



# WHAT YOU NEED TO KNOW ABOUT MEDICAL REGISTRATION IN NEW ZEALAND

March 2017

TE KAUNIHERA RATA O AOTEAROA  
MEDICAL COUNCIL OF NEW ZEALAND

Protecting the public, promoting good medical practice

Te tiaki i te iwi whānui me te whakatairanga pai i te mahi e pā ana ki te taha rongoā

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# INTRODUCTION

## 1. ABOUT THIS RESOURCE

### **What's this about?**

This book is a guide to the Health Practitioners Competence Assurance Act 2003 (HPCAA) and how it relates to registration, and the Council's current registration policies.

This guide is available on the Council's website.

The contents were current and up to date at the workshop, however we recommend that you visit the Council's website or contact the Council office for up to date information on policies and processes.



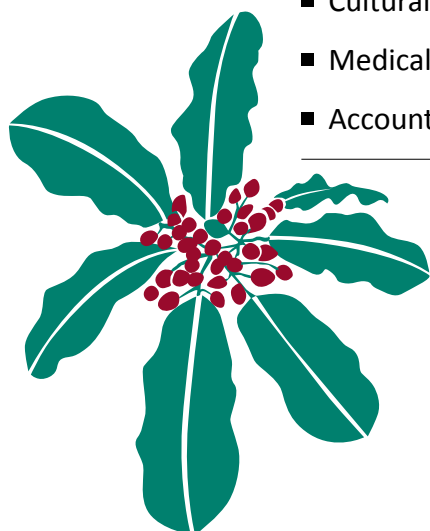
## SECTION 1 | BACKGROUND

### 1. MEDICAL COUNCIL'S PURPOSE, VALUES, STRATEGIC GOALS AND DIRECTIONS

Purpose	To protect the health and safety of the public by providing mechanisms to ensure that doctors are competent and fit to practise.	
Values	<ul style="list-style-type: none"> <li>■ Openness and accountability</li> <li>■ Consistency and fairness</li> <li>■ Integrity</li> </ul>	<ul style="list-style-type: none"> <li>■ Commitment</li> <li>■ Effectiveness</li> <li>■ Respect</li> </ul>

#### STRATEGIC GOALS

Strategic goal one	Optimise mechanisms to ensure doctors are competent and fit to practise.
Strategic goal two	Improve Council's relationship and partnership with the public, the profession, and stakeholders to further Council's primary purpose – to protect the health and safety of the public.
Strategic goal three	Promote good regulation of the medical profession by providing standards of clinical competence, cultural competence and ethical conduct and ensuring that the standards reflect the expectations of the public, the profession and stakeholders.
Strategic goal four	Improve medical regulatory and workforce outcomes in New Zealand by the registration of doctors who are competent and fit to practise and their successful integration into the health service.
Strategic goal five	Promote good medical education and learning environments throughout the under-graduate /post-graduate continuum to help ensure all doctors have achieved the necessary standards for their practice.
Strategic directions	<p>Council's programme of work covers the following strategic directions:</p> <ul style="list-style-type: none"> <li>■ Fitness to practise</li> <li>■ Cultural competence, partnership and health equity</li> <li>■ Medical education</li> <li>■ Accountability to the public and stakeholders.</li> </ul>



## 2. MEDICAL COUNCIL FUNCTIONS

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Key activities	<p>The key activities of the Council are to:</p> <ul style="list-style-type: none"> <li>■ maintain the New Zealand medical register</li> <li>■ issue practising certificates to doctors who continue to meet the required standard</li> <li>■ review doctors' competence or skills if necessary</li> <li>■ promote medical education and training</li> <li>■ monitor doctors who have health problems that may affect their ability to practise</li> <li>■ set standards and guidelines for doctors</li> <li>■ promote public understanding of the Council's role</li> <li>■ advise the Minister of Health on issues that affect the practice of medicine in New Zealand.</li> </ul>
Registration	<p>Registration of doctors is an important part of the Council's work and provides evidence that a doctor has met a certain standard. A doctor must be registered with the Council to practise medicine in New Zealand.</p> <p>Every year the Council registers about 1,800 new doctors. Over 40 percent of doctors in New Zealand have trained overseas; they come from more than 100 countries. There are over 15,000 registered doctors practising in New Zealand.</p> <p>Some periods are busier than others. August and November are peak periods for completing the registration process (ie issuing practising certificates) – August because of Irish and UK doctors coming to work in New Zealand, and November because New Zealand graduates are registered during this time.</p>
Newly registered doctors and practising certificates	<p>Most doctors who are registered for the first time in New Zealand will be required to complete an initial period of supervision. The period of time they are required to work under supervision will depend on their scope of practice. They must satisfy certain requirements before they can practise independently.</p> <p>In addition to being registered, all doctors must hold a current practising certificate at all times to practise medicine in New Zealand. The practising certificate describes the doctor's scope of practice, and includes any conditions on their scope. Practising certificates for newly registered doctors will include their scope of practice, including details about their position, employer and will name their supervisor.</p> <p>You can check a doctor's registration status on the Council's web register (<a href="http://www.mcnz.org.nz">www.mcnz.org.nz</a>) using the "Find a registered doctor" button.</p>



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Education for  
undergraduates,  
first year doctors  
and NZREX  
graduates

Council has an important role in promoting medical education, to ensure that doctors have the skills and knowledge to practise medicine safely.

Council oversees the education, training and supervision of interns and NZREX graduates in their first year by accrediting or approving hospitals to make sure they provide the required training and support. Prevocational educational supervisors are Council agents and are there to ensure interns are getting adequate supervision and training.

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Performance  
assessments

The HPCAA stresses the need for doctors to maintain an acceptable level of competence. A doctor's performance can be reviewed at any time, though this is usually done in response to concerns about that doctor's practice.

Council does this by undertaking a review or performance assessment, carried out by a team of two doctors and a member of the public. The team looks at whether the doctor is performing at the expected level. If this is not the case, the doctor may have to undertake an educational programme to address weaknesses in his or her practice.

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Health

Doctors, like anyone else, can suffer from physical or mental illness which may affect their fitness to practise, and their ability to care for their patients. The HPCAA requires all health professionals to notify Council's Registrar if a doctor is unable to practise because of concerns about his or her health.

Council's Health Committee assesses the doctor and if necessary establishes rehabilitation requirements and monitors the doctor's ongoing wellness.

Council's objective is to provide support to enable doctors to continue working during their recovery, subject to appropriate limitations so that patients' interests are protected.

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### 3. UNDERSTANDING THE REGISTRATION PROCESS

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Strategic directions	<p>Under New Zealand law, the Council may only register doctors who:</p> <ul style="list-style-type: none"> <li>■ are fit for registration; and</li> <li>■ have a qualification for registration prescribed by Council; and</li> <li>■ are competent to practise within the scope of practice for which they have applied.</li> </ul>
Prescribed qualifications	<p>In some cases the ‘prescribed qualification’ will be an identified medical qualification. In other cases it will comprise a combination of a medical degree, additional training, and approved experience.</p> <p>The ‘prescribed qualification’ may include any combination of:</p> <ul style="list-style-type: none"> <li>■ a medical degree or diploma</li> <li>■ a training programme accredited by Council</li> <li>■ a pass in an examination or another assessment</li> <li>■ registration with an overseas organisation that performs a similar function to that of the Council</li> <li>■ experience, either with or without supervision or oversight from a senior colleague.</li> </ul> <p>The prescribed qualifications are published in the New Zealand Gazette and can also be found on Council’s website.</p>
Requirements for all applications	<p>All applications for registration must:</p> <ul style="list-style-type: none"> <li>■ include references that meet Council’s <i>Policy on reference requirements for registration applications</i> <a href="https://www.mcnz.org.nz/get-registered/registration-policy/reference-requirements">https://www.mcnz.org.nz/get-registered/registration-policy/reference-requirements</a>; and</li> <li>■ meet Council’s <i>Policy on English language requirements</i> <a href="https://www.mcnz.org.nz/assets/Policies/English-language-policy-2014-final.pdf">https://www.mcnz.org.nz/assets/Policies/English-language-policy-2014-final.pdf</a>.</li> </ul>
Delegated authority to approve applications that meet policy	<p>For efficient and quick processing of registration applications, Council has delegated authority to the Registrar to approve applications that satisfy the registration criteria set down in registration policy. Most applications are approved under this delegated authority.</p>
Proposal to decline	<p>If the application for registration and/or for a practising certificate does not satisfy the registration criteria, Council is required to propose to decline the application. The applicant will be notified in writing and he or she will be provided with the reasons for the proposal.</p>

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Opportunity to make submissions and attend a Council meeting	<p>The applicant is then provided with a reasonable opportunity to provide written submissions and be heard, either personally or by a representative, at one of Council's scheduled meetings. This gives the doctor a final opportunity to provide information for Council to consider, before Council makes a decision on the application.</p>
Council's decision	<p>At the Council meeting, Council will consider the information submitted with the application, any additional information provided by the doctor and his or her representatives, and the policy that applies to the doctor's application. Council will determine whether the applicant's training, qualifications and experience are considered 'equivalent to, or as satisfactory as' the prescribed qualification for registration. This assessment may also include a discussion on whether the doctor is fit and competent to practise medicine in New Zealand in the scope of practice for which they have applied.</p> <p>In summary, Council must be assured that the doctor meets the requirements for registration as set down in the HPCAA. If the Council is not assured of this, the application may be declined.</p>
Processing time	<p>Applications for registration within a provisional general and special purpose scope of practice take 20 business days from the date the completed application is received in the Council office. Approval for registration applications that meet policy will be made within that timeframe.</p> <p>It will take longer to receive an outcome on an application if the application is not complete when submitted (ie all of the information requested on the relevant application form has not been provided), or if the applicant has disclosed a health condition or a fitness to practise concern.</p> <p>Applications for registration in a vocational scope of practice can take up to 6 months because the assessment will involve a referral to the relevant specialist medical college who will then provide Council with advice about the doctor's equivalence compared to the New Zealand standard.</p>
Timeframes	<p>It is important to manage an applicant's expectations around timeframes if there is a possibility that the application will not meet Council registration requirements. If the Council proposes to decline the application, there may be a delay of up to 2 months for that doctor's case to be heard by the Council, in addition to the 20 working days required to process an application.</p> <p>If the doctor wishes to make submissions to be discussed at the Council meeting, these must be received at least 1 month prior to the Council meeting so that Council staff have enough time to compile a paper for discussion at the meeting, and so that the Council members have enough time to review all of the information, so as to ensure a fair and robust process.</p>

**4. COUNCIL MEETING DEADLINES**

Meeting date	11 and 12 April 2017
Deadline for submissions	10 March 2017
Applications for registration received by	3 February 2017
Meeting date	13 and 14 June 2017
Deadline for submissions	12 May 2017
Applications for registration received by	12 April 2017
Meeting date	15 and 16 August 2017
Deadline for submissions	14 July 2017
Applications for registration received by	15 June 2017
Meeting date	10 and 11 October 2017
Deadline for submissions	8 September 2017
Applications for registration received by	10 August 2017
Meeting date	12 and 13 December 2017
Deadline for submissions	10 November 2017
Applications for registration received by	12 October 2017



## 5. COUNCIL'S WEBSITE (WWW.MCNZ.ORG.NZ)

### THE COUNCIL'S WEBSITE HAS FULL DETAILS ABOUT THE FOLLOWING:

How to become a registered doctor	<ul style="list-style-type: none"> <li>■ Online self assessment tool</li> <li>■ Everything a doctor needs to know before applying for registration</li> <li>■ The different scopes of practice in New Zealand</li> <li>■ Applying for restoration to the register</li> <li>■ Information for currently registered doctors</li> <li>■ Guidelines for doctors working under supervision</li> <li>■ Recertification and continuing professional development</li> <li>■ Information about applying for a Practising Certificate (PC)</li> <li>■ A tool for changing personal contact details</li> <li>■ How to apply for a Certificates of Professional Status (COPS) when moving overseas</li> </ul>
Information for employers and supervisors	<ul style="list-style-type: none"> <li>■ Supervision</li> <li>■ Night cover</li> <li>■ Fitness to practise</li> <li>■ Recertification</li> <li>■ Disclosing a health condition</li> </ul>
Forms, policies and fees	<ul style="list-style-type: none"> <li>■ Application forms</li> <li>■ Changing scopes</li> <li>■ Report forms</li> <li>■ Certificate requests</li> <li>■ Changing personal details/Requests for certificates</li> <li>■ Fees</li> <li>■ Council policies</li> </ul>
New Zealand Registration Examination (NZREX)	<ul style="list-style-type: none"> <li>■ Applications</li> <li>■ Dates and fees</li> <li>■ Information for candidates</li> <li>■ Frequently asked questions</li> <li>■ Council policies on NZREX</li> </ul>

How to find a  
registered doctor

-by name

-by vocational scope

-by geographical  
area

Anyone can verify a doctor's registration status online and check the following:

- Doctor's full name
- Qualifications
- Registration dates
- Scope(s) of practice
- Practising certificate details
- Restrictions on the doctor's scope of practice (if any)

If you cannot find a doctor's registration online please email [mcnz@mcnz.org.nz](mailto:mcnz@mcnz.org.nz) for verification.



## 6. MEMORANDUM OF UNDERSTANDING BETWEEN COUNCIL AND THE DISTRICT HEALTH BOARDS

The Medical Council of New Zealand and the District Health Boards have a memorandum of understanding (MOU). Below is the section regarding roles and responsibilities of both parties.

The left hand column outlines the MCNZ role. The DHB role is shown in the matching column on the right.

### REGISTRATION

MCNZ	DHBs
<b>1.1 Experience and qualifications</b>	<b>1.1 Experience and qualifications</b>
<ul style="list-style-type: none"> <li>■ Checks CVs to identify gaps or concerns, and to assess fitness to practise and fitness for registration and that the IMGs qualifications, skills and experience meet the criteria for the pathway being registered under.</li> </ul>	<ul style="list-style-type: none"> <li>■ Provides a complete application that includes all the relevant documentation listed in the checklist for registration in New Zealand.</li> </ul>
<ul style="list-style-type: none"> <li>■ Verifies identity via a check of passport, sighting original certificates and qualifications at registration interview.</li> </ul>	<ul style="list-style-type: none"> <li>■ Confirm the applicant is fit for the position via CV review and interview process.</li> </ul>
<ul style="list-style-type: none"> <li>■ Obtains COPS (where possible direct from source) for last 5 years from all jurisdictions in which the applicant has worked, to check for any concerns about health, competence, and conduct.</li> </ul>	<ul style="list-style-type: none"> <li>■ Ensure the applicant has appropriate training, qualifications and experience for proposed position and final signoff is made by Clinical Director or HOD and finally CMO (two signatories).</li> </ul>
<ul style="list-style-type: none"> <li>■ Seeks advice from the relevant vocational education and advisory body (VEAB) or medical college on applications for a provisional vocational scope on the training, qualifications and experience of the applicant, assessment requirements and proposed position and supervision plan.</li> </ul>	<ul style="list-style-type: none"> <li>■ Credential employee on appointment.</li> </ul>
<ul style="list-style-type: none"> <li>■ Requires a declaration from the applicant in relation to conduct, competence, mental and physical health in the MCNZ's application form.</li> </ul>	



1.2 References	1.2 References
<ul style="list-style-type: none"> <li>■ Reviews references and referee reports to ensure there are no competence, conduct or health issues for those applying for registration within a provisional general or special purpose scope of practice. The clinical leader from the immediate past employer is a critical referee.</li> </ul>	<ul style="list-style-type: none"> <li>■ Check confidential references to ensure experience validated and fitness for employment assessed, verifying references direct at source and checking verbal referee reports. The clinical leader from the immediate past employer is a critical referee.</li> </ul>
<ul style="list-style-type: none"> <li>■ Obtains and ensures satisfactory referee reports direct from source for those applying for a provisional vocational scope of practice.</li> </ul>	<ul style="list-style-type: none"> <li>■ Full employment checks will be undertaken for each applicant.</li> </ul>
1.3 Information exchange	1.3 Information exchange
<ul style="list-style-type: none"> <li>■ Shares with the DHB any relevant information identified during the assessment of an applicant.</li> </ul>	<ul style="list-style-type: none"> <li>■ Shares with MCNZ any relevant information identified during the assessment of an applicant. This includes applicants that have not been accepted by the DHB.</li> </ul>
<ul style="list-style-type: none"> <li>■ Conducts registration workshops to inform employers and recruiters on registration processes.</li> </ul>	<ul style="list-style-type: none"> <li>■ Appropriate staff from the DHBs will be supported and encouraged to attend the registration workshops.</li> </ul>
<ul style="list-style-type: none"> <li>■ Ensures that consent is received from the applicant so that information from other persons and organisations can be considered (subject to notifying the applicant). Non-consent to contact may affect the application.</li> </ul>	



1.4 Timelines	1.4 Timelines
<ul style="list-style-type: none"> <li>■ Acknowledges receipt of applications within 5 working days.</li> </ul>	<ul style="list-style-type: none"> <li>■ Ensures the applicant or recruitment agency submits a complete application for registration at least 6 weeks prior to appointment date (to allow for processing time, travel to NZ, immigration processes, registration interview, and issuing of practising certificate) and longer if the application is outside MCNZ policy.</li> </ul>
<ul style="list-style-type: none"> <li>■ Processes complete applications within 20 working days and issue a letter of eligibility (for special purpose and provisional general scope). Applicant disclosures about FTP issues will require a longer timeframe.</li> </ul>	<ul style="list-style-type: none"> <li>■ Ensure the applicant has all required documentation to complete their registration at the time of their registration interview.</li> </ul>
<ul style="list-style-type: none"> <li>■ Completes the registration process and issues a practising certificate within 3 working days of attendance at registration interview, if all required documents are provided.</li> </ul>	
<ul style="list-style-type: none"> <li>■ International Medical Graduates (IMG) vocational scope applications should be processed within 6 months upon receipt of a complete application.</li> </ul>	
<ul style="list-style-type: none"> <li>■ Applicants that hold a recognised Australasian post graduate qualification should be processed within 4 months.</li> </ul>	
<ul style="list-style-type: none"> <li>■ MCNZ will seek advice from medical colleges and VEABs when assessing vocational applications. Medical colleges and VEABs are expected to provide an initial paper assessment within 1 month of receipt of each application, or final advice following interview, within 3 months of receipt of each application (if doctor is in New Zealand and available for interview).</li> </ul>	
<p><b>Note:</b> MCNZ is currently exploring ways to reduce these timeframes for registration applications.</p>	

1.5 Assessment posts	1.5 Assessment posts
Requests assistance from individual DHBs and senior clinical staff with assessment for registration within a vocational scope of practice, under the auspices of the relevant VEAB.	Help provide assessment posts - if possible in conjunction with other DHBs for smaller hospitals.
Clearly defined objectives and outcomes must be established where a doctor is required to go offsite for assessment.	Clearly defined objectives and outcomes must be established where a doctor is required to go offsite for assessment.

### PRACTISING CERTIFICATES

MCNZ	DHBs
Will send out applications to the doctor at their postal address 6 to 8 weeks prior to the practising certificate expiry date.	Ensure that a system is in place for reviewing practising certificates annually to ensure that all doctors employed in the DHB are:
Completes processing of applications and issues practising certificates within 20 working days of receipt of the application if no issues are highlighted.	practising with a current certificate, practising within the documented scope of practice and, meeting any conditions placed on their practising certificate or scope of practice.
MCNZ will send lists of all doctors within the DHB whose practising certificate is to expire 2 weeks before expiry, and immediately after expiry.	
MCNZ does not backdate a practising certificate if a doctor does not apply before the due date.	





