

## Scopes of Practice and Prescribed Qualifications for the Practice of Medicine in New Zealand

### Commencement

This notice is given pursuant to sections 11 and 12 of the Health Practitioners Competence Assurance Act 2003, and comes into effect on 22 December 2014. On that date, it replaces the 2013 Notice of Scopes of Practice and Prescribed Qualifications<sup>1</sup>. This notice also contains changes coming into effect on 24 November 2015.

### Introduction

Under the Health Practitioners Competence Assurance Act 2003, the Medical Council of New Zealand (“Council”) is required to define the separate areas of medicine and specialties that make up the practice of medicine in New Zealand. The Council’s role is to identify for each of these areas (known as “scopes of practice” or “scopes”) the aspects of the practice of medicine covered by each scope. Medical practitioners seeking to practise in New Zealand must first be registered with the Medical Council in one or more relevant scopes of practice.

The Medical Council is also responsible for formally “prescribing” the specific qualifications that medical practitioners must have to be eligible to be registered in each of the scopes of practice. These prescribed qualifications will vary between the different scopes of practice. In many cases, a “prescribed” qualification will be an identified medical degree, or fellowship of a medical college, but in some cases the Council will require a combination of a medical degree, and additional training, or approved experience. In such cases, the medical practitioner will be required to meet all these requirements before he or she will be recognised as having the “prescribed qualification”.

To be able to practise medicine in New Zealand, a registered medical practitioner must hold a current practising certificate. To be eligible for a practising certificate, a medical practitioner must meet any recertification or competence programme requirements set by the Council. Recertification and competence programmes are scope-specific programmes, undertaken while in practice and designed to ensure that doctors maintain the required standard of competence within their scope of practice.

This notice provides the current complete list of the scopes of practice within which medical practitioners may practise medicine in New Zealand, and the associated, prescribed qualifications. Where reference is made to relevant information published on the Council’s website, this can be found at

[www.mcnz.org.nz](http://www.mcnz.org.nz)

### Changes coming into effect on 24 November 2015

An initial (Stage 1) consultation process commenced in May 2011. The consultation paper *Prevocational training requirements for doctors in New Zealand: a discussion paper on options for an enhanced training framework* primarily considered the structural issues of the prevocational framework and was intended to be the first stage of a review of prevocational training.

On 13 December 2011, the Council considered the feedback from the consultation along with recommendations from the Education Committee. The Council made two key decisions about the structure of prevocational training:

- That the length of the clinical attachment will remain at 13 weeks.
- That the length of the period of registration in a provisional general scope of practice will remain at 12 months.

The consultation paper *A review of prevocational training requirements for doctors in New Zealand: Stage 2* was released to stakeholders on 28 February 2013. The consultation paper described the background, issues, and objectives for prevocational training in New Zealand.

The second stage of the review proposed changes to the following aspects of prevocational training, and explains the benefits and considerations for each proposal:

- Curriculum framework.
- Elements of assessment.
- Record of learning and e-portfolio.
- Required experience.
- Structure of clinical attachments, clinical settings, and accreditation standards.
- Requirements for PGY2.
- Requirements to gain a general scope of practice.

A comprehensive national roadshow took place during the months of March and April 2013 to discuss the proposed changes to prevocational training outlined in the consultation paper. The meetings were well attended, with a total of over 550 attendees.

The Prevocational Stakeholder Advisory Group comprising representatives from a range of organisations with an interest in prevocational training, including the New Zealand Resident Doctors Association, Association of Salaried Medical Specialists, the New Zealand Medical Association, Doctors in Training Council, the university medical schools, Ministry of Health, Royal New Zealand College of General Practitioners, Council of Medical Colleges, New Zealand Medical Students' Association, Health Workforce New Zealand, the national District Health Board chief executive officer, and chief medical officer groups, met after the close of the consultation process on 19 June 2013 and provided feedback to the proposed changes.

At its meeting on 10 July 2013, the Council received the 59 written submissions in response to the consultation and considered the key themes arising from these as well as the stakeholders' meetings. Council made a number of decisions, each of which is described in detail, along with the reasons for Council's decisions in the *Report on the feedback and decisions following the consultation of: A review of prevocational training requirements for doctors in New Zealand: Stage 2*. This report can be found at

[www.mcnz.org.nz](http://www.mcnz.org.nz)

The changes are being implemented in two main stages with the first interns to be affected being those who gain registration in a provisional general scope of practice from 24 November 2014. These interns will be required to meet the new requirements for registration in a general scope of practice from 23 November 2015.

While the changes come into effect in 12 months' time, the Council is publishing these requirements now to ensure that good notice is given of the changes for those who will apply for general registration after November 2015, with particular focus on those who will shortly obtain provisional general registration and enter into the PGY1 year. These changes are in addition to new competence programme requirements also being implemented for doctors registered in the provisional general scope of practice.

#### *New Zealand Registration Examination (NZREX)*

The requirements to obtain general scope registration have been aligned for graduates of Council-accredited New Zealand and Australian medical schools and those who have obtained registration via the NZREX pathway. A consultation commenced on 1 August 2014 on whether the requirements should continue to be aligned. Specifically, Council proposed that the same new requirements should also apply to those who have obtained provisional general registration via the NZREX pathway. On 7 October 2014, following consideration of the submissions, Council resolved that the NZREX pathway requirements should be altered to be consistent with the changes for graduates of Council-accredited New Zealand and Australian medical schools.

