since and the modern application and responsibilities to it. These will imbue your daily clinical practice and provide a foundation of [understanding](#) around research specific practices and process you will be expected to meet at the MRINZ.

Every 2-3 years the MRINZ undertakes a two-day workshop with Te Kura Educators, to refresh knowledge and understanding of Te Tiriti and revisit an implementation plan that considers each provision and principle across the four articles and how these are and may be applied across clinical practice and research at the MRINZ. You will be required to participate in this workshop if the timing allows, if not you will undertake an online course such as offered by [Mauri Ora Health Education Research](#). We are fortunate to have a Māori Health programme at the MRINZ, led by Dr Matire Harwood, one of NZ's most eminent Māori health researchers, supported by Dr Jordan TeWhaiti-Smith, Selwyn Te Paa and Helaman Luki. This team will be involved in some of your work at the MRINZ and will provide support to your studies and clinical practice during your tenure.

Life in Wellington

The MRINZ is located in the heart of Wellington Regional Hospital, a 25-minute walk from the Central Business District (CBD). Wellington is the Capital of NZ and the country's third most populous city, with plenty of culture, entertainment, food and outdoor activities. Read all about it [here!](#)

Arrival

You will likely arrive at Wellington International Airport which is a 15-minute drive from the CBD. **DO NOT forget to declare any food items**, NZ has amongst the strictest biosecurity laws in the world and you will be fined on the spot if an offending item is discovered undeclared. There are ample shuttles, buses and taxis available at all hours. Staff from the MRINZ are often available to collect you, contact alex.semprini@mrinz.ac.nz to enquire. Jet-lag will be expected and accommodated if you start work immediately.

Travel

Wellington has reasonable public transport options via bus, train and ferry using cash or a '[snapper](#)' card. Taxis are expensive but Uber and electric scooter rentals present affordable options, as does road cycling.

You may be able to drive in NZ on your international licence, but we recommend applying for a NZ licence which can be very quick and affordable and provides you with a NZ ID form.

The MRINZ has a work car which may be used for study visits if you have the appropriate licence.

Accommodation

The MRINZ will pay for your first two weeks accommodation in a self-contained unit such as found at Quest. You should contact Joanna.Read@mrinz.ac.nz our senior administrator, or alex.semprinin@mrinz.ac.nz the deputy director to organise this if required. This is to allow you to find appropriate accommodation in person on arrival, you will be allowed flexible hours to undertake viewings. There are often rental options close to the hospital, and an extensive and well-connected public transport system if you choose to live further afield. Some major rental listing sites are:

[Myrent](#)

[Harcourts](#)

[Trademe](#)

[Tommys](#)

Be aware that housing in NZ is very different from many parts of the world, with poor quality options common place. Look closely at each, considering how the insulation, windows and heating capacity may fare in a very windy and cold winter. Someone at the MRINZ will be happy to accompany or check out properties in advance of your arrival.

Finances

On arrival you will need to provide your banking details as part of our onboarding process at the MRINZ. The major banks in NZ are:

[ANZ](#)

[Kiwibank](#)

[BNZ](#)

[Westpac](#)

Some will allow the opening of accounts from overseas, you should contact them prior to departure. Use of overseas cards in NZ is very expensive.



Depending on your intentions, it is worth being aware of the financial rules for bringing overseas money to NZ and the time limits for tax free provisions.

Payroll

Salaries are paid fortnightly at the MRINZ, on a Tuesday. You will be paid for hours worked at the next cycle after you start. You will need to register for an IRD number [here](#) after completing the drop-down calculation.

Tax

Tax is dependent on your income and is deducted at source. You should be aware of the tax [residency status](#) criteria and seek specific advice if you are retaining income sources overseas.

Kiwisaver

Kiwisaver is a voluntary savings scheme for retirement (and specific drawdowns such as first home deposit) for all NZ residents. You can access this when and if you obtained residency (does not have to be permanent residency which requires two years of residency). Kiwisaver contributions are deducted from your salary at the MRINZ per a proportion of your choosing from defined options. The MRINZ then matches 3% of this and your balance increases each fortnightly pay cycle. It is recommended to research which fund and provider is most appropriate for you if you choose to open kiwisaver, with a range of conservative to aggressive risk investment strategies available. Your fund is managed by the provider, so you can 'set and forget'.

Annual leave

MRINZ provides six weeks annual leave per annum which can be requested in the ipayroll system, set up for you on arrival.

Sick leave

In NZ you are eligible for 5 days sick leave on commencement, increasing to 10 days per year with a maximum cumulation of 20 days.