## ORIENTATION, INDUCTION AND SUPERVISION OF IMGs

MCNZ	DHBs
<b>3.1 Orientation and induction</b>	<b>3.1 Orientation and induction</b>
Will publish best practice guidelines on orientation and induction.	Ensure all doctors entering the DHB are orientated to New Zealand medical practice and inducted to the organisation and individual service.
Will develop an online portal and make resources available to assist with the orientation and induction of doctors into the NZ health system.	Will resource and provide programmes for the orientation and induction of doctors that satisfy the requirements of MCNZ. DHBs may choose to collectively develop aspects of these programmes.
<b>3.2 Supervision</b>	<b>3.2 Supervision</b>
Will assess a service for accreditation as an approved practice setting (APS) or require an individual supervision plan for each doctor registered in a provisional or special purpose scope of practice.	<b>Note:</b> The DHBs have responsibility to ensure supervision takes place. Individual doctors also have a professional responsibility to ensure they are actively taking part in supervision.
	Will either meet the standards for accreditation as an approved practice setting (APS), or submit an individual supervision plan for each doctor registered in a provisional scope or special purpose scope of practice.
<b>3.2.1 Approved practice setting</b>	<b>3.2.1 Approved practice setting</b>
Provide clear criteria and standards for accreditation as an APS.	Where a service has been accredited as an APS, the DHB will be responsible for maintaining the standards the service has been accredited for and advising MCNZ if these standards change.
Assess applications for an APS and accredit DHB services against the APS criteria. Where the standards outlined in the criteria are not met, provide feedback and advice about the areas of deficiency.	

3.2.2 Individual supervision plans	3.2.2 Individual supervision plans
Provide clear guidance on the requirements for individual supervision plans.	Are responsible for ensuring appropriate supervision is in place for all doctors employed in the DHB registered within a provisional or special purpose scope of practice.
Provide training and support for supervisors.	Ensure the supervisor is able and has adequate non-clinical time allocated to: <ul style="list-style-type: none"> <li>■ review practice adequately</li> <li>■ monitor the doctor's performance</li> <li>■ report on progress (or lack of) to MCNZ.</li> </ul>
Will work collaboratively with DHBs to find solutions in situations where supervision arrangements have broken down.	Will encourage and support supervisors to attend Council training and pass knowledge on to colleagues that have not attended training.
Will work towards providing quarterly lists of doctors working in the DHB requiring supervision reports.	Ensures 3 monthly reports are completed, signed by both the supervisor and doctor being supervised and are sent to MCNZ.
	Ensure systems are in place for managing situations where supervision arrangements have broken down. Appropriate steps will be taken including submitting a new proposed supervision plan to MCNZ.
Assist smaller hospitals meet supervision needs.	Assist smaller hospitals meet supervision needs.



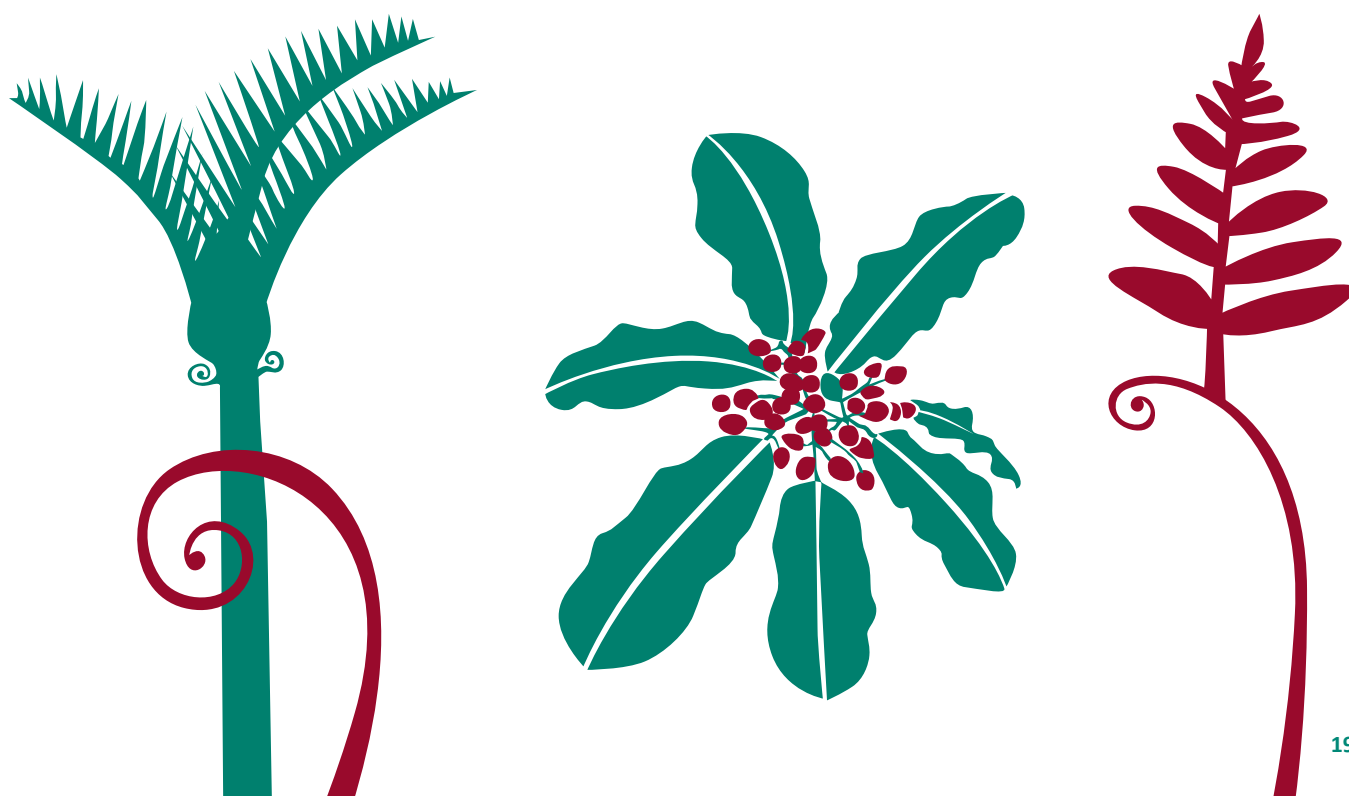
## RECERTIFICATION

MCNZ	DHBs
Sets requirements for recertification for doctors registered within a vocational scope of practice via accreditation of the VEABs' and medical college continuing professional development programmes (CPD). The Council also sets CPD requirements for doctors registered within a general scope of practice. MCNZ audits a 10 percent sample each quarter to ensure compliance.	Provide an environment which supports learning and development and which allows the doctors employed in the DHB to fulfil their recertification and accreditation requirements.
MCNZ is continuing to develop policies around regular practice reviews (RPR) with the expectation that this will be an important mechanism for improving the overall standard of medical practice.	Contribute to the implementation and development of regular practice review (RPR).
	Ensure collegial relationship arrangements are in place and that doctors employed in the DHB have access to continuing professional development resource.
	Check that doctors employed in the DHB are participating in continuing professional development (CPD) at annual appraisals and/or credentialling.
	Clinical leaders engage with colleagues about the most appropriate and effective use of CME monies.
	Encourage progress through vocational training programmes.



## ENVIRONMENT FOR INTERN LEARNING

MCNZ	DHBs
Accredits the hospital as a suitable place for intern learning.	Ensure that the intern supervisor is allocated a minimum of one tenth protected time per 10 interns to carry out the functions of the intern supervisor role.
Contracts and pays an honorarium to intern supervisors for MCNZ work.	CMOs have a role in the selection and ongoing oversight and support of intern supervisors.
MCNZ will consult CMOs in the selection of intern supervisors.	<p>Work within MCNZ requirements for interns in regards to:</p> <ul style="list-style-type: none"> <li>■ accreditation of runs</li> <li>■ orientation to the hospital and individual runs</li> <li>■ ensuring run objective setting is undertaken</li> <li>■ ensuring mid and end of run assessments are undertaken in a timely manner</li> <li>■ night cover arrangements</li> <li>■ emergency department arrangements</li> <li>■ informed consent</li> <li>■ provide protected formal teaching time and informal teaching and training for interns.</li> </ul>
Will provide training and support for intern supervisors.	



## COMPETENCE AND CONDUCT

MCNZ	DHBs
<p>Will notify the CMO and the supervisor (as Council Agent) in the below circumstances:</p> <ul style="list-style-type: none"> <li>■ there is a risk of harm or serious risk of harm arising from a doctor's practice</li> <li>■ there is a suspension</li> <li>■ conditions or other limitations/requirements are placed on the doctor's practice including voluntary undertaking</li> <li>■ MCNZ decision to order a performance assessment</li> <li>■ PCC or conduct enquiry where the DHB is not the complainant</li> <li>■ there is a need to access medical records.</li> </ul>	<p><b>Note:</b> Under section 34(3), whenever a doctor resigns or is dismissed from his or her employment for reasons relating to competence, the employer of that doctor must notify the Council Registrar.</p>
<p>Will, upon receipt of formal notification of competence/conduct issues, act promptly to inquire into the matter and consider competence review or referral to a professional conduct committee.</p>	<p>Must also notify MCNZ of:</p> <ul style="list-style-type: none"> <li>■ changes or restrictions placed on a doctor's practice because of competency/conduct issues</li> <li>■ concerns about competence/conduct not able to be dealt with within the DHB system</li> <li>■ concerns if a doctor has left a DHB because of competence/conduct concerns.</li> </ul>
<p>Provide competence and conduct workshops for appropriate staff at DHBs.</p>	<p>Take responsibility to ensure patients are not at risk while competence/conduct concerns are being reviewed.</p>
	<p>Have a system to exchange information on doctors' competence concerns with other hospitals that may employ a doctor.</p>
	<p>Have an effective system to respond to concerns about practice.</p>

6.1 Upskilling	6.1 Upskilling
Develops objectives for competence and educative programmes required after a competence review shows that a doctor fails to meet required standards of competence.	Assist MCNZ with supervision and time related to competence programmes and individual recertification programmes. Facilitate other steps (ie, leave to allow further retraining) to remedy the skill deficiencies.
Develops individual recertification programmes to address areas where upskilling may be required.	
Liaises with the employer to ensure that any proposed programme is achievable in a practical sense.	

#### MANAGEMENT AND SHARING OF INFORMATION REGARDING DOCTORS WHO ARE NOT EMPLOYEES OF A DHB

MCNZ	DHBs
The MCNZ must comply with the HPCAA, particularly sections 35 and 157.	The DHB, on receipt of any order or notice, will confirm receipt to the MCNZ.
Where an order or direction is made by MCNZ, publication of the order will be made to the CMO.	The DHB will liaise with the MCNZ on a plan to monitor the order or notice and to determine if specific action is required to ensure public health and safety.
Where a notice is issued under section 35, the MCNZ will request that the Ministry of Health advise any effected DHBs of the notice.	The DHB will advise the MCNZ of all information it has or receives in relation to the doctor.
The Minister's office will be advised of any actions taken by the MCNZ under this part of the MOU.	
Should the MCNZ decide to publish an order in any public media, it will first consult with the relevant DHB(s).	
Will advise the CMO when representatives of Council are visiting a DHB for any reason.	



## HEALTH

MCNZ	DHBs
<p>If there is a reason to believe a doctor is not fit to practise because of a mental or physical condition will notify the DHB where there is:</p> <ul style="list-style-type: none"> <li>■ a risk of harm or serious risk of harm arising from a doctor's practice</li> <li>■ a suspension</li> <li>■ if conditions or other limitations placed on the doctor's practice</li> <li>■ a review if agreed by MCNZ.</li> </ul>	<p><b>Note:</b> Doctors and those that employ doctors have a duty to report to the MCNZ under section 45 HPCAA if there is reason to believe the doctor is not fit to practise if, because of a mental or physical condition, he or she is not able to perform the functions required for the practice of medicine.</p>
<p>Ensures assessments are completed to ascertain if a doctor is fit to practise.</p>	<p>Those functions would include:</p> <ul style="list-style-type: none"> <li>■ the ability to make safe judgements</li> <li>■ the ability to demonstrate the level of skill and knowledge required for safe practice</li> <li>■ behaving appropriately</li> <li>■ not risking infecting patients with whom the doctor comes in contact</li> <li>■ not acting in ways that impact adversely on patient safety.</li> </ul>
<p>Agrees on voluntary agreements with doctor to maintain the doctor in safe practice and to ensure the DHB is aware of any relevant health issues requiring management.</p>	<p>Each DHB will ensure concerns are identified and notified through their clinical governance process.</p>
<p>The CMO will be the key workplace contact for sharing information relating to health concerns.</p>	<p>Develop "back to work" programme and notify the MCNZ's Health Manager if required.</p>
	<p>Assist with monitoring in workplace.</p>
	<p>Ensure appropriate processes are in place to implement any changes in the scope of practice (including changes to practising certificate)</p>



## SECTION 2 | SCOPES AND PATHWAYS

### 1. REGISTRATION SCOPES AND PATHWAYS – CHOOSING THE BEST OPTION

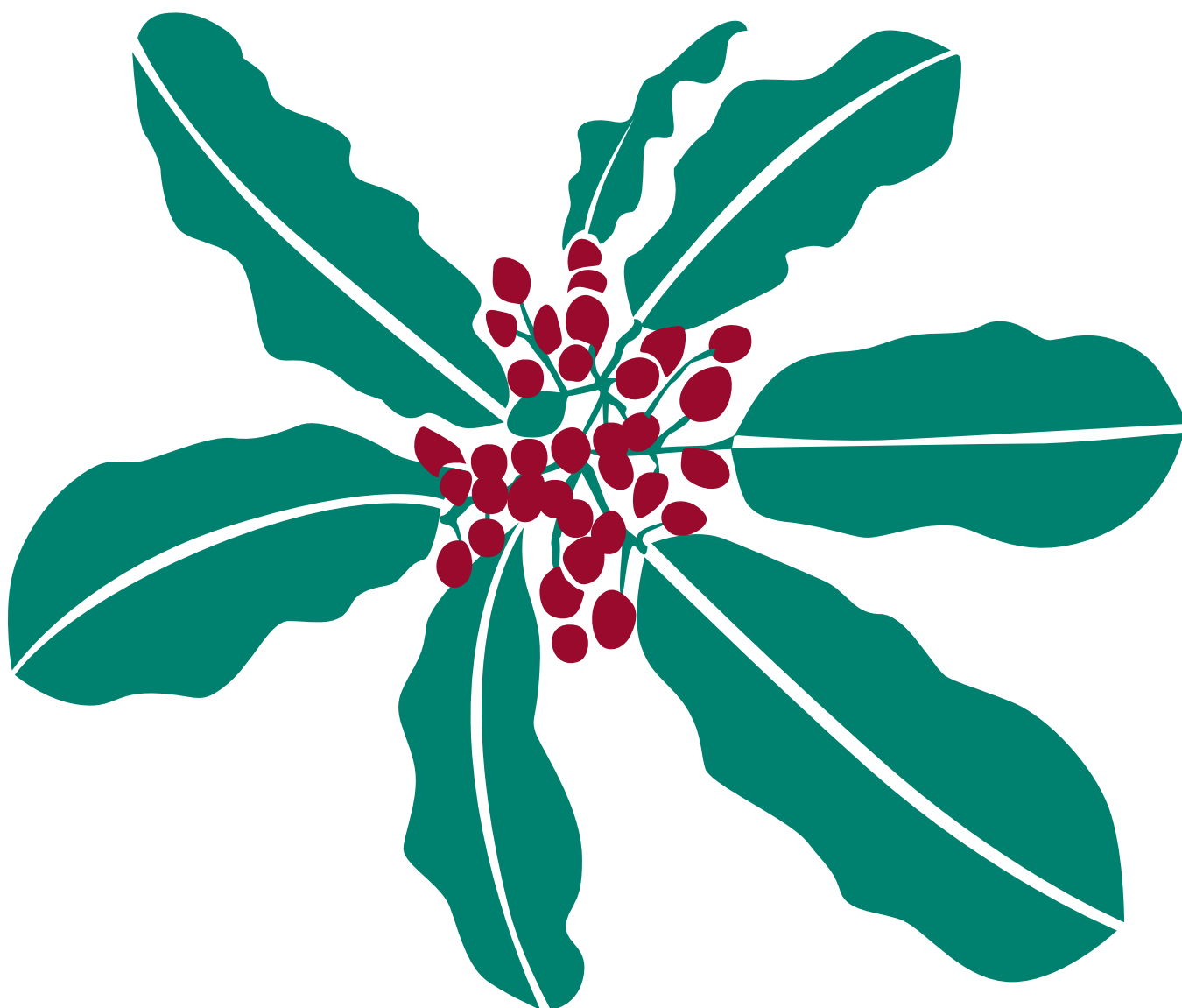
What is best for the doctor?	<p>Many employers are under constant and significant pressure to appoint doctors to fill vacancies. Registration will usually be a straightforward process as long as the applicant meets the criteria for registration.</p> <p>However, some doctors will meet the criteria for more than one pathway, and choosing the correct registration pathway for the doctor is important to ensure that their registration best supports the work they will be doing in New Zealand and their long-term career plans.</p>
How to choose the correct pathway	<p>Which registration pathway is best for the doctor? The answer to this will depend on the answers to these questions:</p> <ul style="list-style-type: none"> <li>■ Is the doctor coming to New Zealand for a short-term appointment (12 months or less)? Is the doctor coming for a year or longer?</li> <li>■ Is the doctor likely to want to remain in New Zealand permanently?</li> <li>■ If coming long-term, does the doctor want to practise only in one area of medicine or do they want a broader scope of practice?</li> <li>■ At what level is the job offer: house officer, registrar, medical officer, specialist?</li> </ul> <p>Use the self assessment tool on our website to help you decide upon the correct pathway to registration.</p>
Doctors working as specialists	<p>Doctors registered within a provisional general or general scope will not be recognised by Council as specialists on their practising certificates. This will impact on the doctor's ability to:</p> <ul style="list-style-type: none"> <li>■ supervise other doctors as a Council appointed supervisor</li> <li>■ write prescriptions for medicines that can only be prescribed by 'specialists'</li> </ul> <p>It may also impact on patient insurance claims.</p> <p>The doctor's career advancement may be limited if they are not recognised as a specialist. Only registration in a vocational scope recognises a doctor as a specialist in New Zealand. If a doctor has a postgraduate qualification, and will likely be in New Zealand for a year or longer, make sure you advise the doctor to enquire about registration in a vocational scope.</p> <p>A doctor does not need to have a job offer to lodge a vocational application. This means their eligibility can be assessed before the employer is required to commit to offering the doctor employment.</p>



Conditions limiting a general scope of practice for doctors registered under the comparable health system pathway

Conditions limiting the doctor's general scope of practice may be imposed if the doctor does not complete a minimum of 6 months in medical, and 6 months in surgical disciplines during their provisional 12 month supervision period. If the doctor has spent at least 6 months working in general practice during their provisional 12 month supervision period, or if they have spent 6 months in medical, and 6 months in surgical disciplines under supervision, their general will most likely be unlimited.

Council strongly recommends that the employer and/or recruitment agent discuss the doctor's practising intentions in New Zealand prior to making application for registration under the comparable health system pathway, to ensure that the doctor's career is not limited by any conditions imposed on their practice following the provisional registration period.



