



# ANNUAL PRACTISING CERTIFICATE

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A guide to completing  
the annual practising  
certificate application  
& workforce survey

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 rongōā

Please read this guide carefully as it contains important information.  
If you need help, please call **0800 286 801**, extension **785** or **794**.

# The primary purpose of the Medical Council of New Zealand is to promote and protect public health and safety

The Council has the following key functions:

- registering doctors
- setting standards and guidelines
- recertifying and promoting lifelong learning for doctors, and
- reviewing practising doctors if there is a concern about performance, professional conduct or health.

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# Important information

## **Please read carefully**

### Your responsibility

If you are currently practising medicine in New Zealand, it is your responsibility to return your completed application form with payment by the due date shown on the form.

### Incomplete applications

Incomplete applications will be returned to you before processing begins.

### Deemed to hold

You will be considered to hold an APC from the date your completed application and payment is received in the Council office.

### CPD Audit

10% of all applications are audited for CPD compliance. This will delay the issue of your APC; however you will still be entitled to work while the audit takes place.

### Late applications

If your APC application form arrives in the Council office after your current APC expires, or after you have started work, your new APC will be dated from the date the complete application was received. It will not be backdated to when your last APC expired or when you started work.

### Practising without a current APC

Practising medicine without a current APC is an offence under the HPCAA. If convicted of that offence you face a fine up to \$10,000.

Other consequences of not holding a current APC are:

- your patients may not be covered by their health insurers or ACC
- you may not be covered by your own medical indemnity insurer
- pharmacies may not fill scripts for your patients
- you may be referred to a professional conduct committee
- your employer is at risk of investigation by the health and disability commissioner if a complaint is received about you.

### **Before sending your application**

Please ensure that you:

- complete all sections of the application form
- include payment of the fee, and if relevant:
  - documentation confirming your change of name
  - reports requested under section 7
- request CGSs from overseas registration authorities if you were registered to practice medicine overseas in the last 12 months
- return it to the Council office by the due date.

**Remember to keep your APC in a safe place; a fee of \$40.00 will be charged for a replacement.**

**Please do not send post-dated cheques**

# Completing your application form

## Section 1

Please check all details carefully and show the changes in the column provided.

### Change of name

If you have changed your name the HPCAA requires you to notify us of this in writing within one month of the change so that the register can be updated.

Please send us a certified copy of any document which records your change of name (eg, marriage certificate, deed poll). Officers of the Court, Notaries Public, or Justices of the Peace are authorised to certify photocopies of original documents.

The medical register will then be amended to record your new name, and cross referenced to show your previous name(s).

At work, please use the name you are registered with. It is confusing to the public when a doctor practises under a different name from the name that appears in the medical register, as the register will show that you are not registered to practise unless you have also registered under an alternative name.

### Change of address

If you have changed your postal, residential, or work address, the HPCAA requires you to notify us of this in writing. Please use space provided for changes. Your name will be removed from the medical register if we cannot contact you.

If you wish your registered address to remain confidential please put this request in writing, addressed to the Registrar.

## Section 2

This section confirms your practising intentions. If you are not practising you do not need to apply for an APC, however you are required to complete and return the form so that our records are accurate.

Please carefully read the Council's definition of practice of medicine below to establish whether you are required to hold an APC.

Council defines the practice of medicine as:

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

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 in institutional contexts, whether paid or voluntary.

## Section 3

If you have worked outside New Zealand since you were last issued an APC you must request a certificate of good standing (CGS) for each country or board you were registered or licenced with during this time. The CGS must be sent direct to Council from that country or board.

CGSs are documents that indicate the doctor was legally registered and permitted to practise and shows that there is no legal impediment to current registration.

## Section 4

Under the HPCAA all doctors registered in a general or vocational scope are required to participate in continuous professional development (CPD) activities in order to be recertified (issued an APC) by the Council. CPD requirements will differ depending on your scope of practice.

Please refer to the Council's pamphlet *Continuing professional development and recertification* for full details.

## Section 5

Enrolment in vocational training satisfies the requirements for recertification in a general scope. Participation will be audited and confirmation of enrolment may be obtained from the branch advisory body. Section 4 must be signed by the supervisor of training to confirm your participation in the vocational training programme.

## Section 6

Te ORA provides peer support to increase the number of Māori doctors and works to improve Māori health and ensure a focus on Māori issues in mainstream medicine.