#### **Change coming into effect on 22 December 2014**

In conjunction with its consultation on the alignment of requirements for NZREX graduates and graduates of New Zealand and Australian medical schools, Council also resolved to remove the option of completing the provisional general period in a primary care setting for doctors who pass NZREX Clinical. Council considered not only that this would be consistent with Council's views on the global educational needs of PGY1s and PGY2s, but that the primary care alternative does not provide the structure and supervision that will be provided by the Council-accredited clinical attachments to be introduced as a component of the new prevocational training programme.

A pass in the NZREX examination remains valid for five years. As a result, doctors who have successfully passed the examination may apply for registration (including the primary care option) for up to five years from the date of their successful pass. Council wishes to preserve the existing rights of those who hold a current, valid NZREX pass and, accordingly, the primary care option will remain in place for any applicant for registration who holds a current NZREX pass as at 30 November 2014 and who applies for registration during the remaining currency of that NZREX pass. As the last NZREX examination was held on 9 August 2014, it is anticipated that this option will remain in effect for some NZREX graduates until August 2019.

Dated at Wellington this 21st day of November 2014.

DAVID DUNBAR, Registrar, Medical Council of New Zealand.

#### **Scopes of Practice**

##### ***Provisional General scope of practice***

The practice of medicine in a position approved by the Medical Council of New Zealand ("Council"), under supervision approved by the Council.

##### ***General scope of practice***

The practice of medicine.

The "practice of medicine" includes:

- advertising, holding out to the public, or representing in any manner that one is authorised to practise medicine in New Zealand;
- signing any medical certificate required for statutory purposes, such as death and cremation certificates;
- prescribing medicines whose sale and supply is restricted by law to prescription by medical practitioners;
- assessing, diagnosing, treating, reporting or giving advice in a medical capacity, using the knowledge, skills, attitudes and competence initially attained for the MB ChB degree (or equivalent) and built upon in postgraduate and continuing medical education, wherever there could be an issue of public safety.

The practice of medicine goes wider than clinical medicine, and includes teaching, research, medical or health management, in hospitals, clinics, general practices and community and institutional contexts, whether paid or voluntary.

Additionally, clinical practice is defined as any work undertaken by a doctor that relates to the care of an individual patient. Non-clinical practice is defined as any work undertaken by a doctor that does not relate to the care of an individual patient.

***Provisional Vocational scope of practice***

The practice of medicine within a vocational scope of practice within a position approved by Council, and under approved supervision and assessment as required.

***Vocational scopes of practice***

The practice of medicine that allows a medical practitioner to work in a specific scope of practice, for which he or she has appropriate vocational training, qualifications and experience. (See Appendix for vocational scopes of practice.)

***Special purpose scopes of practice<sup>2</sup>***

The practice of medicine, for defined or limited reasons, undertaken:

- within a New Zealand hospital, general practice, educational institution or other organisation approved by the Council; and
- under the supervision of a registered medical practitioner approved by the Council.

The special purpose scopes of practice are:

- teaching as a visiting expert for up to one week;
- postgraduate training for up to two years;
- undertaking research for up to two years;
- working as a locum tenens for up to 12 months;
- assisting in an emergency or other unpredictable, short-term situation;
- assisting in a pandemic or disaster;
- providing teleradiology services to New Zealand patients for up to 12 months.

Trainees registered in the postgraduate training scope of practice:

- may not undertake relief clinical attachments (excluding postgraduate trainees covered under the policy for cardiothoracic surgical training units);
- must have at least two hours per week protected time for teaching and will be required to attend any relevant tutorials and grand rounds.

**Prescribed qualifications**

***Provisional General scope of practice***

The medical practitioner must satisfy all the requirements from one of the following options:

- Hold a primary medical degree from a New Zealand or Australian university medical school accredited by the Council for the purposes of registration in New Zealand, and published on the Council's website (**Pathway 1**)<sup>3</sup>; or
- hold a primary medical degree from a university medical school approved by the Council for the purposes of

registration in New Zealand and published on the Council's website. Must also have passed a medical examination approved by the Council for the purposes of applying to sit the New Zealand Registration Examination (NZREX)<sup>4</sup> and published on the Council's website. Must, within five years of passing the medical examination, have passed NZREX or an international registration examination approved by the Council as being of a comparable standard to NZREX and published on the Council's website. **(Pathway 2);**

There are two options for approved practice within provisional general scope of practice for NZREX graduates:

*Approved hospital-based practice*

Practice in an approved position in an accredited New Zealand hospital.