## 2. SCOPES OF PRACTICE – GENERAL

Scopes of practice	All practising doctors must be registered in an authorised 'scope of practice'.
What is a scope of practice?	<p>A scope describes the type of registration the doctor will hold and the work a doctor is allowed to do (subject to any limitations imposed by the Council).</p> <p>There are five broad scopes of practice:</p> <ul style="list-style-type: none"> <li>■ general scope</li> <li>■ provisional general scope</li> <li>■ vocational scope</li> <li>■ provisional vocational scope</li> <li>■ special purpose scope.</li> </ul>
General scope	<p>Allows the doctor to work within the Council's definition of the practice of medicine while meeting recertification requirement, eg participating in the Inpractice recertification programme to ensure appropriate continuing professional development takes place.</p> <p>Doctors who:</p> <ul style="list-style-type: none"> <li>■ have completed the requirements for registration within a general scope; and</li> <li>■ are enrolled in the Inpractice recertification programme.</li> </ul>
Vocational scope	<p>Allows the doctor to work:</p> <ul style="list-style-type: none"> <li>■ in a specific scope of practice, for which they have appropriate vocational qualifications, training and experience</li> <li>■ the doctor may work independently but must take part in an approved recertification programme to maintain registration in a vocational scope.</li> </ul> <p>There are 36 vocational scopes (see Definitions section).</p> <p>Doctors with appropriate qualifications, training, experience, and competence to practise independently as a medical specialist or consultant in a recognised vocational scope. They:</p> <ul style="list-style-type: none"> <li>■ must participate in an approved recertification programme</li> <li>■ are able to practise independently and unsupervised</li> <li>■ may provide supervision to doctors on a provisional general, provisional vocational or special purpose scope</li> <li>■ may provide collegial relationships to doctors on a general scope of practice.</li> </ul>

Provisional scope (general and vocational)	<p>Doctors must work under supervision for the stipulated minimum period before being eligible to apply for a general scope.</p> <p>To satisfy the requirements for a general or vocational scope, doctors must first:</p> <ul style="list-style-type: none"> <li>■ work under supervision</li> <li>■ work in an approved position</li> <li>■ be registered within a provisional scope for 6–18 months</li> <li>■ satisfy any other requirements set by the Council.</li> </ul>
Special purpose scope	<p>Doctors will be registered within a special purpose scope if they satisfy the criteria for registration for:</p> <ul style="list-style-type: none"> <li>■ visiting experts/teaching</li> <li>■ postgraduate training</li> <li>■ research</li> <li>■ locum tenens</li> <li>■ pandemic or disaster</li> <li>■ teleradiology</li> <li>■ emergency or other unpredictable, short term situation approved by Council.</li> </ul> <p>Doctors intending to register in a special purpose scope of practice need to be aware that this scope is time-limited and will not lead to a permanent form of registration. Also, time spent on a special purpose scope will not count towards any other form of registration the doctor may apply for.</p> <p>Most international medical graduates (except Australian graduates) applying for registration within a vocational scope will work under supervision for a minimum of 12 months to complete requirements for registration in a vocational scope.</p> <p>They may also be required to complete additional requirement, such as a vocational practice assessment (VPA), in order to obtain registration in a vocational scope.</p> <p>Doctors must work:</p> <ul style="list-style-type: none"> <li>■ under supervision</li> <li>■ in an approved position.</li> </ul>
Conditions	<p>These conditions will be printed on their practising certificates and will be published on the online register.</p> <p>Council may put conditions on a doctor's scope of practice, limiting the work they can do. This is commonly done for doctors registered through the comparable health system pathway, if they have not met the requirements for registration in a general scope without limitations.</p>

#### 4. GENERAL SCOPE – PATHWAY SUMMARY

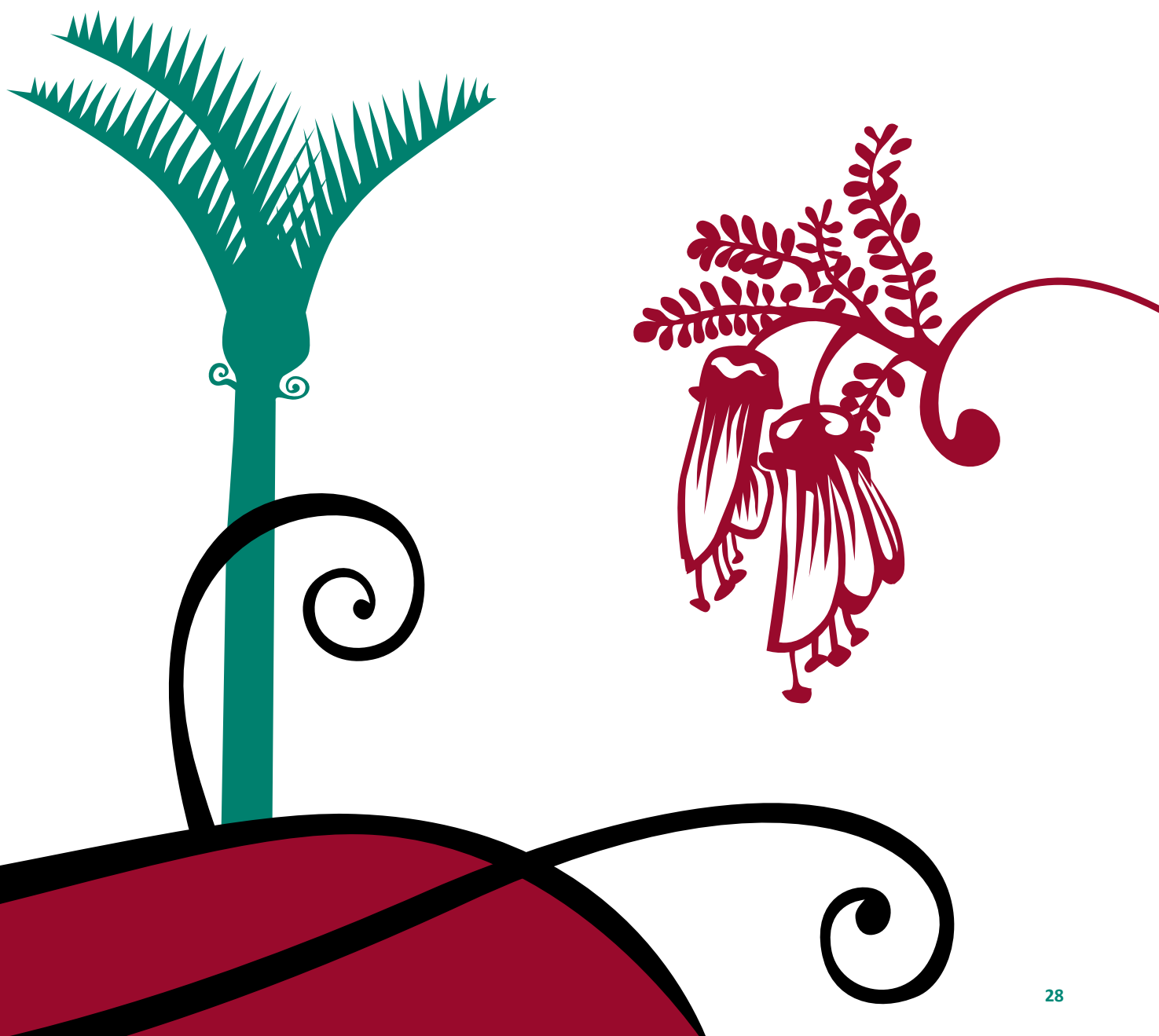
Requirements	The doctor will be registered in a provisional general scope of practice to work under supervision in an approved position, and must satisfy certain requirements for registration within a general scope of practice.
Limitations	While registered within a provisional general scope, the doctor's practising certificate will specify the employer, supervisor and period of employment. If any of this is to change, the doctor must first apply to Council.
Short term appointments	If a doctor is visiting New Zealand for a short term appointment, the same registration requirements will apply.
Exception	NZ/Australian graduates: <ul style="list-style-type: none"> <li>■ will be registered in a general scope of practice immediately if they have full registration in Australia</li> <li>■ will not normally have limitations on their practice.</li> </ul>
Eligibility options for provisional general scope	Applicants must satisfy Council's English language requirements and have...
NZ/Australian graduates	<ul style="list-style-type: none"> <li>■ Graduated with a New Zealand or Australian university medical degree.</li> <li>■ Completed their internship in New Zealand or Australia.</li> </ul>
UK/Irish graduates	<ul style="list-style-type: none"> <li>■ Graduated with a UK or Irish medical degree.</li> <li>■ Completed their internship in UK or Ireland.</li> </ul>
NZREX	<ul style="list-style-type: none"> <li>■ Passed NZREX Clinical within last 5 years.</li> </ul>



Comparable health system

To apply for registration under the comparable health system pathway, an applicant must:

- hold a primary medical degree listed in the World Directory of Medical Schools; and
- have worked for a minimum of 33 months (for at least 30 hours per week) during the 48 months prior to application in a health system comparable to New Zealand; and
- hold full or general registration in a jurisdiction(s) they have worked during that time; and
- have been offered employment in the same or a closely related branch of medicine to which the applicant has been working for the last 33 out of 48 months; and
- have been offered employment at a similar level of responsibility to which the applicant has been working for the last 33 out of 48 months.



## 5. SPECIAL PURPOSE SCOPE OF PRACTICE – PATHWAY SUMMARY

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Medical degrees	All doctors applying for registration must hold an acceptable primary medical degree from a university medical school listed in the World Directory of Medical Schools <a href="http://www.wdoms.org.nz">www.wdoms.org.nz</a>
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Special purpose registration	Registration will be cancelled when the registration period is finished.
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Registration within a special purpose scope of practice will be granted for the following reasons, subject to the applicant meeting the criteria listed:

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Visiting expert/teacher (One week maximum)	<p>Application must show that:</p> <ul style="list-style-type: none"> <li>■ doctor has been invited by a New Zealand institution; and</li> <li>■ patient contact is defined and informed consent given; and</li> <li>■ ethics committee approval has been granted where new or innovative techniques are to be demonstrated.</li> </ul>
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Postgraduate training (Two years maximum)	<p>Applicant must:</p> <ul style="list-style-type: none"> <li>■ satisfy Council's English language requirements; and</li> <li>■ be registered in his or her own country to which he or she will return on completion of the training; and either</li> <li>■ be sponsored by or on behalf of a country or organisation to which the doctor will return after the proposed period of training; or</li> <li>■ have a formal postgraduate qualification accepted by Council as indicating competence in the branch within which the doctor will train in New Zealand; or</li> <li>■ be enrolled in a formal training programme in his or her own country; or</li> <li>■ have worked for at least 12 months in an institution with which a New Zealand hospital or medical school has an exchange programme; and</li> <li>■ provide evidence that they are entering into a formal recognised scholarship or fellowship programme with a structured supervision plan; and</li> <li>■ have been registered and practising in their home/sponsor country for a minimum of 1 year immediately prior to their application.</li> </ul>
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The application must:

- include details of the training objectives, delivery, and how the training will be monitored and outcomes measured
  - include from the proposed supervisor, a clear indication of the level of responsibility that will be delegated to the trainee
  - be approved by the Chief Medical Advisor or, if training is being undertaken outside a DHB, by another appropriate person or organisation at the discretion of the Registration Manager
  - include confirmation that the applicant will not undertake night cover for the first 3 months (excluding cardiothoracic surgical training registrars) will not do relief runs (excluding cardiothoracic surgical training registrars), that training is not funded by HWNZ Investment Relationships and Purchasing and that the applicant will have at least 2 hours per week of protected teaching time.
  - include a training declaration signed by the applicant, employer and proposed supervisor (REG10 form).
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Locum tenens  
specialist position  
(One year  
maximum)

Applicant must:

- satisfy Council's English language requirements; and
  - have an acceptable postgraduate qualification in the branch of medicine in which they wish to work (see list in the approved qualifications section); and
  - have been in active clinical practice for at least 22 of the previous 36 months; and
  - have been working a minimum of 20 hours per week; and
  - be appointed for a maximum of 12 months; and
  - in the 12 months preceding the application, have had at least 6 months' practice under the jurisdiction of another medical regulatory authority, with evidence of satisfactory participation in any recertification programmes required by that authority during that time. Or, where no recertification requirements have been set by that authority, the applicant must provide separate evidence of ongoing professional development during that period of practice.
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Emergency

- For a doctor to practise for a short term during an emergency.
  - Special arrangements must be made for these doctors to provide night cover.
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Teleradiology  
(One year  
maximum)

- For a diagnostic radiologist who holds an accepted postgraduate qualification, to provide teleradiology care to New Zealand patients while based overseas.

Research  
(Two years  
maximum)

- For a doctor to undertake medical research. Ethics committee approval is required, as is informed consent if patients are involved.

Pandemic or  
disaster

- During a pandemic or disaster, the requirements for registration will be published on the Council's website or in such other way as is practicable.





## 6. VOCATIONAL SCOPE – PATHWAY SUMMARY

### (FOR DOCTORS WHO HAVE COMPLETED VOCATIONAL (SPECIALIST) TRAINING OVERSEAS)

When appointing specialists, remember...

Website checklists and self-assessment	Ask the doctor to use the self-assessment checklists on the website for an indication of the standards they will be assessed against, and to locate the correct application form. Refer the doctor to the VOC3B form for a guide on their application process.
Allow time	You need to allow at least 6 months for a decision to be made on these applications, therefore arrangements need to be made well in advance.
No need to wait	Job offers are not required to be submitted with these applications. However, a practising certificate will not be issued until employment and supervision has been confirmed, and approved.
Locum tenens	If you appoint a specialist for less than 12 months, and if the doctor does not intend to remain in/return to NZ, an application for registration within a special purpose, locum tenens scope of practice (applicant must hold the gazetted postgraduate qualification for this pathway) may be more appropriate than an application for registration in a vocational scope.

Process for considering a completed application for registration in a vocational scope

Referral to vocational education and advisory body (VEAB)	Registration staff will obtain references to complete the application and then the relevant specialist medical college (VEAB) will assess the application, comparing the applicant's qualifications, training, and experience to a doctor registered in New Zealand who holds the prescribed qualification and works in the same vocational scope.
Interview	The applicant will usually attend an interview with the VEAB.
Advice to Council	The VEAB will provide written advice to Council.
Council decision	Council will consider this advice and make a decision on the application. The outcome will be one of the following:

#### **Eligible via the supervision pathway**

- Doctor will be registered in a provisional vocational scope and be required to complete 6 to 12 months of satisfactory supervised practice, and enrol in the relevant VEAB's recertification programme.



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### Eligible via the assessment pathway

The doctor will be registered in a provisional vocational scope and must:

- work in an approved position under supervision for 12 to 18 months,
- complete the assessment requirements determined by Council which may include a vocational practice assessment or examination, and
- enrol in the relevant College's recertification programme.

### Suitable positions

- The position will usually need suitable workforce and technical resources for the assessment to be carried out.
- Suitable positions are likely to be in larger hospitals as some smaller hospitals may not have the necessary resources available.

### Not eligible

- The Council will propose to decline the application and direct the applicant to an alternative registration pathway, if applicable.
  - The applicant will have the right to make submissions to Council on the proposed decision and will be given the opportunity to attend a Council meeting before a final decision is made.
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### Vocational practice assessment

One additional requirement that an IMG may be required to complete within a provisional vocational scope of practice (assessment pathway), is a vocational practice assessment (VPA). A VPA assesses the competence of the IMG, which includes whether they are practising at the level of a NZ trained doctor holding the prescribed Fellowship qualification, and registered in a vocational scope of practice, and whether the doctor is capable of independent and unsupervised practice.

The VPA is a 1 day assessment, where two assessors are onsite observing and interacting with the doctor and colleagues. The assessment is comprised of seven tools:

- opening and closing interview
  - observations of interactions with patients in an outpatient setting
  - observations of interaction with patients during a ward round
  - review of 20 consecutive patient records from their caseload
  - case-based oral interview, based on the records selected for records review
  - interview with colleagues
  - multi-source feedback from medical and non-medical colleagues (obtained in advance of the assessment day).
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A VPA will be required where the doctor, in their past, has not:

- completed any clinical examinations (eg multidisciplinary station assessment, where the doctor undertakes clinical tasks on role playing patients or examiners)
  - completed any external examinations (eg national or regional level)
  - completed an accredited / independent training programme, or
  - where Council's directs that a VPA must be undertaken.
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## SECTION 3 | APPLICATION PROCESS

### 1. MAKING AN APPLICATION FOR REGISTRATION

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Applicant must:	<ul style="list-style-type: none"> <li>■ Use the self-assessment facility on the Council's website to check his or her eligibility for registration</li> <li>■ Complete the application form(s)</li> <li>■ Complete the applicant's section of the checklist</li> <li>■ Attach all documents listed on the application form and checklist</li> <li>■ Include fee payment information.</li> <li>■ Send completed application to the employer.</li> </ul>
Employer must	<hr/> <ul style="list-style-type: none"> <li>■ Complete the application</li> <li>■ Attach the: <ul style="list-style-type: none"> <li>- job offer</li> <li>- proposed supervision plan</li> <li>- three acceptable references</li> <li>- induction and orientation plan.</li> </ul> </li> <li>■ Send the complete application to the Council office for processing. It is recommended that you use the application checklist to ensure all documentation is included with the application, the references meet the requirements as set out in Council's policy and the CV provides complete information.</li> <li>■ Applicants for registration in a provisional vocational scope are not required to have employment.</li> </ul>
Orientation, induction and supervision of IMGs:	<hr/> <p>All IMGs registered in a provisional general, provisional vocational or special purpose scope are required to:</p> <ul style="list-style-type: none"> <li>■ undergo an orientation and induction programme before starting clinical practice</li> <li>■ work under supervision approved by Council.</li> </ul> <p>A structured induction period will ensure the doctor is familiar with the systems he or she will be working in and will also help the doctor adapt to working in the New Zealand health system more quickly.</p> <hr/>

## Supervision plans

When an IMG applies for registration, the employer is required to submit a proposed supervision plan to the Council. This is also required when changing any employment circumstances or supervision arrangements while registered in provisional general, provisional vocational or special purpose scope of practice. The plan will be considered as part of the application process, taking into account the individual factors of the application. Competent authority registrants wanting to work in general practice must also provide a supervision plan with their registration application. Further details on supervision can be found in Council's publication [Orientation Induction and Supervision for International Medical Graduates](#)

## Approved practice setting model for supervision

Employers have the option of applying for a service to be accredited as an approved practice setting (APS). An APS recognises that appropriate support and supervision is available and provided to IMGs within a particular clinical setting, which may be across multiple sites. Once an employer is accredited as an APS, they will no longer need to provide an individual supervision plan for each IMG to the Medical Council. An APS will have robust systems for:

- the effective management of doctors
- orientation, induction and credentialing of doctors
- identifying and acting upon concerns about doctors' fitness to practice
- supporting the provision of relevant training and recertification
- providing regulatory assurance.

To find out more about applying to become an Approved Practice Setting contact us at [registration@mcnz.org.nz](mailto:registration@mcnz.org.nz).

Council registration staff will

General scope, or Special purpose scope of practice:

- check the application
- confirm the doctor's eligibility
- advise the doctor and employer how to proceed
- if criteria are not satisfied the doctor will be advised of Council's proposal to decline the application and given the opportunity to make submissions and be heard.

Vocational scope:

- check the application
- confirm the doctor's suitability to proceed
- collect references
- send application to VEAB
- if criteria are not satisfied the doctor will be advised of Council's proposal to decline the application and given the opportunity to make submissions and be heard.

Processing	<ul style="list-style-type: none"> <li>■ Please allow at least 20 working days for processing of completed general or special purpose scope applications. Please allow 6 months for processing of completed vocational applications.</li> </ul> <p>If the application does not fit Council policy, or if disclosures have been made, processing will take longer.</p>
Applicant	<ul style="list-style-type: none"> <li>■ Attends a registration interview with a Council staff member or agent in New Zealand. Sends interview form, certified documents and fees to Council office. Please allow 5 working days for the practising certificate to be issued.</li> </ul>
Incomplete applications	<ul style="list-style-type: none"> <li>■ The employer or recruitment agency will be contacted with details about what follow-up action is required. No further action will be taken until the application is complete.</li> </ul>
Doctors returning from overseas	<ul style="list-style-type: none"> <li>■ Registered doctors returning to New Zealand must provide a recent certificate of professional status (good standing) from every jurisdiction where they have worked in the last 5 years, or since leaving New Zealand (if less than 5 years ago). They must also pay the practising certificate fee and provide Council with a New Zealand address for the register before resuming work. If you would like further information about returning to practice in New Zealand please email <a href="mailto:apc@mcnz.org.nz">apc@mcnz.org.nz</a>.</li> </ul>
Australian graduates	<ul style="list-style-type: none"> <li>■ Australian medical graduates who have completed an intern year in Australia can apply for registration within a general scope.</li> <li>■ If they have not completed the required intern year, they must apply for registration within a provisional general scope.</li> <li>■ If they hold the prescribed postgraduate qualification, they may also apply for registration within a vocational scope of practice.</li> </ul>



## 2. DISCLOSURES AND FITNESS FOR REGISTRATION

Applicant must be fit for registration (s16, HPCAA)

- In addition to satisfying the criteria of one of the registration pathways, all doctors applying for registration must be able to communicate effectively in English.

Council may not register a doctor if he or she:

- has a conviction of any offence which reflects adversely on the doctors ability to practise, which is punishable by imprisonment for 3 months or longer
- has a physical or mental disorder which may affect his or her ability to practise medicine
- is / has been under investigation or the subject of professional disciplinary proceedings or orders, that reflect adversely on their fitness to practise
- presents a danger to the health or safety of members of the public.

Considering disclosures related to fitness to practice will usually extend the timeframe for processing the application.

