



# Application for scope of practice to be limited to non-clinical practice

CPD1c – Sep 2013  
Registration no:

Registration No:	Name:
------------------	-------

## Introduction

Council understands that there may be times when doctors may choose to work in non-clinical practice only. There may also be times when Council wishes to impose a non-clinical condition on a doctor's scope of practice. If the Medical Council is satisfied that this is necessary, it will place a condition on your scope of practice, formally limiting your practice to non-clinical practice.

This form allows you to put that request to Council and, asks you to describe your current practise and allows your application to be considered. The relevant Council definitions of clinical and non-clinical practice are provided below to allow you to make a preliminary assessment of whether your practice is clinical or non-clinical.

While that condition remains in place to limit you to non-clinical practice, you may not lawfully undertake clinical practice (including prescribing). Doing so amounts to working outside your scope of practice and may lead to prosecution or referral to a professional conduct committee. It is important therefore that, if you wish to resume clinical practice, you let the Council know, so the condition can be removed.

Council requires that all doctors who are practising medicine are required to participate in an approved recertification programme except where their practice of medicine poses a low risk to the health and safety of the public. Assessment of this risk is delegated to the Registrar on advice from Council's Medical Adviser with the right of appeal of any such decision to the Council. For doctors registered in a vocational scope the recertification programme is provided through participation in their Medical College's CPD or MOPS programme. For doctors in a general scope it is provided either through the *InPractice* programme administered by bpac<sup>NZ</sup>, or by way of the doctor formally participating in a vocational training programme.

For doctors who are deemed to be in non-clinical practice and whose practice of medicine poses a low risk to the health and safety of the public, their recertification requirement is that they are in a collegial relationship or that they have a nominated CPD Associate. Some practitioners may elect to remain on the register but with a "non-practising" status.

## Definitions of clinical and non-clinical practice

### Clinical practice

Any work undertaken by a doctor that relates to the care of an individual patient.

### Non-clinical practice

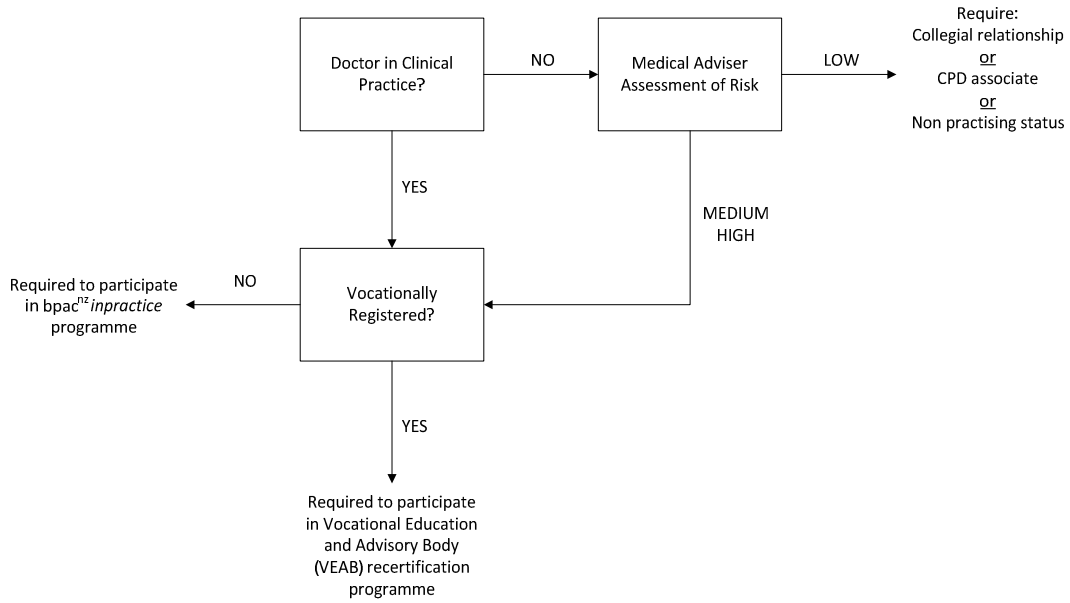
Any work undertaken by a doctor that does not relate to the care of an individual patient.

## Application

If you believe that you are working in non-clinical practice you may (re)apply to have your scope of practice limited to non-clinical practice. Please complete the form below, providing a full summary of the work you are doing or are intending to do.

This will be considered by our Medical Adviser who will advise the Council's Registrar if your work fits within the definition of non-clinical practice, or not. You will be informed of the outcome within 10 working days. If the Registrar approves your scope of practice being limited to non-clinical practice, a condition to this effect will be put on your scope of practice and practising certificate.

Recertification Decision Flow Diagram



Please describe in detail the work that you do (attach separate pages, if necessary, or include other relevant documents, eg job description):

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

A series of horizontal dotted lines for writing.

**PLEASE COMPLETE IN FULL**

**Agreement to Council's proposed condition to have your scope of practice limited to non-clinical practice**

\_\_\_\_\_

Name

\_\_\_\_\_

Registration number

I confirm that I have read the content above, and that I am working in non-clinical practice, as per the Medical Council's definition of non-clinical practice.

Should Council approve, I agree to work within my scope of practice limited to non-clinical practice.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Please take a copy for your record and email this form to the APC Team Leader at [pc@mcnz.org.nz](mailto:pc@mcnz.org.nz). For more information you can call 0800 286 801 or (04) 384-7635.