*Practising in an approved primary care setting*

An applicant may be approved to work in a primary care setting if the applicant has applied for provisional general registration on the basis of a pass in the NZREX examination obtained before 30 November 2014 that is still valid at the time of application, completed a general intern year in their past practising history, passed NZREX at first attempt, has five years or more experience in primary care, and has similar primary care practice experience. The applicant's nominated supervisor must not be his/her employer; or

- hold a primary medical degree from a university medical school accredited by a competent authority and medical schools approved by the Council for the purposes of registration in New Zealand and published on the Council's website. Must also have one year of general medical experience **(Pathway 3);** or
- hold a primary medical degree from a university medical school approved by the Council for the purposes of registration and published on the Council's website. Must have worked for at least 33 months (for at least 30 hours per week) during the 48 months prior to application (in other words, a minimum of 3,960 hours worked, counting a maximum of 40 hours per week and excluding on-call and overtime hours) in a health system comparable to New Zealand. Comparable health systems are approved from time to time by the Council for the purposes of registration in New Zealand and published on the Council's website. Must also hold full or general registration with that authority, or be satisfactorily participating in a training programme recognised by the American Boards or the Canadian specialist colleges, or be registered by the Irish Medical Council as a specialist trainee. Applicants must also have worked during the required 33 months in the same or a similar area of medicine, and at a similar level of responsibility as that of the position for which they seek Council approval **(Pathway 4).**

**General scope of practice**

Medical practitioner must satisfy one of the following:

- A. Hold a primary medical degree from a New Zealand or Australian university medical school accredited by the Council and have completed an internship in New Zealand or Australia (Pathway 1); and**

**Either**

- a. *For applications for registration in the General scope of practice made before 24 November 2015:*

- work in a New Zealand hospital that has been accredited by the Council;
- complete at least four three-month runs, including
  - one category A medical run
  - one category A surgical run
  - two other runs, which may be category A or B runs
  - have three consecutive runs immediately prior to applying for registration in a general scope where the medical practitioner's performance is assessed to be of a satisfactory standard; two of these three runs must be in different disciplines;
- work for no less than 10 weeks (or 10 weeks' full-time equivalent) out of each run;
- certify as competent in cardiac life support as required by the Council's policy;

- be recommended for registration in a general scope by the Prevocational Educational Supervisor.

b. *For applications for registration in the General scope of practice made on or after 24 November 2015:*

- satisfactorily completed four accredited clinical attachments;
- substantively attained the learning outcomes outlined in the *New Zealand Curriculum Framework for Prevocational Medical Training*;
- completed a minimum of 10 weeks' full-time equivalent in each clinical attachment. Full-time is equivalent to a minimum of 40 hours per week;
- hold advanced cardiac life support (ACLS) certification at the standard of New Zealand Resuscitation Council CORE level 7 less than 12 months old;
- been recommended for registration in a general scope of practice by a Council-approved advisory panel.

**Or**

Hold General Registration in Australia.

**B. Have been registered in a provisional general scope of practice, satisfied the conditions of the provisional general scope of practice and satisfied any pathway-specific conditions. That is:**

**Pathway 2** - Holders of a primary medical degree from a university medical school approved from time to time by the Council for the purposes of registration in New Zealand and published on the Council's website, and who have passed a medical examination approved by the Council for the purposes of applying to sit NZREX and published on the Council's website. Additionally, within five years of passing the medical examination, have passed NZREX or an international registration examination approved by the Council as being of a comparable standard to NZREX and published on the Council's website.

Applicants must have:

*For applications for registration in the General scope of practice made before 24 November 2015 where, at the time of application, the applicant is practising approved hospital-based practice:*

1. Completed at least one year working within a provisional general scope, satisfying the following:
  - Practise in a New Zealand hospital accredited by the Council; and
  - satisfactory completion of four runs, of which one must be a category A medical and one a category A surgical run. (NB: The practitioner may work in category A or B relieving or rotating runs during the first six months, but may not work in category C rotating or relieving runs until the second six months. The practitioner can only work in C runs if a rotating internship has been completed prior to registration in New Zealand.); and
  - satisfactory completion of three consecutive runs immediately prior to registration in the general scope; and
  - certify as competent in cardiac life support as required by the Council's policy; and
2. Been recommended for registration within a general scope by his or her supervisor.

*For applications for registration in the General scope of practice made before 24 November 2015 where, at the time of application, the applicant is practising in an approved primary care setting:*

1. Completed at least one year working within a provisional general scope, satisfying the following:
  - practised in a primary care setting approved by the Council and under the supervision of a medical practitioner approved by the Council; and
  - received satisfactory reports for the nine months worked immediately prior to applying for registration within a general scope; and
2. Been recommended for registration within a general scope by his or her supervisor.

*For applications for registration in the General scope of practice made on or after 24 November 2015:*

- satisfactorily completed four accredited clinical attachments;

- substantively attained the learning outcomes outlined in the *New Zealand Curriculum Framework for Prevocational Medical Training*;
- completed a minimum of 10 weeks' full-time equivalent in each clinical attachment. Full-time is equivalent to a minimum of 40 hours per week;
- hold advanced cardiac life support (ACLS) certification at the standard of New Zealand Resuscitation Council CORE level 7 less than 12 months old;
- been recommended for registration in a general scope of practice by a Council-approved advisory panel.

*For applications for registration in the General scope of practice made after on or after 24 November 2015 where:*

- 1. the applicant obtained registration in the provisional general scope of practice after 30 November 2014; and*
- 2. at the time of application for General registration, the applicant is practising in an approved primary care setting:*

1. Completed at least one year working within a provisional general scope, satisfying the following:
  - Practised in a primary care setting approved by the Council and under the supervision of a medical practitioner approved by the Council; and
  - received satisfactory reports for the nine months worked immediately prior to applying for registration within a general scope; and
2. Been recommended for registration within a general scope by his or her supervisor.