### HEALTH DISCLOSURE

Requirement to disclose

Applicants must declare if they have ever been, or are currently, affected by a physical or mental condition or impairment with the capacity to affect their ability to perform the functions required for the practice of medicine.

Functions of the doctor

The functions required of a practising doctor include:

- making safe judgements
- demonstrating the level of skill and knowledge required for safe practice
- behaving appropriately
- not risking infecting patients with whom the doctor comes into contact
- not acting in ways that impact adversely on patient safety.

Conditions that may impair a doctor's ability to perform those functions include:

- alcohol or drug dependence
- psychiatric disorders
- temporary stress reaction
- infection with a transmissible disease
- declining competence due to age related loss of motor skills or the early stages of dementia, and
- certain other illnesses and injuries.

Processing an application with a health disclosure	<p>Health disclosure information is referred to Council's Health Committee for advice on the doctor's fitness for registration.</p> <p>Depending on the circumstances, the Health Committee may request an independent assessment. This would apply if the condition is ongoing, a remitting or relapsing condition, if treatment was recent, if the doctor has not been well engaged in treatment, or if the doctor is facing significant change.</p>
Documents required	<p>The doctor must attach to their application all available assessment and treatment information to inform Council about their fitness to practise.</p> <p>For example, if the health condition is a relapsing, or a progressive one, copies of any medical, psychological, neuropsychological, and psychiatric or substance abuse evaluations need to be provided. If there has been involvement with another board or council, a summary of key reports and correspondence the board or council must be attached.</p>

### CONDUCT, COMPETENCE, CONVICTIONS, INVESTIGATIONS OR DISCIPLINE DISCLOSURES

Applicant must	Applicants must declare if they have ever been, or are currently, under investigation or have faced / are facing proceedings for conduct or competence related concerns to their practice.
Documents required	<p>If a doctor makes a disclosure, the following documents must be provided with the application:</p> <ul style="list-style-type: none"> <li>■ a written explanation of the event(s) from the doctor, in his / her own words</li> <li>■ copies of any documentation from legal representatives, courts, insurance companies and/or employers</li> <li>■ certificates of professional status from all jurisdictions in which the doctor has worked for the previous 5 years and from the jurisdiction where the event(s) occurred if more than 5 years previous.</li> </ul>
Processing an application with disclosure(s)	<p>Information provided is considered by Council staff, including Council's medical advisor. Considering disclosures will normally extend the timeframe for processing the application.</p> <p>Depending on the seriousness of the disclosure, the application may be referred to a Council meeting for consideration.</p>





### 3. REGISTRATION INTERVIEWS

Before starting work	The doctor must have a registration interview either at the Council office in Wellington, or with a Council agent in Auckland, Christchurch or Dunedin.
Purpose of interview	To confirm the doctor's identity and practice intentions, verify original documents, and pay the PC fee.
Documents	<p>All doctors who attend a registration interview must produce the following:</p> <ul style="list-style-type: none"> <li>■ passport</li> <li>■ original primary medical degree</li> <li>■ original certificates of professional status (COPs may be sent directly to Council)</li> <li>■ original postgraduate qualification (for registration in vocational or special purpose [locum tenens] scopes)</li> <li>■ any other documents listed on the application form</li> <li>■ practising certificate fee</li> <li>■ original International English Language Testing System (IELTS) or Occupational English Test (OET) results (if required as part of the application)</li> <li>■ evidence of change of name (if relevant).</li> </ul> <p>The doctor will also be required to provide photocopies of the above documents to be:</p> <ul style="list-style-type: none"> <li>■ certified by the Council agent during the interview as true copies of the original documents, and</li> <li>■ sent to the Council office with the final application.</li> </ul>
Translations	All documents not written in English must be accompanied by an original English translation prepared by a certified translation service. The certification must be in English as well.
At interview	<p>At interview the doctor will be asked to complete a REG5 form to verify identity, qualification(s), and practice intentions.</p> <p>Their documents will be checked, and originals certified by the Council staff member or agent.</p> <p>If the interview was with an agent, the REG5, certified documents and fee must be sent to the Council office after the interview.</p>

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| Starting work | ■ If the doctor is not interviewed in Wellington, Council cannot give authority to start work until the interview documentation reaches the Council office and has been checked and processed by a Registration Coordinator, and the practising certificate fee is charged. This may take up to 5 working days. |
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| Registration number | ■ The registration number and/or the Health Practitioners Index (HPI) number will be on the practising certificate and on all correspondence to the doctor. |
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#### 4. PRACTISING CERTIFICATES – GENERAL INFORMATION

What is a practising certificate?	<p>Every doctor must hold a current certificate to practise medicine.</p> <p>A practising certificate is renewed each year and shows that the holder is competent and fit to practise medicine within the doctor's authorised scope of practice, and subject to any conditions on their scope of practice.</p>
Intention to practise	Council will not issue a practising certificate if the applicant is not intending to practise medicine in New Zealand.
Processing an application	A new practising certificate is issued within 10 working days of receiving a complete application.
Incomplete applications	Incomplete applications may be returned to the doctor with advice about what must be done to complete the application.
Referral to Council	<p>The application may be referred to Council for consideration if the applicant:</p> <ul style="list-style-type: none"> <li>■ has, at any time, failed to maintain the required standard of competence</li> <li>■ has failed to fulfil, or failed to comply with, a condition on the doctor's scope of practice</li> <li>■ has not satisfactorily completed the requirements of a competence programme as directed</li> <li>■ has not held a practising certificate in New Zealand, or has not practised medicine at all within the 3 years immediately prior to submitting an application</li> <li>■ is unable to perform the functions required to practise medicine because of some mental or physical condition.</li> </ul>
Council decision	<p>Council may:</p> <ul style="list-style-type: none"> <li>■ issue the certificate, or</li> <li>■ propose to include or vary the conditions on the doctor's scope of practice, or</li> <li>■ propose to decline to issue the practising certificate.</li> </ul> <p>If Council proposes to include or vary conditions, or to decline to issue the practising certificate, the doctor will be given a reasonable opportunity to make submissions to, and attend, a full meeting of the Medical Council.</p> <p>Council may decline the application if any information included in the application is false or misleading.</p>
Conditions	If a doctor has any conditions on his or her scope of practice, these will be printed on the practising certificate.

## 5. PRACTISING CERTIFICATES – CYCLE, PROCESSING TIME, LATE APPLICATIONS AND CPD/RECERTIFICATION AUDIT

**Cycles** Practising certificates are issued in cycles depending on the doctor's birth date.

**Intention to practise**

IF THE DOCTOR'S BIRTH DATE FALLS BETWEEN...	THE APPLICATION FORM IS SENT TO THE DOCTOR IN...	THE PRACTISING CERTIFICATE IS EFFECTIVE FROM...
1 December – 28/29 February	mid January	1 March
1 March – 31 May	mid April	1 June
1 June – 31 August	mid July	1 September
1 September – 30 November	mid October	1 December

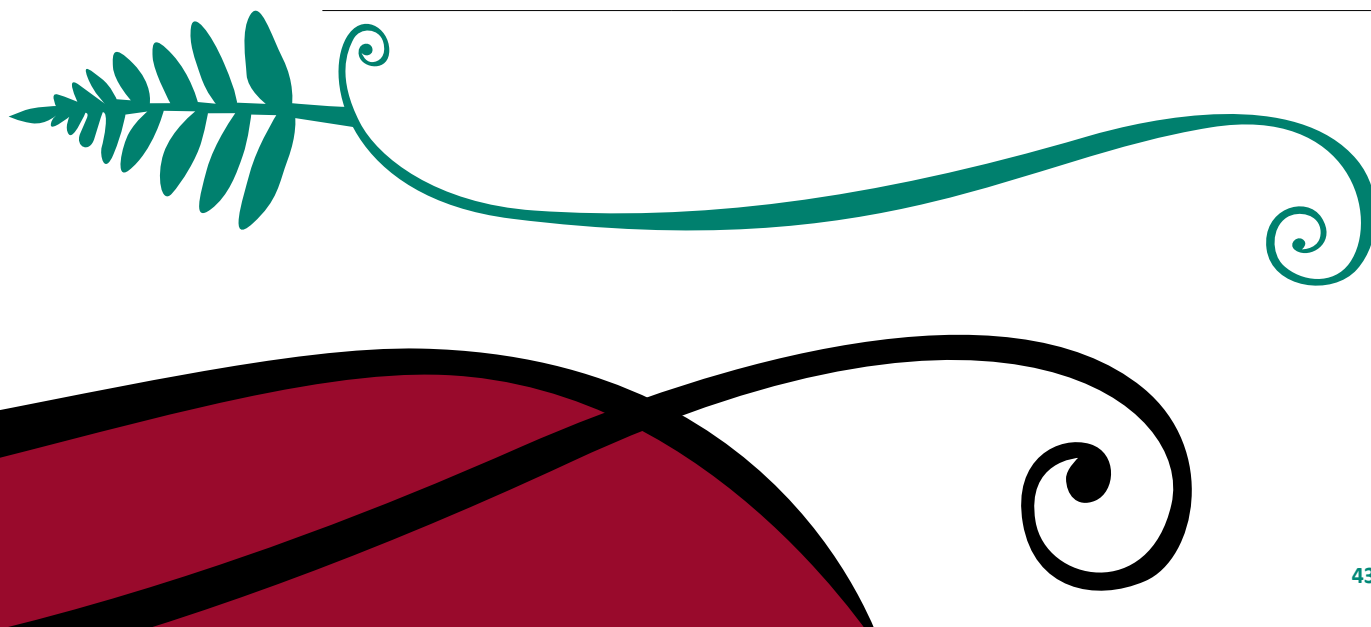
If a doctor starts work in New Zealand outside his or her birth date cycle, a pro-rated fee is payable and a certificate is issued for a shorter period of time. This allows the doctor to work until he or she fits into their correct practising certificate cycle.

**Processing time**

Practising certificates will be issued within 10 working days, if the application is complete and no follow-up is required.

If Council receives a complete application and the fee is paid, before the current practising certificate expires, the doctor will be deemed to hold a practising certificate. This will remain in effect from the date the completed application and payment is received until the date the new certificate is issued, or until he or she is notified by the Registrar that the certificate will not be issued.

This process allows the doctor to legally continue practising if there are delays in issuing the new certificate.



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#### Late applications

Practising doctors who do not submit their application before the old practising certificate expires will be working without a current practising certificate. This is an offence under the HPCAA, and disciplinary action may result. Doctors who submit their application after the last practising certificate expired will not have their practising certificate back-dated to cover the time they spent working without a practising certificate.

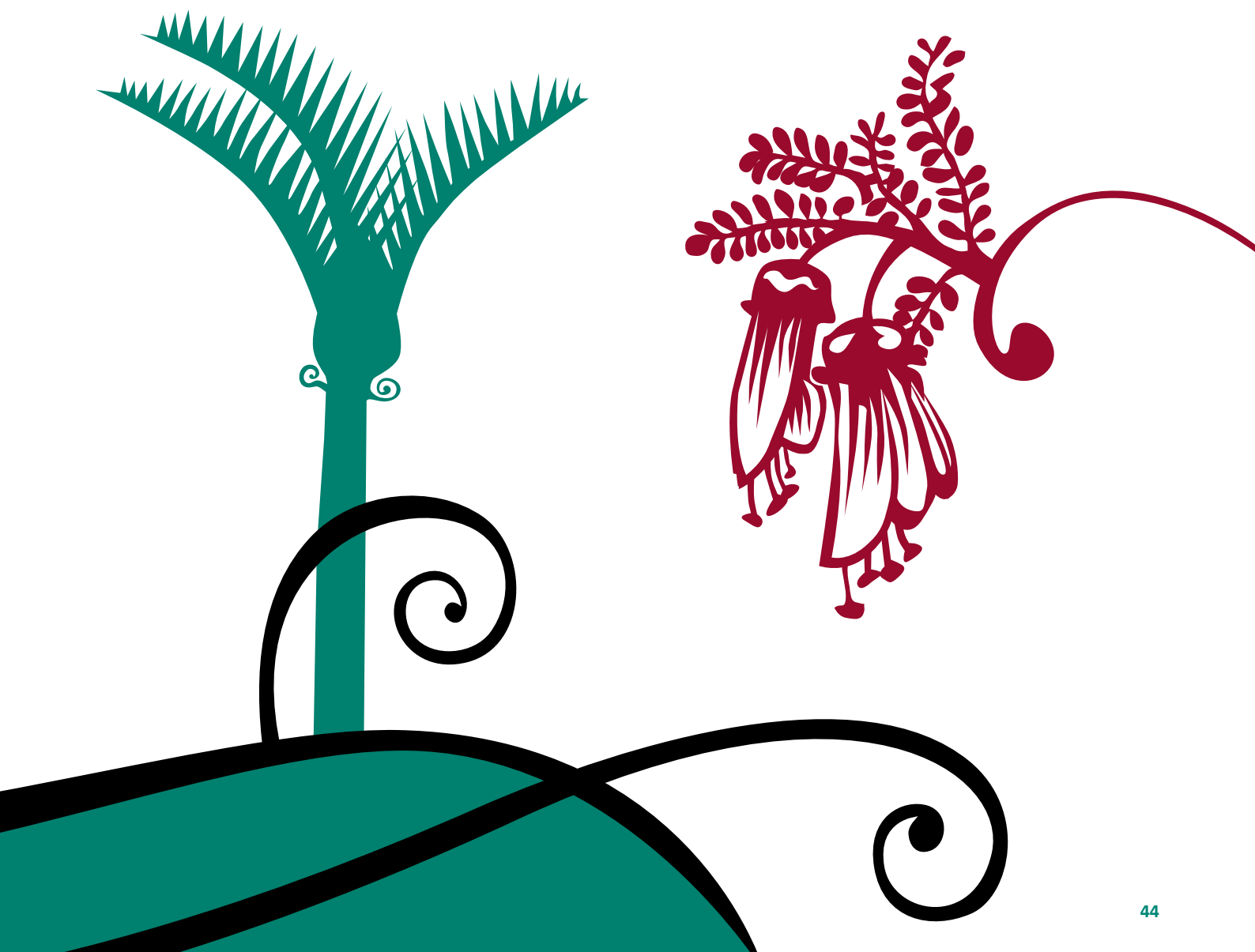
Although it is always the doctor's professional responsibility to ensure they never practise without a practising certificate, employers are encouraged to ensure that their medical staff hold current practising certificates at all times.

To reduce the number of doctors practising without current practising certificates, Council sends lists to Chief Medical Officers, PHO's, etc throughout the year notifying the employers of doctors who, according to our records, may be practising without a current practising certificate.

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#### CPD audit

- At least 18 percent of practising certificate applicants are audited each quarter to ensure that these doctors are meeting their continuing professional development (CPD) obligations. Full details are available in the Council's booklet *Continuing professional development and recertification*.
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## 6. PRACTISING CERTIFICATES – AMENDMENTS OR VARIATIONS, AND NON-COMPLIANCE

Requirement	For doctors registered within a provisional general, provisional vocational or special purpose scope of practice: If the doctor's employment or supervision circumstances change, he or she must apply to Council for an amendment or variation to their scope of practice so a new practising certificate can be issued.
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### PROCESS OF APPLYING FOR AN AMENDMENT OR VARIATION

Application form	From the Council's website, print off the appropriate 'change of scope' form (COS1, COS2 or COS7)
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Arrange for the form to be completed and signed by:

- doctor
- supervisor
- employer
- vocational education and
- advisory body (if relevant).

Attach	<ul style="list-style-type: none"> <li>■ supervision report</li> <li>■ job offer</li> <li>■ supervision plan (if relevant)</li> <li>■ current practising certificate</li> </ul>
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Send	Completed application to Council office.
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Council will send	Confirmation to the doctor and employer, and a new practising certificate to the doctor.
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Processing	<p>Please allow at least 20 working days to process a complete application.</p> <p>If the application does not satisfy Council policy, disclosures are made or performance concerns have been indicated, processing will take longer.</p>
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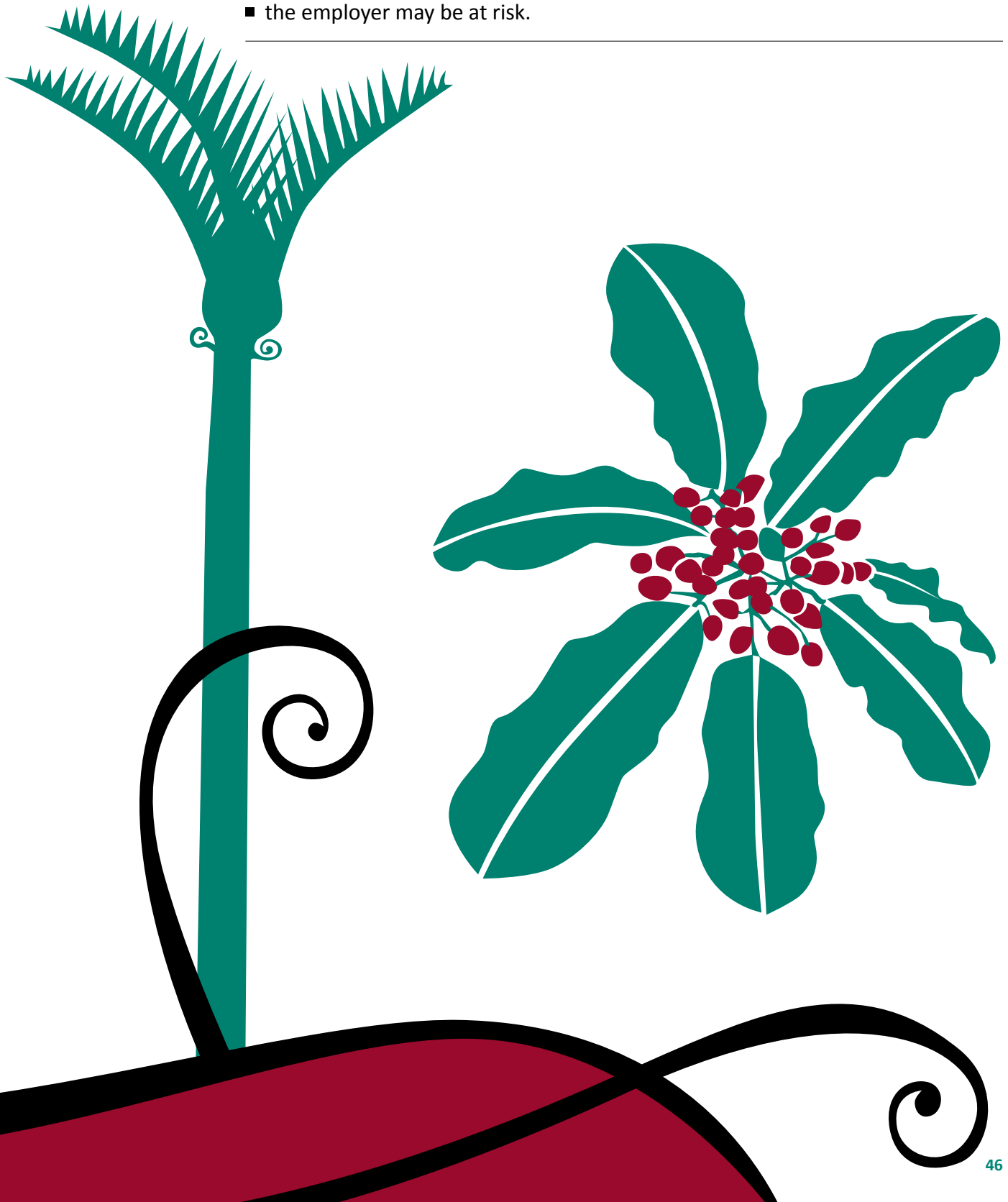
Legal responsibility	<p>A doctor may not:</p> <ul style="list-style-type: none"> <li>■ practise outside his or her scope of practice</li> <li>■ practise without a current practising certificate.</li> </ul>
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### Consequence of non-compliance

Council may refer the doctor to a Professional Conduct Committee for investigation and this may lead to disciplinary action being taken.

In addition:

- patients' claims for medical insurance or ACC may be affected
- the doctor may not be covered by indemnity insurance
- prescriptions may be rejected by pharmacists
- the employer may be at risk.



## 7. CHANGING SCOPES FROM 'PROVISIONAL GENERAL' TO 'GENERAL' SCOPE

Which doctors does this apply to?	<ul style="list-style-type: none"> <li>■ Interns (NZ and Australian graduates) and NZREX doctors</li> <li>■ Competent authority pathway: (UK and Irish graduates) registrants</li> <li>■ Comparable health system pathway registrants</li> </ul>
Requirements	To qualify for a general scope these doctors must satisfy all requirements listed in Council policy, relevant to the doctor's registration pathway
Process	<ul style="list-style-type: none"> <li>■ The doctor must complete an application form for registration in a general scope (Interns -ePort; competent and comparable – COS4).</li> <li>■ End of run assessments must be provided with COS3s for NZREX doctors.</li> <li>■ COS4 application forms must have a supervision report attached.</li> <li>■ A confirmation of enrolment with the Inpractice recertification programme (CPD8) or a training registrar form (CPD7) is required from the applicant.</li> </ul>
Council	<p>If the application is approved, Council will advise the doctor in writing and issue a new practising certificate.</p> <p>If the reports are not satisfactory the application may be considered by Council and the doctor may have to continue working under supervision.</p>
General scope	<p>Once a doctor is registered within a general scope of practice he or she must participate in continuing professional development and the Inpractice recertification programme or a vocational training programme to recertify (be issued with a new practising certificate).</p> <p>Council's booklet <i>Recertification and continuing professional development</i> has full details of these requirements.</p> <p>Doctors registered in a general scope are not required to work under supervision, unless this is a specific condition on their scope.</p>
Conditions on general scope	<p>A doctor's scope of practice may have conditions which will limit their practice. These conditions will be shown on the doctor's practising certificate.</p> <p>You need to make sure you check the practising certificates for each of the doctors for whom you are responsible.</p> <p>Doctors must not practise outside their authorised scope of practice.</p>





## Interns

Council appoints one or more prevocational educational supervisors in every hospital that employs NZ and Australian graduates and NZREX doctors.

Prevocational educational supervisors ensure the interns satisfy all the requirements stipulated in the Council's Prevocational Training Framework so that they can qualify for registration in a general scope of practice.

Interns must:


- be certified in Advanced Cardiac Life Support to the relevant New Zealand Resuscitation Council standard and
- been approved for a general scope by an advisory panel before Council will authorise their registration within a general scope.



## SECTION 4 | REGISTRATION REQUIREMENTS

### 1. ENGLISH LANGUAGE REQUIREMENTS – MUST BE MET BY ALL APPLICANTS

Policy Statement	Sections 16(a) and (b) of the Health Practitioners Competence Assurance Act 2003 require the Council to be satisfied that any doctor seeking registration in New Zealand is able to communicate in English sufficiently to protect the health and safety of the public, and to practise competently.
Rationale	<p>All applicants for registration must satisfy Council that they are able to communicate effectively in English in the workplace, as one of the prerequisites for registration.</p> <p>All NZREX Clinical candidates must establish that they have a reasonable ability to communicate effectively in English as a prerequisite to sitting the examination.</p>
Requirements	<p>To be accepted to sit NZREX Clinical or to be registered with the Council, applicants must meet one of the following English language requirements.</p> <ol style="list-style-type: none"> <li>1. Have a primary qualification from a New Zealand medical school; or</li> <li>2. English is the graduate's first language and the graduate has an acceptable primary medical qualification from Australia, the United Kingdom, the Republic of Ireland, the United States, Canada or a South African medical school where English is the sole language of instruction, or</li> <li>3. Satisfy the Council of having completed at least 24 months full time equivalent of a health-related postgraduate qualification (diploma, masters or PhD) at an accredited New Zealand university within the 5 years immediately prior to application.</li> </ol> <p>And</p> <p>Provide references from two professors from an accredited New Zealand university who are registered as doctors in New Zealand and who speak English as a first language. The referees must be able to attest to the applicant's ability to read, write, speak and understand English: or</p> <ol style="list-style-type: none"> <li>4. Provide evidence of continuous work as a registered medical practitioner in an institution where English was the first and prime language for a period of at least 2 years within the 5 years immediately prior to application.</li> </ol> <p>And</p> <p>Provide the names and contact details of at least two referees who are senior medical practitioners who speak English as a first language, and who can attest to the applicant's ability to communicate effectively in English in a clinical setting with both patients and professional colleagues. Referees will be contacted directly by the Council or a body Council authorised to do this (employer or recruitment agency); or</p>

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5. Doctors registered with the Medical Council of New Zealand on, or after 18 September 2004, whose registration was cancelled for administrative reasons (and not as a result of an order of the Health Practitioners Disciplinary Tribunal or a direction by the Council under section 146 or 147 of the HPCAA).

And

Provide the names and contact details of at least two referees who are senior medical practitioners registered in New Zealand, and who can attest to the applicant's ability to communicate effectively in English in a clinical setting with both patients and professional colleagues. Referees will be contacted directly by the Council or a body Council authorised to do this (employer or recruitment agency); or

6. Pass the Academic Module of the International English Language Testing System (IELTS) by achieving a minimum of the following within one result:


#### Required scores

Minimum requirements:

Speaking	7.5
Listening	7.5
Writing	7.0
Reading	7.0

#### Validity of IELTS results

IELTS results are valid within:

- 2 years of an application for registration
  - 2 years of NZREX examination date (new candidate)
  - Repeat candidates for NZREX Clinical will not be required to re-sit IELTS for up to 5 years of the examination date if they have been, since the last NZREX Clinical sat, residing continuously in New Zealand, Australia, the United Kingdom, the Republic of Ireland, the United States, Canada (English speaking region, not Quebec) or South Africa. Acceptable evidence includes a letter of reference from an employer or landlord with a passport displaying visa or residency.
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7. Pass the Medical Module of the Occupational English Test (OET) by achieving a minimum of 'A' or 'B' in each of the four components (reading, writing, listening and speaking) within one result.

#### Validity of OET results

OET results are valid within:

- 2 years of an application for registration
- 2 years of NZREX Clinical examination date (new candidate)
- Repeat candidates for NZREX Clinical will not be required to re-sit OET for up to 5 years of the examination date if they have been, since the last NZREX Clinical sat, residing continuously in New Zealand, Australia, the United Kingdom, the Republic of Ireland, the United States, Canada (English speaking region, not Quebec) or South Africa. Acceptable evidence includes a letter of reference from an employer or landlord with a passport displaying visa or residency.

#### Note

#### Incomplete applications

If an application for registration is submitted without the English requirements having been met, the application will be considered incomplete and referred back to allow the applicant to fulfil the requirements.

#### NZREX candidates

If comprehension and communication deficiencies are noted during NZREX Clinical, the candidates who did not sit an English test prior to sitting NZREX will be required to meet the Council's English requirements before being eligible to apply to resit NZREX (if needing to resit) or to apply for registration.

#### Management of communication while working under supervision

If, after registration, comprehension and communication deficiencies are notified by an employer, Council will address those issues within policies and processes as appropriate within the HPCAA.

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## 2. REGISTRATION IN NEW ZEALAND

### Policy statement

The Medical Council of New Zealand will register a doctor within a scope of practice, to practise medicine in New Zealand if the doctor:

- meets fitness for registration requirements as set out in section 16 of the Health Practitioners Competence Assurance Act 2003 (HPCAA), and
- holds a prescribed qualification for the scope of practice as set by the Council under section 12 of the HPCAA, and
- is competent to practise within the specified scope of practice.

To ensure a doctor is competent to practise in New Zealand the Council has provided for provisional scopes of practice, which incorporate requirements for supervision and employment to be approved by Council.

There are exceptions to the requirement to first complete a period of provisional registration:

- graduates from New Zealand or Australian university medical schools who have completed their internships in Australia are eligible for registration in the General scope; and
- Fellows of an Australasian vocational training programme who do not hold a general scope of practice in New Zealand, are eligible for a vocational scope.

An applicant for registration in a provisional scope of practice must provide the Council with details of where he or she intends to work as part of the application for registration.

### Registration requirements and procedure

1. To be considered for registration, applicants must apply on the correct form, provide the required documentation and pay an application fee. Incomplete applications cannot be considered. The Council will consider a duly completed application for registration as soon as reasonably practicable after receiving it.
2. All applicants are required to ensure Council receives accurate and relevant information (both within the application form and by way of supporting information) to enable Council to consider the application. The Council has authority to cancel the registration of any applicant who obtains registration by making a false or misleading representation (whether oral or written) or who is found not to have been entitled to be registered.

#### **Application not considered where monies owing**

3. If any fines, costs or expenses that the applicant has been ordered by the Health Practitioners Disciplinary Tribunal to pay remain unpaid, the Registrar may decline to take any action, or to permit any action to be taken, on the application for registration until the fine, costs or expenses are paid. The applicant may request the Council to review any such decision to decline to act on the application.

### Consideration of applications

4. An application for registration will be considered taking account of all three prerequisites:
  - a. meeting fitness for registration requirements as set out in section 16 of the HPCAA, and
  - b. holding a prescribed qualification for the scope of practice as set by the Council under section 12 of the HPCAA, and
  - c. evidence of competence to practise within the specified scope of practice.

#### *Fitness for registration*

5. An applicant for registration must satisfy the requirements set out in section 16 of the HPCAA. That is, the applicant may not be registered if:
  - a. He or she does not satisfy the Council that he or she is able to communicate effectively within the scope of practice in which he or she is applying to be registered; or that his or her ability to communicate in and comprehend English is sufficient to protect the health and safety of the public:

To satisfy this requirement, the applicant must meet one of the options set out in Council's Policy on English language requirements.

In addition to this, the Council or Registrar may, before registration is granted, or before authorising a change to an applicant's existing scope of practice, require the applicant to take and pass an examination or assessment set or recognised by the Council or Registrar, to satisfy Council that the applicant's ability to communicate in and comprehend English is sufficient to protect the health and safety of the public. Such a requirement is part of the process of considering the application, and can not be taken as a proposal to decline the application.

- b. The Council considers that the applicant is unable to practise medicine in the scope applied for because of a mental or physical condition:

Applicants are required to make a formal declaration (and disclose relevant information) in relation to their mental and physical health. Applications for registration that contain disclosures relevant to Council's decision-making are referred to the Council's Health Committee. The Health Committee has delegated authority from Council to determine if the application can proceed (with or without possible conditions on practice relevant to the monitoring and/or management of the health condition. If the Health Committee declines to accept the application, the Committee will inform the applicant that it proposes to decline the application. The applicant will then have an opportunity to be heard by, and make submissions to, Council in respect of the proposed decision. proceed (with or without possible conditions on practice relevant to the monitoring and/or management of the health condition. If the Health Committee declines to accept the application, the Committee will inform the applicant that it proposes to decline the application. The applicant will then have an opportunity to be heard by, and make submissions to, Council in respect of the proposed decision.

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c. He or she

- i. has been convicted by any court in New Zealand or elsewhere of any offence punishable by imprisonment for a term of three months or longer, and he or she does not satisfy the Council that the offence does not reflect adversely on his or her fitness to practise; or
- ii. is under investigation in respect of any matter that may be the subject of professional disciplinary proceedings in New Zealand or in another country, and the Council believes that those proceedings reflect adversely on his or her fitness to practise medicine; or
- iii. is subject to an order of a professional disciplinary tribunal (whether in New Zealand or in another country) or to an order of an educational institution accredited by the Council, or to an order of an authority or of a similar body in another country; and does not satisfy the Council that that order does not reflect adversely on his or her fitness to practise medicine:

Applicants are required to make a formal declaration (and disclose relevant information) in relation to any such circumstances. Applicants must also disclose police or other investigations whether or not they have resulted in formal court proceedings or have been resolved out of court. Applications for registration that contain disclosures relevant to Council's decision-making are considered by Council's Registrar. The Registrar has delegated authority from Council to determine if the application can proceed. If the Registrar declines to accept the application, the Registrar will inform the applicant that he or she proposes to decline the application. The applicant will be given an opportunity to be heard by, and make submissions to, Council in respect of the proposed decision.

- d. The Council has reason to believe that the applicant may endanger the health or safety of members of the public.

The Registrar has delegated authority from Council to determine if the application can proceed. If the Registrar declines to accept the application on the basis that he or she has reason to believe that the applicant may endanger the health or safety of members of the public, the Registrar will inform the applicant that he or she proposes to decline the application. The applicant will be given an opportunity to be heard by, and make submissions to, Council in respect of the proposed decision.

*Holding a prescribed qualification*

- 6. The HPCAA requires the Council to prescribe the qualification or qualifications for every scope of practice that the Council has determined. The prescribed qualification(s) for each scope of practice are published on the Council's website.
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7. An applicant who applies for registration in a scope of practice or for a change to the scope of practice within which he or she is registered must hold a relevant prescribed qualification for that scope. If an applicant applies who does not hold a prescribed qualification, the Registrar will inform the applicant that he or she proposes to decline the application. The applicant will be given an opportunity to be heard by, and make submissions to, Council in respect of the proposed decision.
  8. The Council may decline to register any applicant who does not have the qualification(s) prescribed by Council for that scope of practice. Without limiting that authority, Council may, alternatively,
    - a. Treat an overseas qualification as a prescribed qualification if, in Council's opinion that qualification is either equivalent to or as satisfactory as a prescribed qualification.
    - b. Vary a prescribed qualification where the Council proposes to limit the health services that the applicant is permitted to perform and is satisfied that the varied qualification is adequate for the performance of those health services and for the protection of the public.

*Competence in scope of practice*

9. An applicant must provide any information Council requests as part of their application, relating to the applicant's competence to practice. This includes certificates of good standing / certificate of professional status, CVs, and referee reports.
10. The Council or Registrar may, before registration is granted, or before authorising a change to an applicant's existing scope of practice, require an applicant to take and pass an examination of assessment set or recognised by the Council or Registrar, to satisfy that the applicant is competent to practise in the desired scope of practise. Such a requirement is part of the process of considering the application, and can not be taken as a proposal to decline the application.

**Registration may be granted subject to conditions**

11. Council's primary consideration is to protect the health and safety of members of the public by ensuring that doctors are competent and fit to practise medicine. In considering an application for registration, the Council must consider whether the applicant is qualified and competent to practise within the requested scope of practice. To ensure this, Council may consider whether conditions may be required on an applicant's registered scope of practice.
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12. These conditions may include that the applicant
- practise under supervision or oversight
  - not perform certain tasks, or perform those tasks only under certain circumstances
  - practise only in a stated capacity, for example as an employee or a nominated person or a person of a stated class
  - practise in association with one or more nominated persons or persons of a stated class
  - practises only for a specified period
  - attain one or more further stated qualifications or further experience of a stated kind
  - practise under any other condition that the Council believes on reasonable grounds to be necessary to protect the safety of the public.
13. If the Council considers registration may only be granted subject to conditions, it will inform the applicant of its proposed decision. The applicant will be given an opportunity to be heard by, and make submissions to Council in respect of the proposed decision.
14. Registration to work within the provisional general or provisional vocational scopes of practice will only be granted to a doctor who is able to provide details of where they intend to practise medicine in New Zealand. That is required to enable the place of employment and the supervisor to be approved by Council.
15. The doctor must attend a registration interview with a Council employee or approved agent, and show evidence of a confirmed job offer. The only exception to this requirement is a New Zealand graduate who is registered immediately after completing their medical degree course.
16. A newly-registered doctor must also be issued with a practising certificate before he or she may commence practising medicine in New Zealand.
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Approved by Council

May 2004

Version approved by Registrar

November 2016



### 3. REGISTRATION WITHIN A PROVISIONAL GENERAL AND GENERAL SCOPE OF PRACTICE

#### NEW ZEALAND AND AUSTRALIAN GRADUATES

Eligibility for registration in a provisional general scope	To be eligible to apply for registration in a provisional general scope, the applicant must hold a primary medical degree from a New Zealand or Australian university medical school.
Eligibility for registration in a general scope	<p>To be eligible to apply for registration in a general scope, the applicant must have completed the following requirements while working within a provisional general scope:</p> <ul style="list-style-type: none"> <li>■ The (satisfactory) completion of four accredited clinical attachments; and</li> <li>■ The substantive attainment of the learning outcomes outlined in the NZCF (prior learning from the trainee intern year (ie sixth year) will be taken into account); and</li> <li>■ Completion of a minimum of 10 weeks full-time equivalent in each clinical attachment. Full time is equivalent to a minimum of 40 hours per week; and</li> <li>■ Advanced cardiac life support (ACLS) certification at the appropriate standard of New Zealand Resuscitation Council less than 12 months old; and</li> <li>■ A recommendation for registration in a general scope of practice by a Council approved advisory panel.</li> </ul> <p>In addition, before a practising certificate is issued, interns are required to establish an acceptable professional development plan (PDP) for PGY2, to be completed during PGYs.</p>

#### COMPETENT AUTHORITY – UK AND IRISH GRADUATES

Eligibility for registration in a provisional general scope	<p>To be eligible to apply for registration in a provisional general scope, the applicant must hold a primary medical degree from a university medical school accredited by a competent authority and have 1 year of general medical experience under the jurisdiction of the competent authority.</p> <p>If the doctor did not complete the first postgraduate year in the UK or Ireland, and completed it elsewhere, then the application will be assessed individually based on the <i>Policy on recognition of internships undertaken by New Zealand, Australian, UK and Irish medical school graduates in countries other than New Zealand, Australia, the UK or Ireland when applying for registration</i>. Please contact Council about the additional information required with the application.</p>
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### Eligibility for registration in a general scope

To be eligible to apply for registration in a general scope, the applicant must have completed the following requirements while working within a provisional general scope:

- Completed 6 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
- Received two consecutive satisfactory supervision reports for the 6 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 2 years if the doctor receives any poor supervision reports during their first 6 months of registration, until the doctor has received two consecutive satisfactory reports.
- Been recommended for registration within a general scope by his or her supervisor.

## NZREX DOCTORS

### Eligibility for registration in a provisional general scope

To be eligible to apply for registration in a provisional general scope, the applicant must hold a primary medical degree from a university medical school listed in the World Directory of Medical Schools, and have met the prerequisites for applying to sit NZREX, and, finally, passed NZREX.

### Eligibility for registration in a general scope

To be eligible to apply for registration in a general scope, the applicant must have completed at least 1 year within a provisional general scope, satisfying the following:

- The (satisfactory) completion of four accredited clinical attachments; and
- The substantive attainment of the learning outcomes outlined in the NZCF (prior learning from the trainee intern year (ie sixth year) will be taken into account); and
- Completion of a minimum of 10 weeks full-time equivalent in each clinical attachment. Full time is equivalent to a minimum of 40 hours per week; and
- Advanced cardiac life support (ACLS) certification at the appropriate standard of New Zealand Resuscitation Council less than 12 months old; and
- A recommendation for registration in a general scope of practice by a Council approved advisory panel.

In addition, before a practising certificate is issued, interns are required to establish an acceptable professional development plan (PDP) for PGY2, to be completed during PGYs.

## COMPARABLE HEALTH SYSTEM

Eligibility for registration in a provisional general scope

To be eligible to apply for registration in a provisional general scope, the applicant must:

- hold a primary medical degree listed in the World Directory of Medical Schools; and
- have worked for a minimum of 33 months (for at least 30 hours per week) during the 48 months prior to application in a health system comparable to New Zealand; and
- hold full or general registration in a jurisdiction(s) they have worked during that time (or be satisfactorily participating in a training programme recognised by the American specialty boards, the Canadian specialist colleges, or the Irish Medical Council); and
- have been offered employment in the same or a closely related branch of medicine to which the applicant has been working for the last 33 out of 48 months; and
- have been offered employment at a similar level of responsibility to which the applicant has been working for the last 33 out of 48 months.

Eligibility for registration in a general scope

To be eligible to apply for registration in a general scope, the applicant must have completed the following requirements while working within a provisional general scope:

- Completed 12 months working within a provisional general scope in a New Zealand hospital, general practice, educational institution or other organisation approved by the Council, in a position for which the medical practitioner has appropriate experience, and under the supervision of a medical practitioner approved by the Council; and



- 
- Received satisfactory supervision reports for the 9 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 2 years if the doctor receives any poor supervision reports during their first year of registration, until the doctor has received three consecutive satisfactory reports.
  - Been recommended for registration within a general scope by his or her supervisor.