**Pathway 3** – Holders of a primary medical degree from a university medical school accredited by a competent authority and who have one year of general medical experience under the jurisdiction of the competent authority must have:

1. completed six months working within a provisional general scope in a New Zealand hospital, general practice, educational institution or other organisation approved by the Council and under the supervision of a medical practitioner approved by the Council; and
2. received two consecutive satisfactory supervision reports for the six months of medical practice completed immediately prior to applying for registration within a general scope. Registration within a provisional scope will be extended for up to two years if the medical practitioner receives any poor supervision reports during their first six months of registration, until the medical practitioner has received two consecutive satisfactory reports; and
3. been recommended for registration within a general scope by his or her supervisor.

**Pathway 4** – Holders of registration granted based on at least 33 months (for at least 30 hours per week) during the 48 months prior to application (in other words, a minimum of 3,960 hours worked, counting a maximum of 40 hours per week and excluding on-call and overtime hours) in a health system comparable to New Zealand as prescribed by the Council and either full or general registration in the comparable health systems in which they met the Council's active clinical practice requirement at the time of registration; or the applicant is satisfactorily participating in a training programme recognised by the American specialty boards, the Canadian specialist colleges, or the Irish Medical Council, must have:

1. completed one year working within a provisional general scope in a New Zealand hospital, general practice, educational institution or other organisation approved by the Council, in an approved position, under supervision approved by the Council; and
2. received satisfactory supervision reports for the nine months of medical practice completed immediately prior to applying for registration within a general scope. Registration within a provisional scope will be extended for up to two years if the medical practitioner receives any poor supervision reports during their first year of registration, until the medical practitioner has received three consecutive satisfactory reports; and
3. been recommended for registration within a general scope by his or her supervisor.

Conditions limiting the medical practitioner's practice may be imposed on the medical practitioner's registration in a general scope of practice if the medical practitioner does not complete a minimum of six months of medicine and six months of surgery during the provisional period. To avoid limitations on a medical practitioner's general

scope of practice, the following two options may apply:

*Option 1*

After the Council has received two positive supervision reports, the medical practitioner may be permitted to work in an area of medicine for which the medical practitioner does not have recent experience in a comparable health system. The medical practitioner must have a job offer:

- as a house officer or senior house officer (ie PGY1 or PGY2 level); and
- in a hospital accredited by the Council for the purposes of intern training to ensure the hospital is able to provide adequate support, training and education opportunities (ie tutorials). The medical practitioner does not need to work in accredited clinical attachments; and
- that has received sign off by the Chief Medical Officer at the hospital to ensure the role has adequate supervision and assessment.

*Option 2*

After the receipt of satisfactory supervision reports for the previous nine months (see 2. above), the medical practitioner may apply for a general scope without limitations if the practitioner had spent a period of at least six months working under supervision in a Council-approved general practice position.

***Provisional Vocational scope of practice***

A medical practitioner must hold a primary medical degree from a university medical school approved from time to time and published on the Council's website. The medical practitioner must also hold an overseas postgraduate medical qualification and this medical qualification must have been awarded at the end of a period of specialist training and be in a recognised vocational scope, approved by the Council. The medical practitioner must have been assessed as:

1. having qualifications, training and experience established to the Council's satisfaction to be equivalent to, or as satisfactory as, that of a New Zealand vocationally-trained medical practitioner registered in the same vocational scope of practice; and
2. being able to achieve registration in a vocational scope of practice within no more than 18 months (full-time equivalent) of obtaining registration in a provisional vocational scope of practice.

***Vocational scopes of practice***

A medical practitioner must:

1. have the prescribed qualifications set out in the Appendix as necessary for the particular vocational scope of practice; or
2. (a) have been approved for and hold provisional vocational registration; and  
(b) have completed the Council's requirements for a change of scope from a provisional vocational to a vocational scope of practice.

***Special purpose scopes of practice<sup>5</sup>***

A medical practitioner must:

1. hold a primary medical degree from a university medical school approved from time to time by the Council for the purposes of registration in New Zealand in a special purpose scope of practice and published on the Council's website; and
2. obtain a position where appropriate supervision is available; and
3. satisfy (for each of the following special purpose scopes of practice) the additional prescribed criteria:

**A. Teaching as a visiting expert**

A medical practitioner must have been invited by an institution approved by the Medical Council, which has specified the nature of any patient contact.

**B. Postgraduate training<sup>6</sup>**

A medical practitioner must

1. have medical registration in his or her own country, to which he or she will return on completion of the training; and
2. either:
  - be sponsored by or on behalf of a country or organisation to which the medical practitioner returns after the proposed period of training<sup>7</sup>; or
  - have a formal postgraduate qualification accepted by the Council as indicating competence in the branch within which the medical practitioner will work in New Zealand; or
  - be enrolled in a formal training programme in his or her own country; or
  - have worked for at least 12 months in an institution with which a New Zealand hospital or medical school has an exchange programme; and
3. provide evidence that they are entering a formal, recognised scholarship or fellowship programme, with a structured supervision plan<sup>8</sup>; and
4. have been registered and practising in their home/sponsor country for a minimum of one year immediately prior to their application (excluding Pacific island graduates, if they have been training in a different Pacific island health system at the time of their application only because recognised medical training programmes are not available in their home/sponsor country).

**C. Research**

A medical practitioner must be participating in a research project, for up to two years only, which has the approval of a formally-constituted ethics committee in New Zealand.

**D. Locum tenens**

A medical practitioner must:

1. have a postgraduate qualification approved by the Council and published on the Council's website in the area of medicine in which the medical practitioner wishes to work. (See the Council's website for a list of approved qualifications.);
2. have been in active clinical practice (for at least 20 hours per week) relevant to the vocational scope that the medical practitioner will be working in, for at least 22 out of the 36 months prior to application (in other words, a minimum of 1,760 hours worked, counting a maximum of 40 hours per week and excluding on-call and overtime hours);
3. have had, in the 12 months preceding the application for registration, at least six months' practice under the jurisdiction of another medical regulatory authority, and provide evidence of satisfactory participation in any recertification programmes required by that authority during that period of practice or, where no recertification requirements have been set by that authority, provide separate evidence of ongoing professional development during that period of practice.

**E. Emergency or other unpredictable, short-term situation**

A medical practitioner must have qualifications appropriate to the requirements of the emergency or other unpredictable situation, as determined by the Council.

**F. Pandemic or disaster**

A medical practitioner must:

1. hold an acceptable primary medical qualification, be registered with the Council and hold a current practising certificate; or
2. have completed at least five years of study at a recognised New Zealand medical school; or
3. have previously been registered with the Council; or
4. hold satisfactory registration with another medical profession regulator; and
5. meet any other criteria set by the Registrar and published on the Council's website or in such other way as is practicable.

**G. Teleradiology**

A medical practitioner must:

1. have a postgraduate qualification in radiology, approved by the Council and published on the Council's website (see the Council's website for list of approved qualifications); and
2. be registered in a jurisdiction where they are able to gain a postgraduate qualification approved by the Council and published on the Council's website (see the Council's website for list of approved qualifications); and
3. be providing radiology services under contract to a health provider located in New Zealand and be fully credentialled by the health provider<sup>9</sup>; and
4. have been in active clinical practice (20 hours per week) in the vocational scope of diagnostic and interventional radiology for at least 24 out of the last 36 months.

## Endnotes

1. [Supplement to the \*New Zealand Gazette\*, 4 October 2013, No. 138, page 3761](#)
2. The special purpose scope of practice is time-limited and does not lead to any form of permanent registration. Time spent in supervised practice, under a special purpose scope of practice does not count towards the prescribed period of supervision for any permanent form of registration for which the medical practitioner subsequently applies, with the exception that time spent on the locum tenens scope may count towards the supervised practice requirements of the (provisional vocational) supervision pathway of a vocational scope.
3. Medical schools approved for the purposes of all scopes of practice will be identified through a Council website link to the World Directory of Medical Schools ([search.wdoms.org](http://search.wdoms.org)).
4. See Council's website [www.mcnz.org.nz](http://www.mcnz.org.nz) for further information about NZREX.
5. Time registered within a special purpose scope of practice will not be counted towards gaining registration within a provisional general, general, provisional vocational or vocational scope of practice in New Zealand, unless the IMG is registered on the locum tenens scope and granted eligibility for registration under the (provisional vocational) supervision pathway of a vocational scope.
6. **Night cover** There are some preliminary requirements the employer must satisfy before the medical practitioner is permitted to provide night cover as defined in the .  
**Limit of trainees at any one centre** At any one centre, trainees will make up no more than one out of three medical practitioners on the same service at any one time. (For example, out of a total of six medical registrars, no more than two will be trainees.)
7. The medical practitioner must have a guarantee of continuing employment in his or her home country at the completion of the period of training in New Zealand.
8.
  - The programme must provide details on the training objectives and delivery, and on how the training will be monitored and outcomes measured.
  - Within a District Health Board (DHB), the application must be approved by the Chief Medical Adviser of the DHB, confirming that the position is part of a formal, recognised scholarship programme of that institution.
  - Within an organisation other than a DHB, high level sign off is required from an appropriate person or organisation at the discretion of the Registration Manager.
  - The proposed supervisor must provide details of the level of responsibility to be delegated to the trainee.
  - The proposed supervisor must provide an induction and supervision plan including details or orientation.
  - Supervision reports are to be provided to the Council for each three-month period.
  - The medical practitioner must provide a report to the Council at the end of three months, one year and two years which provides an update on the progress of meeting the training objectives, delivery and outcomes.
  - Confirmation must be provided from the employer that the training will not be funded by the government funding agency.

9. • The medical practitioner must have a contract with a health provider located in New Zealand who has undertaken a comprehensive credentialling process for the medical practitioner prior to applying for registration.
- The New Zealand-based health provider must have a dispute resolution process to facilitate the fair, simple, speedy and efficient resolution of complaints. This process must include automatic notification of the relevant authorities in New Zealand and the medical practitioner's home country should a complaint be received, and must also permit and facilitate external review and investigation by those authorities.
- The overseas facility the medical practitioner works for must be accredited by an appropriate accreditation body.
- Supervision for the medical practitioner is to be provided by the clinical director of the New Zealand health facility.