Conditions limiting the doctor's practice may be imposed on the doctor's registration in a general scope of practice if the doctor does not complete a minimum of 6 months of medicine and 6 months surgery during the provisional period.

To avoid limitations on a doctor's general scope of practice, the following steps may be taken:

Either:

- After Council has received two positive supervision reports, the doctor may be permitted to work in an area of medicine for which the doctor does not have recent experience in a comparable health system. For this to be approved by Council, the doctor must have a job offer:
  - as a house officer or senior house officer (ie PGY1 or PGY2 level) in a hospital accredited by Council for the purposes of prevocational training to ensure the hospital is able to provide adequate support, training and education opportunities (ie, tutorials). The doctor does not need to work in accredited attachments but must work in a role that has received sign off by the Chief Medical Advisor at the hospital to ensure the role has adequate supervision and assessment.

Or

- Spend at least 6 of the 12 months working in a Council approved general practice position.

More information is available in the *Policy on changing the scope of practice for doctors registered within a provisional general scope to registration within a general scope of practice without limitations*.

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#### 4. REGISTRATION WITHIN A VOCATIONAL SCOPE OF PRACTICE FOR INTERNATIONAL MEDICAL GRADUATES

Policy statement	<p>The Medical Council of New Zealand will assess the eligibility of doctors who have overseas qualifications, training and experience as specialists for registration within a vocational scope of practice.</p> <p>To qualify for registration the doctor must:</p> <ul style="list-style-type: none"> <li>■ satisfy the Medical Council’s English language requirements; and</li> <li>■ be fit for registration (HPCAA, s 16); and</li> <li>■ be able to assure Council that he or she has qualifications, training and experience equivalent to, or as satisfactory as, that of a New Zealand trained doctor registered within the same vocational scope (HPCAA, s 15(2)); and</li> <li>■ be capable of independent, unsupervised practice; and</li> <li>■ be competent to practise medicine within the vocational scope applied for; and</li> <li>■ be intending to practise in New Zealand.</li> </ul> <p>This policy must be read with reference to Council’s <i>Policy on Registration in New Zealand</i>.</p>
Rationale	<ol style="list-style-type: none"> <li>1. The Council is responsible for protecting the health and safety of members of the public by providing for mechanisms to ensure that doctors are competent and fit to practise medicine in New Zealand (HPCAA, section 3).</li> <li>2. International medical graduates (IMGs) registered within a vocational scope must demonstrate that their qualifications, training and experience are equivalent to, or as satisfactory as, that of a New Zealand trained doctor working and registered within the same scope of practice.</li> </ol>
Procedure	<ol style="list-style-type: none"> <li>3. The Council has two pathways to assess the eligibility of IMGs who have completed their vocational training and have appropriate qualifications, training and experience for registration within a vocational scope of practice.</li> <li>4. Applications must be made in a recognised vocational scope, requirements for which are listed on the Council’s website.</li> <li>5. Council takes advice from the appropriate vocational education and advisory body (VEAB) responsible for advising Council about matters relevant to a particular vocational scope.</li> <li>6. The VEAB will carry out an initial paper assessment, which may be done while the applicant is overseas. If the IMG is considered to be suitable to proceed, he or she will most likely be required to attend an interview with the VEAB. The IMG may be allowed to start work pending the interview; but always under assessment in the first instance.</li> </ol>



7. The VEAB will advise Council on whether or not the IMG's training, qualifications and experience are equivalent to, or as satisfactory as, that of a New Zealand trained doctor registered within the same vocational scope. The VEAB will also advise whether the IMG is suitable for registration within a vocational scope via:
  - (1) the supervision pathway; or
  - (2) the assessment pathway.
8. Council requires IMGs to satisfactorily complete a minimum of 6-18 months of supervised practice which allows the IMG to to the New Zealand health environment. The medical college will recommend what, if any, additional assessment is required. This may include:
  - supervision by doctor(s) who are registered within the same vocational scope (including one additional supervisor who is not working onsite with the IMG);
  - a performance assessment;
  - a multi-source feedback process (colleagues, patients and self);
  - a formal audit of any interventions performed in procedural based practice;
  - sitting and passing the relevant VEAB examination;
  - a vocational practice assessment;
  - other forms of assessment
9. Council will assess the application for registration within a vocational scope and the VEAB advice. Council has the discretion to determine whether the applicant's qualifications, training and experience are appropriate for registration within the vocational scope applied for and what, if any, further assessment should be undertaken.
10. Once the IMG has suitable employment arranged, he or she will be registered within a provisional vocational scope of practice via one of the following two pathways:
  - (1) provisional vocational scope (supervision)
  - (2) provisional vocational scope (assessment).
11. Provisional vocational scope (supervision)

If Council considers that the applicant has training, qualifications and experience equivalent to that of a New Zealand trained doctor registered within the same vocational scope, and is capable of practising at the required standard, the doctor will be eligible to apply for registration within a provisional vocational scope of practice (supervision).

In order to qualify for registration within this scope the applicant is required to satisfactorily complete a minimum of 6-12 months of supervised practice.

(In this pathway, IMGs' training and assessment programmes are well known and similar to those in Australasia. For example, those IMGs holding a postgraduate qualification from the UK and the UK Certificate of Completion of Training (CCT).)

## 12. Provisional vocational scope (assessment)

If Council considers that the applicant's training, qualifications and experience are as satisfactory as a New Zealand trained doctor registered within the same vocational scope, then the doctor will be eligible to apply for registration within this scope.

The IMGs registered within a provisional vocational scope (assessment) will need to meet the following criteria:

- i. the VEAB advice is that the IMG is suitable for registration within a vocational scope via the assessment pathway; and
- ii. the VEAB advice is that the IMG must work under supervised assessment for 12 to 18 months and undertake additional assessment, if any.

### Supervision for provisional vocational scope (assessment)

The applicant is required to work under supervised assessment for 12 to 18 months. Requirements for supervision are:

- one or more supervisor(s) who are registered within the same vocational scope applied for; and
- supervisor(s) to provide comprehensive supervision reports to Council and the relevant VEAB at 3 monthly intervals.

## 13. Types of assessment

The applicant must satisfactorily complete further assessment as required within the 12 to 18 months of registration within a provisional vocational scope of practice to confirm his or her eligibility for registration within a vocational scope of practice. The assessment may include:

- practice assessment undertaken by doctors with the relevant vocational scope
- a 360 degree evaluation (by colleagues, patients and self)
- a formal audit of interventions in procedural based practice (the IMG should maintain a log book including names, numbers and outcomes of procedures performed)
- sitting and passing the relevant VEAB examination
- a vocational practice assessment
- other forms of assessment.



If the IMG does not meet the required standard as demonstrated through the assessment process, then the case will be reconsidered by Council. Council may direct the IMG to either reskill in a particular area of deficiency or to satisfactorily complete other forms of assessment, such as having to sit and pass the relevant VEAB examination.

14. On satisfactory completion of these requirements, and if the doctor has shown he or she is competent and suitable for independent, unsupervised practice, Council will authorise a change of scope from a provisional vocational scope of practice to a vocational scope of practice.
15. If the IMG fails to satisfy the conditions on his or her practice required by Council to ensure competence in a vocational scope within 2 years, the Registrar will refer the IMG's application for an practising certificate to the Council under s27(1)(b) of the HPCAA. The Council may:
  - extend registration within a provisional vocational scope for a further period; or
  - propose to either place restrictions on, or decline to issue the IMG's practising certificate under s 28, and give the IMG an opportunity to make written submissions and be heard by Council; and
  - then make a decision whether to issue the practising certificate.

#### Notes

16. These pathways are only for assessment of doctors who have completed their vocational training overseas. Registration will not be granted to enable a doctor to participate in a vocational training programme.
17. All IMGs applying for registration within a vocational scope of practice must be intending to practise in New Zealand. Registration will only be granted once the IMG has attended a registration interview and has suitable employment arranged.
18. If an applicant has not been assessed for general medical competence, then he or she will be authorised to practise only within a specified vocational scope, and will be subject to conditions imposed by the Council under s22 of the HPCAA.



## 5. REGISTRATION WITHIN A SPECIAL PURPOSE SCOPE OF PRACTICE

Policy statement	<p>The Medical Council of New Zealand has set requirements for doctors wishing to enter New Zealand to:</p> <ul style="list-style-type: none"> <li>■ teach</li> <li>■ train</li> <li>■ carry out research</li> <li>■ work in a pandemic or disaster</li> <li>■ perform teleradiology</li> <li>■ work as a locum tenens as a specialist, or</li> <li>■ assist in an emergency or for any other unpredictable, short-term purpose.</li> </ul>
Qualifications	<p>To qualify for registration within a special purpose scope of practice the applicant must:</p> <ul style="list-style-type: none"> <li>■ hold a primary medical degree from a university medical school listed in the World Directory of Medical Schools; and</li> <li>■ satisfy all criteria for one of the following special purposes:</li> </ul>
Teaching / visiting expert	<p>The applicant must have been invited by an institution approved by the Council, which has specified the nature of any patient contact.</p>
Research	<p>The applicant must be participating in a research project, for up to 2 years only, which has the approval of a formally constituted ethics committee in New Zealand.</p>
Locum tenens in a specialist post	<p>The applicant may be registered to work as a specialist for up to 12 months. The practitioner must:</p> <ul style="list-style-type: none"> <li>■ have a postgraduate qualification approved by the Council (see section 6 of this publication) in the branch of medicine in which the doctor wishes to work in New Zealand, and</li> <li>■ have been in active clinical practice (20 hours per week) relevant to the branch of medicine in which the doctor will be working in New Zealand for at least 22 out of the past 36 months, and</li> <li>■ In the 12 months preceding their application, have had at least 6 months' practice under the jurisdiction of another medical regulatory authority, with evidence of satisfactory participation in any recertification programmes required by that authority during that time. Or, where no recertification requirements have been set by that authority, provide separate evidence (to the satisfaction of the Registrar) of ongoing professional development during that period of practice.</li> </ul>

Emergency	<p>The applicant must have qualifications appropriate to the requirements of the emergency or other unpredictable situation, and as determined by Council.</p>
Pandemic or disaster	<p>The applicant must:</p> <ul style="list-style-type: none"> <li>■ hold an acceptable primary medical qualification, be registered with the Council and hold a current practising certificate; or</li> <li>■ have completed at least 5 years of study at a recognised New Zealand medical school; or</li> <li>■ have previously been registered with the Council; or</li> <li>■ hold satisfactory registration with another medical regulator, and</li> <li>■ meet any other criteria as set by the Registrar and published on the Council's website or in such other way as is practicable.</li> </ul>
Teleradiology	<p>The applicant may be registered to provide teleradiology services for up to 12 months. The applicant must:</p> <ul style="list-style-type: none"> <li>■ have a postgraduate qualification approved by the Council (see section 6 of this publication) in diagnostic radiology; and</li> <li>■ be registered in a jurisdiction where they are able to gain a postgraduate qualification approved by the Council; and</li> <li>■ be providing radiology services under contract to a health provider located in New Zealand and be fully credentialled by the health provider; and</li> <li>■ have been in active clinical practice (a minimum of 20 hours per week) in the vocational scope of diagnostic and interventional radiology for at least 22 out of the last 36 months.</li> </ul>
Postgraduate training	<p>The applicant must have medical registration in his or her own country (or the country providing sponsorship), to which he or she will return on completion of the training.</p> <p>The applicant must either:</p> <ul style="list-style-type: none"> <li>■ be sponsored by or on behalf of a country or organisation to which the doctor will return after the proposed period of training (a guarantee of continuing employment in the home country will be required); or</li> <li>■ have a formal postgraduate qualification accepted by the Council as indicating competence in the branch within which the applicant will work in New Zealand; or</li> <li>■ be enrolled in a formal training programme in his or her own country; or</li> <li>■ have worked for at least 12 months in an institution with which a New Zealand hospital or medical school has an exchange programme.</li> </ul>

The applicant must provide evidence that they are entering into a training programme in New Zealand with a structured supervision plan.

With the application, information must be provided as follows:

- Details must be provided 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 (or delegate) confirming that the position is part of a training programme of that DHB.
- 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 Team 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 of orientation to the New Zealand health system.
- Progress towards learning objectives (delivery and outcome) and comments about supervised practice are to be provided to Council for each 3-month period.
- Confirmation must be provided from the employer that the training will not be funded by the Clinical Training Agency.
- Confirmation that the doctors had held registration in their home country for a minimum period of 1 year immediately prior to their application being made.
- There will be some preliminary requirements the employer must satisfy before the doctor is permitted to provide night cover as defined in the *Policy for doctors in New Zealand for postgraduate training in relation to working at nights*. (The night cover policy is available further in this section)

#### **Other information:**

At any one centre, trainees will make up no more than one out of three doctors 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).

- Registration within the special purpose scope of practice postgraduate training pathway is limited to 2 years. Time registered within a special purpose scope of practice will not be counted towards gaining registration within a provisional general or general scope of practice in New Zealand. Doctors who have been registered in this pathway must pass NZREX (including its pre-requisites) if they wish to continue practising in New Zealand. Registration will not be extended to enable them to do this. They cannot apply to sit NZREX while they hold special purpose: post graduate training scope of practice.

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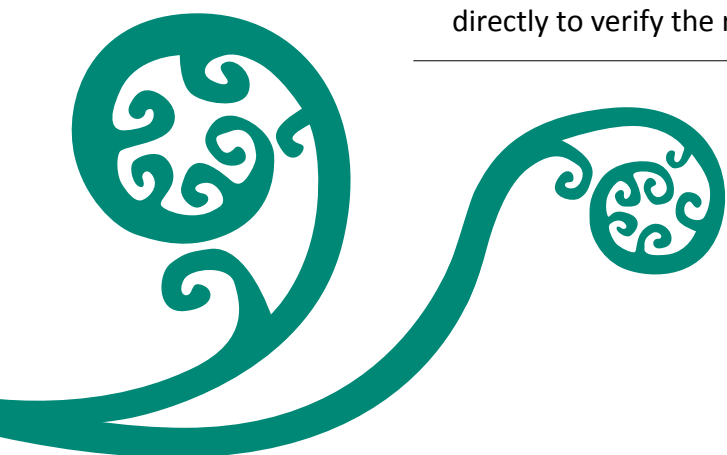
This registration pathway is for the purpose of obtaining knowledge and skills that the doctor can take back to their home country. Although the major emphasis of the programme is to learn, the time spent in New Zealand is intrinsic to and aligned with service delivery.

NB: A postgraduate training programme for this pathway is not a vocational training programme leading to fellowship of a specialist college. Doctors registered in this pathway will not be registered to participate in a vocational training programme.

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## 6. POLICY ON REFERENCE REQUIREMENTS FOR REGISTRATION APPLICATIONS

Policy statement	All applications for registration must be accompanied by at least three comprehensive references regarding a doctor's fitness and competence to practise medicine.
Rationale	<ol style="list-style-type: none"> <li>1. Authentic references are the best way to ensure whether an applicant is fit and competent to practise medicine in New Zealand.</li> <li>2. In accordance with section 3 of the HPCAA 2003, Council's principal purpose is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions.</li> <li>3. To ensure authenticity of references, it is important that there is direct communication between the employer/agent and the referee. This limits the ability of a doctor to influence the reference.</li> </ol>
Procedure	<p><b>Vocational scope of practice and special purpose scope of practice (locum tenens) applications</b></p> <ol style="list-style-type: none"> <li>4. References must be completed by consultants/specialists who are familiar with the applicant's current professional practice and have worked with the applicant for at least 6 months within the last 3 years. At least one of these must be from the applicant's most recent employer.</li> <li>5. The referees must be consultants/specialists in the same branch of medicine as the applicant, and must have worked closely with and be familiar with the applicant's practice at a consultant/specialist level.</li> <li>6. References must be completed on Council's RP6/9 referee report.</li> <li>7. References must be dated within 6 months of the doctor's completed application being received in the Council office.</li> <li>8. Where an applicant is applying for registration within a special purpose scope of practice (locum tenens), evidence that references have been verified must be provided to the Medical Council of New Zealand by the employer/agent.</li> <li>9. Where an applicant is applying for registration within a vocational scope of practice, Council staff will make direct contact with the nominated referees directly to verify the reports</li> </ol>



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**General scope of practice and provisional general scope of practice (comparable health system and competent authority) applications**

10. References must be completed by senior medical colleagues who are familiar with the applicant's current professional practice and have worked with the applicant for at least 6 months within the last 3 years. At least one of these must be from the applicant's most recent employer.
  11. Where an applicant is applying for registration at registrar level or above, the referees must be consultants/specialists in the same branch of medicine as the applicant, and must have worked closely with and be familiar with the applicant's practice at the level they have been appointed to in New Zealand.
  12. References must be of the following format:
    - comprehensive verbal reports, between the employer/agent and the referee; or
    - comprehensive references sent by email from the referee directly to the employer/agent; or
    - comprehensive written references, which then need to be verified by direct telephone contact by the employer/agent as to authenticity.
  13. References must be dated within 6 months of the doctor's completed application being received in the Council office.
  14. Evidence that written references have been verified must be provided to the Medical Council of New Zealand by the employer/agent.
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## 7. POLICY ON CHANGING THE SCOPE OF PRACTICE FOR DOCTORS REGISTERED WITHIN A PROVISIONAL GENERAL SCOPE TO REGISTRATION WITHIN A GENERAL SCOPE OF PRACTICE WITHOUT LIMITATIONS

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Policy statement	<p>The Medical Council of New Zealand has set requirements for doctors to meet before they may be registered to work in New Zealand within a general scope of practice.</p> <p>Doctors will work on a provisional general scope for up to 2 years, subject to conditions to satisfy the Council that all requirements for registration in a general scope are met.</p> <p>Council may propose to put limitations on a doctor's general scope of practice if this is considered necessary in the interests of public health and safety.</p> <p>However, Council may consider the approval of a doctor's general scope of practice without conditions limiting their general scope to a particular branch of medicine, if the doctor can demonstrate to Council that they have adequate skill and knowledge to practise medicine within a general scope of practice without conditions.</p> <p>This policy must be read with reference to Council's <i>Policy on registration in New Zealand</i> and <i>Policy on registration within a general scope of practice</i>.</p>
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### Notes

This policy will apply only to doctors who have:

1. Obtained registration within a provisional general scope of practice through the comparable health or the transitional arrangement pathways.
2. Been approved to work at a level of either: house officer, senior house officer, registrar or medical officer across a broad range of medical practice since coming to New Zealand.
3. Satisfied the conditions in the provisional general scope of practice.
4. Satisfactorily completed a minimum of one year full time or equivalent experience under supervision in New Zealand on a provisional general scope.
5. Satisfactorily completed 6 months surgery and 6 months medicine during the two years on a provisional general scope. The 6 months medicine must not include more than three months emergency medicine. There is no requirement for the doctor to work in Council accredited category A or B medical or surgical runs.
6. Received satisfactory reports for the three runs completed (or 9 months worked) immediately prior to applying for registration within a general scope.
7. Been recommended for registration within a general scope of practice without limitations by his or her supervisor.

A doctor who was approved registration within a provisional scope of practice limiting the scope to one area of practice may not be considered for a general scope without limitations.