## Appendix

### *Vocational scopes of practice and associated prescribed qualifications*

<b>Scope of practice</b>	<b>Prescribed qualification</b>
<p><b>Anaesthesia</b></p> <p>The provision of anaesthetics, perioperative care, intensive care and pain management to patients and can include the provision of resuscitation, retrieval/transportation (inter- and intra- hospital) and hyperbaric medicine to patients. Encompassed in this is the advancement of professional standards, patient safety, education and the advancement of the science and practice of anaesthesia, perioperative medicine, intensive care and pain medicine.</p>	<p>Fellowship of the Australian and New Zealand College of Anaesthetists (FANZCA)</p>
<p><b>Cardiothoracic surgery</b></p> <p>The diagnosis and treatment (operative and non-operative) of patients with disorders of structures within the chest including the heart and vascular system, the lungs and trachea, the oesophagus, the diaphragm and chest wall. It includes the management of trauma and congenital and acquired disorders of these structures.</p>	<p>Fellowship of the Royal Australasian College of Surgeons (FRACS)</p>
<p><b>Clinical genetics</b></p> <p>The investigation and diagnosis of and provision of medical advice, assessment and management of patients in relation to inherited genetics and chromosomal disorders and predispositions.</p>	<p>Fellowship of the Royal Australasian College of Physicians (FRACP)</p>
<p><b>Dermatology</b></p> <p>The study, research and diagnosis of disorders, diseases, cancers, cosmetic, ageing and physiological conditions of the skin, fat, hair, nails and oral and genital membranes, and the management of these by different investigations and therapies, including but not limited to dermatohistopathology, topical and systemic medications, dermatologic cosmetic surgery, phototherapy, laser therapy, superficial radiotherapy, photodynamic therapy and other therapies that become available.</p>	<p>Fellowship of the Royal Australasian College of Physicians (FRACP)</p>
<p><b>Diagnostic and interventional radiology</b></p> <p>The diagnosis and treatment of patients utilising imaging modalities including general radiography, angiography, fluoroscopy, mammography, ultrasound, computed tomography, magnetic resonance imaging, nuclear medicine and bone densitometry.</p>	<p>Fellowship of the Royal Australian and New Zealand College of Radiologists (FRANZCR)</p>

<p><b>Emergency medicine</b></p> <p>A field of practice based on the knowledge and skills required for the prevention, diagnosis and management of acute and urgent aspects of illness and injury affecting patients of all age groups with a full spectrum of undifferentiated physical and behavioural disorders. It further encompasses an understanding of the development of pre-hospital and in-hospital emergency medical systems and the skills necessary for this development.</p>	<p>Fellowship of the Australasian College for Emergency Medicine (FACEM)</p>
<p><b>Family planning/reproductive health</b></p> <p>The treatment of, and health provision to, patients in relation to contraception, reproductive health and associated primary sexual health issues.</p>	<p>Diploma in Sexual and Reproductive Health (Dip SRH)</p>
<p><b>General practice</b></p> <p>An academic and scientific discipline with its own educational content, research, evidence base and clinical activity, and a clinical speciality orientated to primary care. It is personal, family, and community orientated comprehensive primary care that includes diagnosis, continues over time, and is anticipatory as well as responsive.</p>	<p>Fellowship of the Royal New Zealand College of General Practitioners (FRNZCGP)</p>
<p><b>General surgery</b></p> <p>A broadly based specialty which includes the diagnosis and treatment (operative and non-operative) of patients with disorders of: colon and rectum, upper gastro-intestinal organs, breasts, endocrine organs, skin and subcutaneous structures, blood vessels including varicose veins and the head and neck region. It also includes the early and ongoing management of trauma.</p>	<p>Fellowship of the Royal Australasian College of Surgeons (FRACS)</p>
<p><b>Intensive care medicine</b></p> <p>The diagnosis and treatment of patients with acute, severe and life-threatening disorders of vital systems whether medical, surgical or obstetric in origin and whether adult or paediatric.</p>	<p>Fellowship of the Joint Faculty of Intensive Care Medicine of the Australian and New Zealand College of Anaesthetists (FJFICM ANZCA)</p> <p>Diploma of Fellowship of the College of Intensive Care Medicine of Australia and New Zealand (FCICM)</p> <p>Fellowship of the Royal Australasian College of Physicians (FRACP)</p>
<p><b>Internal medicine</b></p> <p>The diagnosis and management of patients with complex medical problems which may include internal medicine, cardiology, clinical immunology, clinical pharmacology, endocrinology, gastroenterology, geriatric medicine, haematology, infectious diseases, medical oncology, nephrology, neurology, nuclear medicine, palliative medicine, respiratory medicine and rheumatology.</p>	<p>Fellowship of the Royal Australasian College of Physicians (FRACP)</p>
<p><b>Medical administration</b></p> <p>Administration or management utilising the medical and clinical knowledge, skill, and judgement of a registered medical practitioner, and capable of affecting the health and safety of the public or any person. This may include administering or managing a hospital or other health service, or developing health operational policy, or planning or purchasing health services. Medical administration does not involve diagnosing or treating patients.</p>	<p>Fellowship of the Royal Australasian College of Medical Administrators (FRACMA)</p>