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## Process

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8. The applicant will complete the application form (COS4), supply the documentation listed on the form and forward the completed application to the Council office.
  9. Depending on the doctor's individual circumstances, additional information may be obtained either from the applicant or from another source eg, employer or supervisor before the application is considered by Council.
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## SECTION 5 | DEFINITIONS

### 1. THE PRACTICE OF MEDICINE

Definition	<p>The Council defines the practice of medicine as including any of the following:</p> <ul style="list-style-type: none"> <li>■ advertising, holding out to the public, or representing in any manner that one is authorised to practise medicine in New Zealand</li> <li>■ signing any medical certificate required for statutory purposes, such as death and cremation certificates</li> <li>■ prescribing medicines, the sale or supply of which is restricted by law to prescription by medical practitioners or designated prescribers</li> <li>■ 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 (CME), wherever there could be an issue of public safety.</li> </ul>
Notes	<ol style="list-style-type: none"> <li>1. 'Practice' in this context goes wider than clinical medicine to include teaching, research, medical or health management, in hospitals, clinics, general practices and community and institutional contexts, whether paid or voluntary.</li> <li>2. Emergency care is so much a part of a doctor's professional ethic that, in the opinion of the Council a qualified doctor who is not registered may render medical or surgical aid to any person in an emergency when a registered doctor is unavailable.</li> </ol>

### 2. CLINICAL PRACTICE AND NON-CLINICAL PRACTICE

Clinical practice	<p>Clinical practice is any work undertaken by a doctor that relates to the care of an individual patient.</p> <p>All doctors in clinical practice registered within a vocational scope of practice should be enrolled in recertification programmes.</p>
Non-clinical practice	<p>Non-clinical practice is any work undertaken by a doctor that does not relate to the care of an individual patient.</p> <p>If a doctor working in non-clinical practice can satisfy Council that their work has no / low risk to public health and safety they may recertify via a collegial relationship with another doctor to ensure the doctor is maintaining competence and taking part in continuing professional development (CPD). Alternatively, they may form a relationship with a CPD associate within an organisational appraisal system that includes requirements for CPD.</p> <p>The doctor may also be able to claim a reduction of the PC fee (dependent on income) or waiving of the PC fee (if retired and giving service to the profession).</p>

### 3. RECERTIFICATION AND CONTINUING PROFESSIONAL DEVELOPMENT

HPCAA	The HPCAA specifically requires doctors to maintain their competence in the interests of public health and safety.
Recertification and Continuing professional development (CPD)	<p>To facilitate this, Council requires all doctors registered in a general and/or vocational scope to participate in recertification programmes appropriate to their practice; which includes CPD.</p> <ul style="list-style-type: none"> <li>■ CPD is continuing medical education, peer review and clinical audit.</li> <li>■ Doctors will be asked to provide details about their recertification when they apply for a practising certificate.</li> <li>■ Council will audit 18 percent of applicants to ensure they are complying with the requirements.</li> </ul>
Recertification	<ul style="list-style-type: none"> <li>■ If the recertification requirements have been met a new practising certificate is issued. This is called recertification and shows the doctor is competent to practise within his or her scope at the time the certificate is issued.</li> </ul>
Non-compliance	<ul style="list-style-type: none"> <li>■ If a doctor does not meet the CPD/recertification requirements, they may be referred to Council for consideration of conduct proceedings.</li> </ul>

#### WHAT DO DOCTORS HAVE TO DO FOR RECERTIFICATION?

Specialist medical college recertification programme	Doctors registered within a vocational scope of practice will usually participate in an approved medical college recertification programme.
Inpractice	Doctors registered within a general scope of practice will usually be required to enrol and participate in the Inpractice recertification programme in order to meet the Council's recertification requirements.
CPD associate	Doctors registered within a general scope of practice limited to non-clinical practice must establish either a collegial relationship with another doctor, or they may form a relationship with a CPD associate.
Doctors in formal vocational training programmes	CPD for doctors participating in a formal vocational training programme is provided by the supervisor of training. These doctors are not required to keep additional CPD records.

Provisional general, provisional vocational, special purpose scopes	Doctors registered within a provisional general, provisional vocational or special purpose scope must all work under supervision and are not required to maintain CPD records for Council.
More information	See the Council's publication Recertification and continuing professional development and recertification for details of the requirements.

#### 4. COMPETENT AUTHORITY

Requirements of competent authorities	<p>The authority will have a system:</p> <ul style="list-style-type: none"> <li>■ for the accreditation of medical schools in its jurisdiction to ensure graduates meet required standards</li> <li>■ of monitoring new medical graduates in their first year of registration to ensure their skill and knowledge is of a required standard</li> <li>■ for accreditation of postgraduate training and qualifications</li> <li>■ of assessing the knowledge and skills of overseas trained doctors who want to be registered in the jurisdiction to ensure their standard is comparable to locally trained doctors</li> <li>■ to maintain a public register listing all medical practitioners registered in the jurisdiction, including any conditions on their practice</li> <li>■ for regularly reviewing ongoing practice standards – recertification, revalidation and credentialing</li> <li>■ to ensure doctors are fit to practise</li> <li>■ to deal with complaints about doctors performance</li> <li>■ to issue certificates of professional status.</li> </ul>
Recognised competent authorities	<p>Registration authorities recognised as competent for the purposes of registration by the Medical Council of New Zealand:</p> <ul style="list-style-type: none"> <li>■ General Medical Council (United Kingdom)</li> <li>■ Irish Medical Council</li> </ul>



## 5. COMPARABLE HEALTH SYSTEM – CRITERIA (BASED ON WHO INDICES)

Public health indicators	<p>Life expectancy at birth</p> <ul style="list-style-type: none"> <li>■ Infant mortality rate</li> <li>■ Under 5 mortality rate</li> <li>■ Survival to age 65</li> <li>■ Healthy life expectancy at 60</li> </ul>		
Practice environment and registration indicators	<ul style="list-style-type: none"> <li>■ Similar registration system</li> <li>■ Percentage of registered medical practitioners per head of population</li> <li>■ Per capita total expenditure on health</li> <li>■ WHO health system achievement</li> </ul>		
Countries considered to have a health environment comparable to that of New Zealand	<table border="0"> <tr> <td> <ul style="list-style-type: none"> <li>■ Australia</li> <li>■ Austria</li> <li>■ Belgium</li> <li>■ Canada</li> <li>■ Czech Republic</li> <li>■ Denmark</li> <li>■ Finland</li> <li>■ France</li> <li>■ Germany</li> <li>■ Greece</li> <li>■ Iceland</li> <li>■ Israel</li> </ul> </td><td> <ul style="list-style-type: none"> <li>■ Italy</li> <li>■ Norway</li> <li>■ Portugal</li> <li>■ Republic of Ireland</li> <li>■ Singapore</li> <li>■ Spain</li> <li>■ Sweden</li> <li>■ Switzerland</li> <li>■ The Netherlands</li> <li>■ United Kingdom</li> <li>■ United States of America</li> </ul> </td></tr> </table>	<ul style="list-style-type: none"> <li>■ Australia</li> <li>■ Austria</li> <li>■ Belgium</li> <li>■ Canada</li> <li>■ Czech Republic</li> <li>■ Denmark</li> <li>■ Finland</li> <li>■ France</li> <li>■ Germany</li> <li>■ Greece</li> <li>■ Iceland</li> <li>■ Israel</li> </ul>	<ul style="list-style-type: none"> <li>■ Italy</li> <li>■ Norway</li> <li>■ Portugal</li> <li>■ Republic of Ireland</li> <li>■ Singapore</li> <li>■ Spain</li> <li>■ Sweden</li> <li>■ Switzerland</li> <li>■ The Netherlands</li> <li>■ United Kingdom</li> <li>■ United States of America</li> </ul>
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## 6. SUPERVISION

Who must be supervised	<p>Doctors who are registered within the following scopes of practice must be supervised:</p> <ul style="list-style-type: none"> <li>■ provisional general</li> <li>■ provisional vocational</li> <li>■ special purpose</li> <li>■ anyone ordered by Council to practise under supervision.</li> </ul>
Who can supervise	Supervisors must be doctors registered in the vocational scope of practice with whom the supervisee is working.
On-site supervision	On-site supervision is preferred. In situations where the service has two or more doctors registered in the vocational scope of practice where the supervisee is working, no off-site supervision will be required.
Off-site supervision	<p>Off-site supervision is required in all situations where there is no doctor onsite who is registered in the vocational scope of practice in which the supervisee is working. The supervisee will be required to work at the same location as the off-site supervisor for a minimum of 2 weeks.</p> <p>Off-site supervision is also required in situations where there is only one doctor registered in the vocational scope of practice in which the supervisee is working. In these situations, the off-site supervisor is considered secondary and should contribute to the content of the supervision report, but is not responsible for reporting to the Council.</p>
What must a supervision plan include	<p>At minimum a supervision plan must include:</p> <ul style="list-style-type: none"> <li>■ name of supervisor(s)</li> <li>■ if only on-site supervision provided, confirmation of other doctors registered in the same vocational scope who work in the same service</li> <li>■ formal meeting schedule (a minimum must be daily for first week, weekly for first month and monthly thereafter)</li> <li>■ nature of informal supervision (ie time worked together each week)</li> <li>■ service and CPD meeting schedule / requirements.</li> </ul> <p>Additional support (may be required in some cases):</p> <ul style="list-style-type: none"> <li>■ buddying</li> <li>■ period of observing and being observed supernumerary period.</li> </ul>

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**Reporting requirements**

If the report indicates concerns (ie the supervisee has scored at least one '2'), Council staff will contact the supervisor. If it is confirmed that the supervisor has concerns about the supervisee, the report will be considered a poor report. For provisional general doctors, this may impact the doctor's eligibility for registration in a general scope.

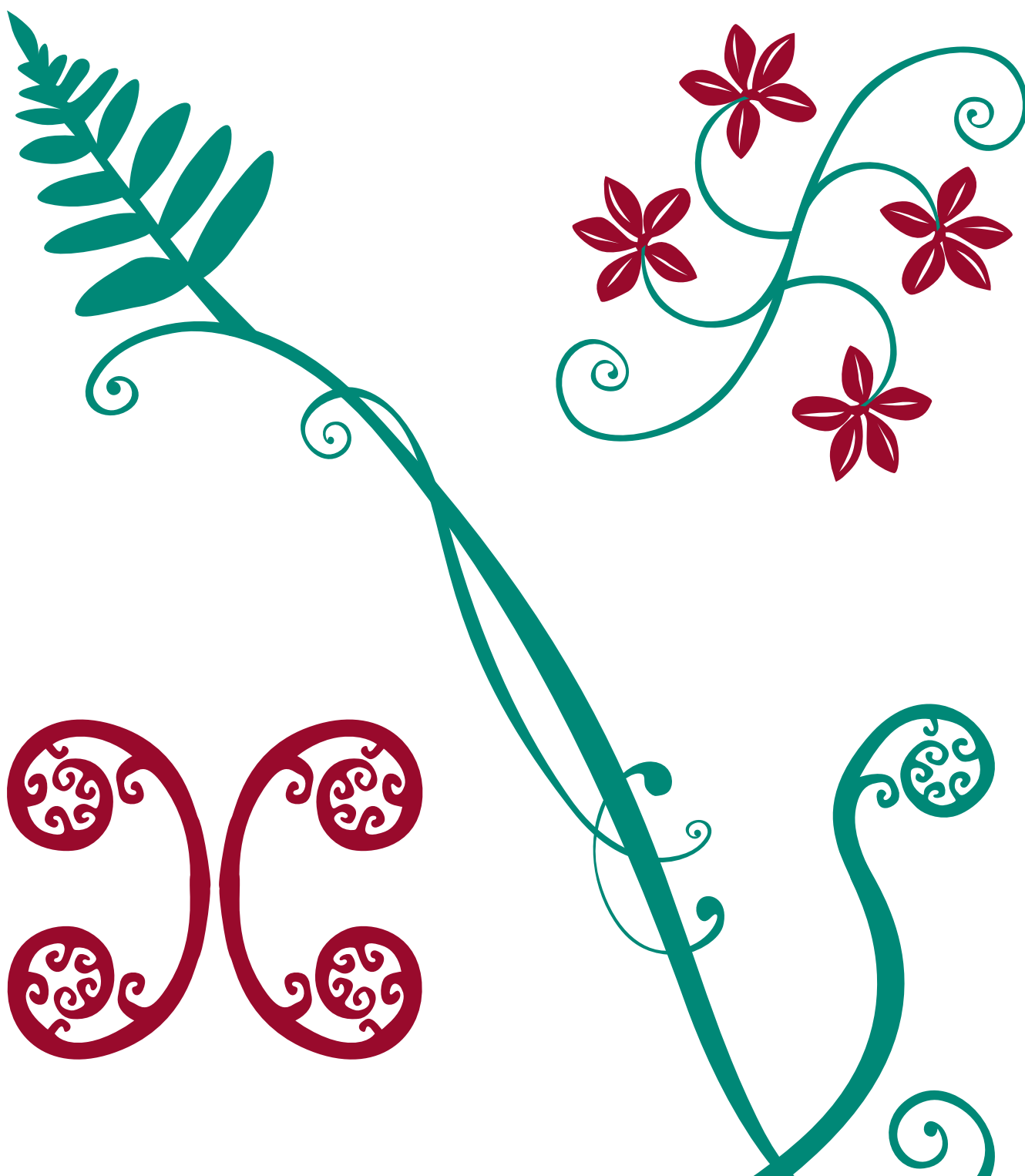
When there are concerns about a doctor's practice, the employer is expected to work with the doctor to remediate any areas of concern.

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**More information**

More information about supervision is available in the Council's [supervision guide](#).

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## 7. DEFINITIONS OF VOCATIONAL SCOPES OF PRACTICE

Anaesthesia	<p>Anaesthesia is the provision of anaesthetics, peri-operative 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, peri-operative medicine, intensive care and pain medicine.</p> <p>Qualification: Fellowship of the Australian and New Zealand College of Anaesthetists (FANZCA)</p>
Cardiothoracic surgery	<p>Cardiothoracic surgery is 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>Qualification: Fellowship of the Royal Australasian College of Surgeons (FRACS)</p>
Clinical genetics	<p>Clinical genetics is 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>Qualification: Fellowship of the Royal Australasian College of Physicians (FRACP)</p>
Dermatology	<p>Dermatology is 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 surgery, dermatologic cosmetic surgery (including liposuction), phototherapy, laser therapy, radiotherapy, photodynamic therapy and other therapies that become available.</p> <p>Qualification: Fellowship of the Royal Australasian College of Physicians (FRACP)</p>
Diagnostic and interventional radiology	<p>Diagnostic and interventional radiology is 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>Qualification: Fellowship of the Royal Australian and New Zealand College of Radiologists (FRANZCR)</p>





Emergency medicine	<p>Emergency medicine is 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>Qualification: Fellowship of the Australasian College for Emergency Medicine (FACEM)</p>
Family planning / reproductive health	<p>Family planning/reproductive health is the treatment of, and health provision to, patients in relation to contraception, reproductive health and associated primary sexual health issues.</p> <p>Qualification: Diploma in Sexual and Reproductive Health (Dip SRH)</p>
General practice	<p>General practice is 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, is anticipatory as well as responsive.</p> <p>Qualification: Fellowship of the Royal New Zealand College of General Practitioners (FRNZCGP).</p>
General surgery	<p>General surgery is 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>Qualification: Fellowship of the Royal Australasian College of Surgeons (FRACS)</p>
Intensive care medicine	<p>Intensive care medicine is 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>Qualification:</p> <ul style="list-style-type: none"> <li>(a) Fellowship of the Joint Faculty of Intensive Care Medicine of the Australian and New Zealand College of Anaesthetists (JFICM)</li> <li>(b) Fellowship of the Royal Australasian College of Physicians (FRACP)</li> <li>(c) Diploma of Fellowship of the College of Intensive Care Medicine of Australia and New Zealand (FCICM)</li> </ul>

Internal medicine	<p>Internal medicine is 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>Qualification: Fellowship of the Royal Australasian College of Physicians (FRACP)</p>
Medical administration	<p>Medical administration is 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>Qualification: Fellowship of the Royal Australasian College of Medical Administrators (FRACMA)</p>
Musculoskeletal medicine	<p>Musculoskeletal medicine is 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>Qualification:</p> <ul style="list-style-type: none"> <li>(a) Certificate of Accreditation in Musculoskeletal Medicine from the New Zealand Association of Musculoskeletal Medicine (CANZ AMM)</li> <li>(b) Fellowship of the Australasian Faculty of Musculoskeletal Medicine (FAFMM)</li> </ul>
Neurosurgery	<p>Neurosurgery is 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>Qualification: Fellowship of the Royal Australasian College of Surgeons (FRACS)</p>
Obstetrics and gynaecology	<p>Obstetrics and gynaecology is 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>Qualification: Fellowship of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (FRANZCOG)</p>

Occupational medicine	<p>Occupational medicine is 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>Qualification:</p> <p>(a) Fellowship of the Australasian Faculty of Occupational and Environmental Medicine, Royal Australasian College of Physicians (FAFOEM) (RACP)</p> <p>(b) Fellowship of the Australasian Faculty of Occupational Medicine, Royal Australasian College of Physicians (FAFOM) (RACP)</p>
Ophthalmology	<p>Ophthalmology is 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>Qualification: Fellowship of the Royal Australian and New Zealand College of Ophthalmologists (FRANZCO)</p>
Oral and maxillofacial surgery	<p>Oral and maxillofacial surgery is 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>Qualification: Fellowship of the Royal Australasian College of Dental Surgeons (Oral and Maxillofacial Surgery) (FRACDS [OMS])</p>
Orthopaedic surgery	<p>Orthopaedic surgery is 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>Qualification: Fellowship of the Royal Australasian College of Surgeons (FRACS)</p>
Otolaryngology head and neck surgery	<p>Otolaryngology head and neck surgery is the diagnosis and treatment (operative and nonoperative) 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>Qualification: Fellowship of the Royal Australasian College of Surgeons (FRACS)</p>

Paediatric surgery	<p>Paediatric surgery is 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>Qualification: Fellowship of the Royal Australasian College of Surgeons (FRACS)</p>
Paediatrics	<p>Paediatrics is 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, by education and by research.</p> <p>Qualification: Fellowship of the Royal Australasian College of Physicians (FRACP)</p>
Pain medicine	<p>Pain medicine is the biosocial 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>Qualification: Fellowship of the Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists (FFPM ANZCA)</p>
Palliative medicine	<p>Palliative medicine is 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>Qualification: Fellowship of the Australasian Chapter of Palliative Medicine (FACHPM RACP)</p>
Pathology	<p>Pathology is 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>Qualification: Fellowship of the Royal College of Pathologists of Australasia (FRCPA)</p>



Plastic and reconstructive surgery	<p>Plastic and reconstructive surgery is 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>Qualification: Fellowship of the Royal Australasian College of Surgeons (FRACS)</p>
Psychiatry	<p>Psychiatry is 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>Qualification: Fellowship of the Royal Australian and New Zealand College of Psychiatrists (FRANZCP)</p>
Public health medicine	<p>Public health medicine 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>Qualification:</p> <p>(a) Fellowship of the Australasian Faculty of Public Health Medicine, Royal Australasian College of Physicians (FAFPHM [RACP])</p> <p>(b) Fellowship of the New Zealand College of Public Health Medicine (FNZCPHM)</p>
Radiation oncology	<p>Radiation oncology 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>Qualification: Fellowship of the Royal Australian and New Zealand College of Radiologists (FRANZCR)</p>
Rehabilitation medicine	<p>Rehabilitation medicine 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 view point</p> <p>Qualification: Fellowship of the Australasian Faculty of Rehabilitation Medicine, Royal Australasian College of Physicians (FAFRM [RACP])</p>

Rural hospital medicine	<p>Rural hospital medicine is 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 variably practiced 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 by secondary care, is responsive rather than anticipatory and does not continue overtime.</p> <p>Qualification: Fellowship of the Division of Rural Hospital Medicine New Zealand (FDRHMNZ RNZCGP)</p>
Sexual health medicine	<p>Sexual health medicine is 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>Qualification: Fellowship of the Australasian Chapter of Sexual Health Physicians (FACSHP RACP)</p>
Sport and exercise medicine	<p>Sport and exercise medicine is the medical care of the exercising individual, including the assessment and management of patients with musculoskeletal injuries and medical problems arising from sporting activity. Sport and exercise physicians possess expertise in general medicine, orthopaedics and rehabilitation plus allied sport sciences including nutrition, biomechanics, exercise physiology and sports psychology.</p> <p>Qualification: Fellowship of the Australasian College of Sport and Exercise Physicians (FACSEP)</p>
Urgent care	<p>The primary care of patients on an after hours or non-appointment basis where continuing medical care is not provided.</p> <p>Qualification:</p> <ul style="list-style-type: none"> <li>(a) Fellowship of the Accident and Medical Practitioners Association (FAMPA)</li> <li>(b) Fellowship of the College of Urgent Care Physicians (FCUCP)</li> <li>(c) Fellowship of the Royal New Zealand College of Urgent Care (FRNZCUC)</li> </ul>



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**Urology**

Urology is the specialty concerned with the diagnosis and treatment (operative and non operative) of patients with disorders of: 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.

Qualification: Fellowship of the Royal Australasian College of Surgeons (FRACS)

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**Vascular surgery**

Vascular surgery is 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.