<p><b>Musculoskeletal medicine</b></p> <p>The diagnosis and treatment (or referral) of patients with neuro-musculoskeletal dysfunction, disorders and diseases, most of whom present with acute or chronic pain problems.</p>	<p>Certificate of Accreditation in Musculoskeletal Medicine from the New Zealand Association of Musculoskeletal Medicine (CANZ AMM)</p> <p>Fellowship of the Australasian Faculty of Musculoskeletal medicine (FAFMM)</p>
<p><b>Neurosurgery</b></p> <p>The diagnosis and treatment (operative and non-operative) of patients with disorders of the central, peripheral and autonomic nervous system including their supportive structures and blood supply. This includes the skull, brain, meninges, spinal cord, spine, and pituitary gland. It also includes the management of traumatic, neoplastic, infective, congenital and degenerative conditions of these structures, and surgical pain management.</p>	<p>Fellowship of the Royal Australasian College of Surgeons (FRACS)</p>
<p><b>Obstetrics and gynaecology</b></p> <p>The diagnosis and management of patients in the area of reproductive health and disease, including but not limited to women's health issues, maternal fetal medicine, gynaecological oncology, reproductive endocrinology and infertility and urogynaecology, male sexual disorders, post and perinatal issues. It is also involved with treatment and health provision to patients in relation to contraception, reproductive health and associated primary sexual health issues, as well as primary and secondary pathology and physiology of the reproductive system and genital tract area.</p>	<p>Fellowship of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (FRANZCOG)</p>
<p><b>Occupational medicine</b></p> <p>The study and practice of medicine related to the effects of work on health and health on work. It has clinical, preventive and population-based aspects. Occupational physicians practise to ensure effective prevention of, and appropriate management of people with, illness and injury due to work and industry, and the appropriate rehabilitation of people with facilitation of their return to work.</p>	<p>Fellowship of the Australasian Faculty of Occupational Medicine, Royal Australasian College of Physicians (FAFOM RACP)</p> <p>Fellowship of the Australasian Faculty of Occupational and Environmental Medicine, Royal Australasian College of Physicians (FAFOEM RACP)</p>
<p><b>Ophthalmology</b></p> <p>The diagnosis and management of patients with abnormal conditions affecting the eye and its appendages, including prevention of blindness, promotion of eye health and rehabilitation of those with visual disability.</p>	<p>Fellowship of the Royal Australian and New Zealand College of Ophthalmologists (FRANZCO)</p>
<p><b>Oral and maxillofacial surgery</b></p> <p>The diagnosis and treatment (operative and non-operative) of patients with diseases, injuries and defects of the mouth, jaws and associated structures. This includes oral and maxillofacial pathology, trauma, dentoalveolar surgery, facial pain, orthognathic and relevant reconstructive surgery.</p>	<p>Fellowship of the Royal Australasian College of Dental Surgeons (Oral and Maxillofacial Surgery) (FRACDS OMS)</p>
<p><b>Orthopaedic surgery</b></p> <p>The diagnosis and treatment (operative and non-operative) of patients with disorders of the musculoskeletal system (bones, joints, ligaments, tendons and peripheral nerves). It includes the management of trauma to the musculoskeletal system and the management of congenital and acquired disorders.</p>	<p>Fellowship of the Royal Australasian College of Surgeons (FRACS)</p>

<p><b>Otolaryngology head and neck surgery</b></p> <p>The diagnosis and treatment (operative and non-operative) of patients with disorders of the ears, nose, throat and related structures of the head and neck. This includes cancer of the head and neck (excluding the eye and the brain), disorders of salivary glands and thyroid gland, disorders of hearing, balance, swallowing, speech, snoring/sleep apnoea, and aspects of facial plastic surgery.</p>	<p>Fellowship of the Royal Australasian College of Surgeons (FRACS)</p>
<p><b>Paediatric surgery</b></p> <p>The diagnosis and treatment (operative and non-operative) of children (usually up to 15 years of age) who may require surgery. It includes non-cardiac thoracic surgery, general paediatric surgery, oncological surgery urology in children and the management of congenital abnormalities both ante-natally and in the neonatal period. Also included is the management of major trauma in children.</p>	<p>Fellowship of the Royal Australasian College of Surgeons (FRACS)</p>
<p><b>Paediatrics</b></p> <p>The assessment diagnosis and management of infants, children and young people with disturbances of health growth, behaviour and/or development. It also addresses the health status of this same group by population assessments and interventions, education and research.</p>	<p>Fellowship of the Royal Australasian College of Physicians (FRACP)</p>
<p><b>Pain medicine</b></p> <p>The biopsychosocial assessment and management of persons with complex pain, especially when an underlying condition is not directly treatable. The scope of pain medicine supplements that of other medical disciplines, and utilises interdisciplinary skills to promote improved quality-of-life through improved physical, psychological and social function.</p>	<p>Fellowship of the Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists (FFPM ANZCA)</p>
<p><b>Palliative medicine</b></p> <p>The medical care that improves the quality of life of patients and their families and whanau facing the problems associated with life-threatening illness. The focus of palliative medicine is the anticipation and relief of suffering of patients by means of early identification, assessment and management of their pain and other physical, psychosocial and spiritual concerns. In particular, it affirms life, regards dying as a normal process and intends to neither hasten nor postpone death.</p>	<p>Fellowship of the Australasian Chapter of Palliative Medicine (FACHPM RACP)</p>
<p><b>Pathology</b></p> <p>The assessment and diagnosis of patients with diseases. Includes anatomical pathology (including histopathology, cytopathology and forensic pathology), chemical pathology, general pathology (a mix of anatomical pathology and clinical pathology), genetics, haematology, immunology, and microbiology (including virology).</p>	<p>Fellowship of the Royal College of Pathologists of Australasia (FRCPA)</p>
<p><b>Plastic and reconstructive surgery</b></p> <p>The diagnosis and treatment (operative and non-operative) of patients requiring the restoration, correction or improvement in the shape and appearance of the body structures that are defective or damaged at birth or by injury, disease, growth or development. It includes all aspects of cosmetic surgery.</p>	<p>Fellowship of the Royal Australasian College of Surgeons (FRACS)</p>