Qualification: Fellowship or the Royal Australasian College of Surgeons (FRACS)

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**8. LIST OF APPLICATION FORMS, CHECK LISTS, CHANGE OF SCOPE AND REPORT FORMS**

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For a current list of all forms and checklists, please visit our website at <https://www.mcnz.org.nz/get-registered/fees-forms-and-checklists/> .

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## 9. ABBREVIATIONS

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CCST	Certificate of completion of specialist training
CCT	Certificate of completion of training
COPS	Certificate of professional status
CME	Continuing medical education
CPD	Continuing professional development
GPEP	General practice education programme
HDC	Health and Disability Commissioner
HPCAA	Health Practitioners Competence Assurance Act 2003
IAMRA	International Association of Medical Regulatory Authorities
IELTS	International English Language Testing System
IMG	International medical graduate
IMS	International medical specialist
MO	Medical Officer (formerly known as MOSS, Medical Officer of Special Scale)
MOPS	Maintenance of professional standards
NZREX	New Zealand Registration Examination
OET	Occupational English Test
OSCE	Objective structured clinical examination
PC	Practising certificate
USMLE	United States Medical Licensing Examination
VEAB	Vocational Education and Advisory Body
VPA	Vocational practice assessment

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## SECTION 6 | APPROVED QUALIFICATIONS FOR REGISTRATION IN A SPECIAL PURPOSE: LOCUM TENENS SCOPE OF PRACTICE

The Medical Council is 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, the “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 those requirements before he or she will be recognised as having the ‘prescribed qualification’.

Medical schools approved for this and all other pathways will be identified by a combination of lists of approved schools, lists of schools not approved or through links to other websites. See the Council’s website [www.mcnz.org.nz](http://www.mcnz.org.nz) for further clarification on qualifications.

You can view the list of approved qualifications below

[Download List of approved qualifications for locum tenens specialist appointments \(Feb 2015, PDF, 659 KB\)](#)



## SECTION 7 | STATEMENTS, FAQs, RESOURCES, REGISTRATION CONTACTS

### STATEMENT ON EMPLOYMENT OF DOCTORS AND THE HEALTH PRACTITIONERS COMPETENCE ASSURANCE ACT 2003

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#### Introduction

1. This document provides general advice to employers (including DHBs and some PHOs) about their responsibilities as an employer of a doctor. More detailed information is available on the Council website, [www.mcnz.org.nz](http://www.mcnz.org.nz) or from the Council office 04 384 7635/0800 286 801.
  2. The Medical Council of New Zealand (Council) is the statutory organisation responsible for protecting public health and safety by ensuring doctors are competent and fit to practice medicine. This responsibility is met in part by setting the standards of the medical profession and Council functions.
  3. Functions of Council are set out in section 118 of the Health Practitioners Competence Assurance Act 2003 (HPCAA) and include:
    - authorisation of doctor's registration
    - review and promotion of a doctor's competence
    - consideration of a doctor who may be unable to perform the functions required to practice medicine because of a physical or mental condition
    - issuing of practising certificates
    - promoting medical education and training
    - recognition, accreditation and the setting of programmes to ensure the ongoing competence of doctors
    - receiving and acting on information from sources about the competence of doctors
    - notifying various bodies if a doctor's practice may pose a risk of harm to the public
    - setting standards of clinical competence, cultural competence and ethical conduct to be observed by doctors
    - prescribing the qualifications required for scopes of practice
    - liaising with other authorities about matters of common interest
    - promoting public awareness of the responsibilities of the authority
    - exercising and performing other functions, powers and duties as conferred under the HPCAA.
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Registration

4. Under section 8 of the HPCAA a registered doctor must hold a current practising certificate to practise medicine.
  5. It is a doctor's responsibility to obtain registration and a current practising certificate before he or she can practice in New Zealand.
  6. It is the employer's responsibility to make sure that their doctors are properly registered and certified to practise. Employers must view a copy of the practising certificate before the doctor starts work and ensure that it is current.
  7. When employing a doctor from overseas, employers should allow sufficient time for the doctor's application for registration to be processed. Allow 20 working days for processing of the application. However, processing of applications for registration within a vocational scope may take six months. A self-assessment checklist to assist the doctor (or employer) access the correct registration pathway and application forms are available on Council's website, [www.mcnz.org.nz](http://www.mcnz.org.nz).
  8. It is the employer's responsibility to ensure that a doctor's skills, knowledge and experience match the relevant position of employment. The checks that Council conducts are limited to its statutory responsibility to ensure the doctor is competent and fit to practise. Council advises employers to check references directly with referees.
  9. It is recommended that employers require doctors, by means of their employment agreement, to notify them of all health or competence issues that may affect their ability to practise medicine.
  10. A doctor registered to practise in New Zealand will be working within one of five scopes of practice; provisional vocational, vocational, provisional general, general or special purpose. Doctors within a provisional general, provisional vocational or special scope of practice must work under the supervision of an appropriately qualified doctor (refer to clause 11-15).  
  
Doctors registered within a general or vocational scope of practice must be participating in an approved recertification programme (refer to clause 16-22).
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## Supervision

11. Council supervision is a condition of registration for all doctors registered within a provisional general, provisional vocational or special purpose scope of practice and helps Council ensure that the doctor has the requisite knowledge, skills and attitudes to practise safely in New Zealand.
  12. A supervisor will usually be registered in the same vocational scope of practice as the doctor being supervised and is expected to work in the same place as the doctor and to be readily available.
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13. Council must approve the appointment of all supervisors. In extraordinary circumstances Council may approve indirect supervision where the supervisor works somewhere else and can easily be contacted by telephone.
  14. The supervisor is required to:
    - make sure that the doctor takes part fully in an induction programme
    - set out ground rules for communicating with other team members
    - make sure that protected supervision time is scheduled regularly and kept free of interruptions
    - be readily available and approachable
    - monitor and verify what the doctor is doing and that the doctor is capable of carrying out his or her duties competently
    - raise significant performance issues with the employer and Council
    - arrange for regular review of the doctor's understanding and knowledge of key clinical areas
    - ensure the doctor knows the protocols for getting back-up help when necessary and that he or she is competent to work with the level of support available
    - provide supervision reports to the Council when requested, including reporting any concerns about significant issues or ongoing poor performance
    - make sure alternative arrangements for supervision are made if the supervisor is unavailable or has a conflict of interest.
  15. Supervisors are agents of the Council and so, unless they act in bad faith or without reasonable care, they are not civilly liable for the actions of those they supervise.
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#### Recertification

16. Recertification is the term given to the process by which all medical practitioners demonstrate their competence as a condition of holding a practising certificate.
  17. All doctors must undertake continuous professional development (CPD) to ensure their skills and knowledge meet acceptable standards and meet the requirements of recertification. The practice of medicine continues to change and CPD plays an important role in maintaining competence.
  18. The employer's role is to ensure that there are opportunities for doctors to participate in their recertification programmes by providing time and resources to complete requirements for recertification.
  19. Council expects that arrangements for payment of this time will be negotiated between the employer and the doctor.
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20. For further information see the Council's publication *Continuing professional development and recertification*. This pamphlet and further information can also be found on Council's website.
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Doctors unable to perform the functions required to practise

21. It is a mandatory requirement under the HPCAA for persons in charge of organisations that provide health services, registered doctors, and employers of health practitioners to inform Council if they believe a doctor may be unable to perform the functions required to practice because of a mental or physical condition.
22. Any person who notifies Council with concern about a doctor's inability to perform the functions required to practise is excluded from liability (civil or disciplinary) as long as the report is made with reasonable care and in good faith.
23. Details of any concerns should be put in writing to the Registrar of the Council. The reasons for the concern should be outlined with any supporting evidence and the name and work details of the doctor. General advice is available from the Health Manager at Council's office.
24. Concerns drawn to the Council's attention will be referred to the Health Committee. While the Health Committee's primary responsibility is to protect the health and safety of the public, it also focuses on working with doctors who have health problems to ensure that they regain and maintain their fitness to practise medicine.
25. If workplace monitoring of a doctor's practice is required, the Health Committee will ask for an appropriate person in the doctor's workplace to be involved.
26. The resources of the Health Committee are limited and while it can give advice, employers are responsible for managing any workplace issues.

### Competence concerns

27. When dealing with issues relating to a doctor's competence to practise medicine, employers should act in a manner which:
- protects patients
  - is fair
  - helps the doctor
28. Before taking any other action, the employer should work with the doctor to solve the problems and protect public safety.

Doctor registered within a vocational or general scope of practice

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29. If there has been a recent audit of the doctor's work, review the results.
  30. Where appropriate, investigate the incident. Make sure that the outcome of the investigation and the agreed course of action are recorded.
  31. If the doctor is registered within a vocational scope of practice, check when he or she was last credentialled and consider whether he or she can be recredentialled.
  32. If the doctor is registered within a general scope of practice, discuss the concerns with the doctor with whom he or she is in a collegial relationship.
  33. Meet with the doctor, offer assistance and discuss whether he or she is willing to help put things right.
  34. Determine whether there are any factors such as stress or health concerns which might be affecting the doctor's performance. If there are, then consider notifying the Council's Health Committee and suggest that the doctor contact the Doctors' Health Advisory Service (telephone 0800 471 2654).
  35. Consider writing to the Council to request a performance assessment (called competence reviews in the HPCAA). Enclose a comprehensive summary of the problems, your investigations, your audit and the outcome, and any other steps you have taken to protect patient safety.
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Doctors registered within a provisional vocational, provisional general or special scope of practice

36. Ensure all aspects of induction and orientation have been met and address any gaps.
  37. Ask the doctor's supervisor whether he or she has concerns and establish what assistance has been given. Review previous reports from the supervisor to help identify any problems.
  38. Implement a more robust supervision plan and ask the doctor's supervisor to set up a system of case management to check competence. The Council's Medical Advisor can assist you.
  39. Meet with the doctor, offer assistance and discuss whether he or she is willing to help put things right.
  40. Determine whether there are any factors such as stress or health concerns which might be affecting the doctor's performance. If there are, then consider notifying the Council's Health Committee and suggest that the doctor contact the Doctors' Health Advisory Service (telephone 0800 471 2654).
  41. Consider writing to the Council to request a performance assessment. Enclose a comprehensive summary of the problems, the supervisor's concerns, the action you have taken to remedy the situation and the steps taken to protect public safety.
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Bringing concerns to the attention of the Council	<hr/> <p>42. Council has the resources to undertake performance assessments to assess whether a doctor has the skills, knowledge and attitudes required to practice safely.</p> <p>43. Employers and the profession are encouraged to report any concerns about a doctor's competence to Council. If there is a serious concern the Registrar of Council should be contacted immediately.</p> <p>44. Reporting is mandatory where an employee is dismissed or resigns for reasons of competence.</p> <p>45. Whenever a doctor resigns or is dismissed from his or her position for reasons relating to competence, the employer must give written notice to the Registrar of the reasons for the resignation or dismissal.</p> <hr/>
The performance assessment process	<hr/> <p>46. The HPCAA emphasises the maintenance of professional standards in medical practice. Under the HPCAA doctors can have their competence reviewed at any time, or in response to concerns about their practice.</p> <p>47. The procedures (set out in Part 3 of the HPCAA), are designed to protect the public, to focus on improvement, and to use a process that is thorough and fair.</p> <p>49. Council will not automatically advise employers if a doctor is required to undergo a performance assessment, but encourages doctors to do so themselves.</p> <p>50. If the Chair, CEO and Registrar of the Council agree and it is in the interests of public health and safety, the employer or a person working in association with a doctor can be notified of Council's order that the doctor undergo a performance assessment. Council will also notify employers if a performance assessment requires access to patient records.</p> <p>51. If aspects of a doctor's practice are found deficient the doctor will be required to undertake an educational programme (called a competence programme under the HPCAA). Council will liaise with employers if an educational programme is necessary. Employers are expected to assist and support such a programme.</p> <p>52. The Registrar and Council staff in the Performance Assessment Team are available to give general guidance or advice about competence issues.</p> <hr/>
Complaints	<hr/> <p>53. Every provider must have complaint procedures and Right 10(6) of the Code of Health and Disability Services Consumers' Rights outlines specific requirements of that procedure.</p> <p>54. There should be internal employment policy and systems in place to allow employees to communicate any concerns about colleagues or work conditions to their employer. Requirements under the Protected Disclosures Act 2000 create a good basis for policy development in this area.</p> <hr/>

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- 55. A patient who informs an employer that he or she would like to make a complaint to the appropriate professional standards body should be directed to the Health and Disability Commissioner's office (telephone 0800 11 22 33).
  - 56. Employers may be found vicariously liable for the actions of their employees.

### **Indemnity and practising certificate**

- 57. Doctors may not be covered by indemnity insurance if they practise medicine without a current practising certificate.
  - 58. Employers may be vicariously liable if a doctor in their employment does not have a current practising certificate.
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### **Confidentiality**

- 59. Doctors and employers have a primary responsibility to protect the confidentiality of patient information unless there is an issue of safety. Employers should be aware of and comply with privacy provisions in the Health Information Privacy Code 1994 and Council's statement on Confidentiality and Public Safety.
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### **Locums**

- 60. All the requirements for employment and good practice apply to permanent and temporary employed doctors, including locums.
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### **Good medical practice**

- 61. Council expects every employer to arrange an orientation for doctors new to the community, especially if the doctor has been employed from overseas. An important role of the employer is to provide support to their employees through good employer practices.
  - 62. Employers will need to make themselves aware of the requirements for setting up a medical practice and should be familiar with other legislative requirements including general responsibilities of being an employer.
  - 63. Council has developed over 50 statements and guidelines on different issues that set the standard for good medical practice. These are available on Council's website under Professional Standards and some are summarised in Council's publication *Cole's Medical Practice in New Zealand*.
  - 64. Employers have the responsibility to ensure workloads do not compromise quality of care. Employees should not be required to undertake excessive patient numbers or long hours where excessive fatigue may place patient safety at risk (refer to Council's Statement on *Safe Practice in an Environment of Resource Limitation*).
  - 65. In recognition of the rights and interests of the public in health services, the employer should recognise and respect the right of its employees to comment publicly and engage in public debate on matters relevant to their professional expertise and experience.
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66. Council's Statement on Safe Practice in an Environment of Resource Limitation (previously Ethical Guidelines for Doctors' Duties in an Environment of Competition or Resource Limitation) advises doctors on the steps they should take before making public statements.

## HOW DOES A DOCTOR APPLY FOR REGISTRATION TO WORK IN NEW ZEALAND?

Self-assessment on Council's website      Use this weblink:  
<https://www.mcnz.org.nz/get-registered/registration-self-assessment-tool/> to determine whether the doctor is eligible for registration. If the doctor is eligible the weblink will lead you to the correct application forms and checklists.

## HOW LONG DOES IT TAKE TO PROCESS AN APPLICATION FOR REGISTRATION?

General or special purpose scope      You must allow 20 working days for the application to be processed once it has been received in the Council office. If the application is incomplete, or if disclosures are made this will delay processing.

Vocational scope      It takes about 6 months for an outcome on this application. In some cases it may be appropriate for the doctor to apply for either a provisional general or special purpose scope in the interim. Contact Council staff for advice about the best option.

**There is no facility to 'fast-track' applications for registration.**

## WHY DO I HAVE TO DO A VERBAL REFERENCE CHECK ON THE DOCTORS I WISH TO EMPLOY?

The Council has previously received fraudulent references and this requirement is to reduce the likelihood of this recurring. In addition employers have the opportunity to obtain more information about the doctor's performance and clarification of issues raised or avoided in written references before confirming the job offer.



### WHY DO THE DOCTORS HAVE TO ATTEND A REGISTRATION INTERVIEW?

This is when the doctor must produce the original degree certificate, confirm his or her identity (passport) and confirm his or her practice intentions. At the interview a further form will be completed, and copies of the original documents will be certified by the agent; these papers must then be sent to the Council office so the registration can be processed, and the practising certificate issued.

An interview can be conducted at the Council office in Wellington or by one of the Council agents in Auckland, Christchurch or Dunedin. It is recommended that an appointment is made with the interviewing agent at least one week in advance of the interview date.

### HOW LONG DOES IT TAKE TO PROCESS THE DOCTOR'S REGISTRATION AFTER THE INTERVIEW?

You need to allow 5 working days for the practising certificate to be processed. The doctor may not start work until either the registration certificate has been issued, or council staff have authorised the doctor to do so.

If the doctor is interviewed in Wellington, Council staff may authorise the doctor to start work immediately (as long as all documents have been received, the practising certificate fee is paid in cash and the application is complete). If the doctor is interviewed by a Council agent in another centre, authorisation cannot be given until the documentation has been received and checked in the Council office.

### HOW DO I FIND OUT WHETHER A DOCTOR HAS A CURRENT PRACTISING CERTIFICATE?

An on-line register is available – use the 'Find a registered doctor' function at [www.mcnz.org.nz](http://www.mcnz.org.nz). If the doctor's name is not listed you can contact the Council office for help.

### HOW DOES A DOCTOR WHO IS ALREADY REGISTERED IN NEW ZEALAND, BUT IS OVERSEAS OR NOT PRACTISING AT PRESENT, APPLY FOR A NEW PRACTISING CERTIFICATE?

Please ask the doctor to complete the form at this weblink and we will send an application for a new practising certificate. <http://www.mcnz.org.nz/Registration/Currentlyregistereddoctors/Annualpractisingcertificate/RequestforpractisingcertificateApplicationForm/tabid/124/Default.aspx>

The doctor will be required to provide a certificate of professional status from each of the registration authorities he or she has registered and worked in since leaving New Zealand. If the doctor has worked in New Zealand within the last 3 years and there are no concerns with the application, the practising certificate will be issued as a matter of course. Please allow 10 working days (on receipt of your completed application) for processing. If the doctor has been practising medicine overseas, or has been out of medical practice for more than 3 years, extra documentation will be required and the processing will take longer.

## WHO HAS TO WORK UNDER SUPERVISION?

Any doctor who is registered in:

- a provisional general or provisional vocational scope of practice
- a special purpose scope of practice
- or where Council has ordered supervision.

In certain circumstances doctors registered within a general or vocational scope of practice may be required to work under supervision.

## I AM CONCERNED THAT A DOCTOR IS NOT WELL AND IT IS AFFECTING THEIR PRACTICE – WHAT DO I DO?

If an employer or another health practitioner has reason to believe a doctor's health problem is affecting his or her judgement, or putting patient safety at risk the employer must notify the Council. Such health issues include neurological, psychiatric or addictive (drug or alcohol) conditions, including physical deterioration due to injury, disease or degeneration. Please check the Council's website for further information, or ring the Council office for advice.

## I AM CONCERNED ABOUT A DOCTOR'S COMPETENCE AND/OR PERFORMANCE – WHAT DO I DO?

The Council can review a doctor's competence or performance at any time. Competence reviews are separate from the complaints process and separate from disciplinary tribunal hearings where professional conduct is the issue. If a doctor resigns or is dismissed from work for competence related issues, the employer must notify the Council.

You can check this weblink for information about how the Council will deal with a doctor about whom a concern has been raised. Please ring the Council office for advice.

## WHERE CAN I GET MORE INFORMATION ABOUT THE COMPLAINTS PROCESS?

If you are a patient/represent a patient and wish to make a complaint about the care provided to you by a doctor please contact the office of the Health and Disability Commissioner (phone 0800 112 233).

## RESOURCES

Do you have a statement or policy on ...?

The Council's statements cover topical issues and supplement accepted standards such as the New Zealand Medical Association's Code of Ethics.

A full list of statements is available on the Council's website [www.mcnz.org.nz](http://www.mcnz.org.nz)

## REGISTRATION CONTACTS



**Philip Pigou\***  
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**David Dunbar\***  
Registrar  
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**Valencia van Dyk\***  
GM: Core Services  
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## GENERAL REGISTRATION (NON-SPECIALIST)



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**\* Concerns regarding registration team or processes:**

The Registration team aims to provide a high level of customer satisfaction. If you have a problem with a member of the team, please discuss it with that person first. If you are unable to resolve the issue with that person, please contact the appropriate team leader. Further resolution paths include: The GM: Core Services, Registrar and CEO.

## SPECIALIST REGISTRATION (VOCATIONAL AND LOCUM TENENS)



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## PRACTISING CERTIFICATES



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