<p><b>Psychiatry</b></p> <p>The assessment, diagnosis and treatment of persons with psychological, emotional, or cognitive problems resulting from psychiatric disorders, physical disorders or any other cause. Treatment interventions provided by psychiatrists will include biological, psychological and existential modalities. Psychiatrists also undertake supervision and consultation with other health professionals working with a broad range of issues.</p>	<p>Fellowship of the Royal Australian and New Zealand College of Psychiatrists (FRANZCP)</p>
<p><b>Public health medicine</b></p> <p>The epidemiological analysis of medicine concerned with the health and health care of populations and population groups. It involves the assessment of health and health care needs, the development of policy and strategy, the promotion of health, the control and prevention of disease, and the organisation of services.</p>	<p>Fellowship of the Australasian Faculty of Public Health Medicine, Royal Australasian College of Physicians (FAFPHM RACP)</p> <p>Fellowship of the New Zealand College of Public Health Medicine (FNZCPHM)</p>
<p><b>Radiation oncology</b></p> <p>The medical care and management of patients with cancer and other medical conditions through the conduct and supervision of radiation treatment, advice and provision of palliative and other supportive care of patients with cancer; advice and provision of other non-surgical cancer treatment, including cytotoxic, hormonal and other drug therapies; participation in clinical trials and research related to cancer management.</p>	<p>Fellowship of the Royal Australian and New Zealand College of Radiologists (FRANZCR)</p>
<p><b>Rehabilitation medicine</b></p> <p>The medical care of patients in relation to the prevention and reduction of disability and handicap arising from impairments, and the management of patients with disability from a physical, psychosocial and vocational viewpoint.</p>	<p>Fellowship of the Australasian Faculty of Rehabilitation Medicine, Royal Australasian College of Physicians (FAFRM RACP)</p>
<p><b>Rural hospital medicine</b></p> <p>Determined by its social context, the rural environment, the demands of which include professional and geographic isolation, limited resources, and special cultural and sociological factors. It is invariably practised at a distance from comprehensive specialist medical and surgical services and investigations. A broad generalist set of skills, knowledge and attitudes are needed to deliver optimum patient outcomes in rural hospitals. Unlike rural general practice, rural hospital medicine is orientated to secondary care, is responsive rather than anticipatory and does not continue over time.</p>	<p>Fellowship of the Division of Rural Hospital Medicine New Zealand (FDRHMNZ RNZCGP)</p>
<p><b>Sexual health medicine</b></p> <p>Concerned with healthy sexual relations, including freedom from sexually transmissible infections (STIs), unplanned pregnancy, coercion, and physical or psychological sexual discomfort. Its practice encompasses a wide range of factors that contribute to STIs, sexual assault, sexual dysfunction and fertility. It also promotes sexual health of the community through education, advocacy, screening and diagnostic testing. It has a clinical perspective and a public health approach. It includes the treatment of individuals and the contact tracing and treatment of their sexual partner(s).</p>	<p>Fellowship of the Australasian Chapter of Sexual Health Physicians (FACSHP RACP)</p>

<p><b>Sports medicine</b></p> <p>The medical care of the exercising individual, including the assessment and management of patients with musculoskeletal injuries and medical problems arising from sporting activity. Sports physicians possess expertise in general medicine, orthopaedics and rehabilitation plus allied sport sciences including nutrition, biomechanics, exercise physiology and sports psychology.</p>	<p>Fellowship of the Australasian College of Sports Physicians (FACSP)</p>
<p><b>Urgent care</b></p> <p>The primary care of patients on an after hours or non-appointment basis where continuing medical care is not provided.</p>	<p>Fellowship of the Accident and Medical Practitioners Association (FAMPA)</p> <p>Fellowship of the College of Urgent Care Physicians (FCUCP)</p> <p>Fellowship of the Royal New Zealand College of Urgent Care (FRNZCUC)</p>
<p><b>Urology</b></p> <p>The diagnosis and treatment (operative and non-operative) of patients with disorders of the urinary tract in males and females, and male genital organs. It also includes the management of trauma to these organs and the management of male sterilisation, infertility and sexual dysfunction.</p>	<p>Fellowship of the Royal Australasian College of Surgeons (FRACS)</p>
<p><b>Vascular surgery</b></p> <p>The diagnosis and treatment (operative and non-operative, including endoluminal techniques and interventional procedures) of patients with disorders of blood vessels (arteries and veins outside the heart and brain) and the lymphatic system. It also includes the management of trauma and surgical access to the vascular system.</p>	<p>Fellowship of the Royal Australasian College of Surgeons (FRACS)</p>

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