The Council supports this work as part of its obligation under the Treaty of Waitangi and includes a question in the application to assist Te ORA to establish contact with interested doctors of Māori descent.

## Section 7

We ask all doctors to complete the forms carefully and honestly. If offences involving false declarations or representation are committed, a fine not exceeding \$10,000 may be imposed and your registration may be cancelled. All sensitive information disclosed will be dealt with very carefully, observing confidentiality and privacy principles.

Correspondence with you about your response to these questions will be sent to you in an envelope marked 'Private and confidential — for addressee only'. If you do not wish such correspondence to go to your registered address, please make this clear. You may wish to nominate an alternative address for correspondence on fitness to practise issues.

## Section 8

### APC fee and disciplinary levy

The full fee for an APC is \$640 including GST. This is made up of the APC fee of \$522.50 and the disciplinary levy of \$117.50. The issued APC will be your GST tax invoice and is your receipt.

Any costs incurred in collection of an overdue amount will be recoverable in addition to the APC fee.

## Low income refund

A 50 percent refund of the APC fee/levy is available for doctors earning \$20,000 or less per annum from the practice of medicine in New Zealand or overseas. Please complete the APC form in the usual way and return to the Registrar with the full fee attached. You may apply for a refund on your APC at the end of the financial year (31 March) or at the end of your APC cycle. A signed declaration of your earnings or a taxation statement will be required. The application form may be downloaded from the Council's website.

## Section 9

### Declaration

Please:

- double-check your details and the disclosures made in your application form
- include full payment or provide correct payment details
- sign and date the last page of the application form.

# Frequently Asked Questions

## **When will my APC be issued?**

We will make every attempt to ensure that you have your new APC before your current certificate expires. To help us reach that target, we ask you to complete the APC application form and return it by the due date with the fees (and any supporting documents necessary) to the Council office.

If your application form arrives in the Council office after your current APC expires, your new APC will not be backdated.

## **How long will it take to process my application?**

If your application is complete and correct we aim to issue your APC within 20 working days. If your application is incomplete or there are problems, processing will take longer.

## **What if the Council is proposing to decline my APC?**

If the Council proposes to decline your application for an APC, or to impose conditions on your scope of practice we will contact you in the first instance. You will be informed of the reasons and given an opportunity to make submissions and be heard before a final decision is made.

## **What is the purpose of the Health Practitioner Index (HPI)?**

The HPI is intended to improve the delivery of health services to New Zealanders and contribute to improving health outcomes by:

- providing a central source of core information about all registered practitioners and their qualifications  
reducing the current number of practitioner identifiers
- respecting privacy expectations of practitioners and patients and access by multiple providers
- facilitating better and secure ways to access and transfer health related information
- allowing registered practitioners to access information from a range of sources.

## **What is in it for me?**

- accurate information about my qualifications and areas of practice
- protection of personal information
- authentication and verification of who is submitting and accessing information on patients and practitioners
- electronic information sharing for the benefit of patients and health care practitioners.

## **Where can I find out more about the HPI?**

For more information see the New Zealand Health Information Service website [www.nzhis.govt.nz](http://www.nzhis.govt.nz)

## **I have been doing voluntary work overseas. Do I need to provide a CGS?**

If you were working overseas in a voluntary capacity and not registered overseas, a letter of good standing from the person you reported to in the organisation or hospital you worked in is acceptable in lieu of a CGS.

# The Workforce Survey

The Council is responsible for collecting medical workforce information each year. In addition to providing workforce statistics to the Ministry of Health, the Council has also assisted individual researchers and special interest groups. Your cooperation in this exercise is essential – the commitment to a high response rate and accurate reporting is important as policy decisions are based on the data.

Council owns the database and protects its confidentiality vigorously. We do not release unit data to the Ministry of Health and information derived from the survey is not published where results show numbers less than four; New Zealand is a small country and this prevents the identification of individual doctors.

Researchers can apply for access to survey data. Research projects must meet Council's ethical and confidentiality criteria and must be compatible with the survey objectives which are to obtain "statistical information on structure and trends in the medical workforce".

If you wish to apply for access to survey data, or to suggest improvements to the survey, please write to the Registrar separately.

## **Typical working week**

This is the key area of the questionnaire as it focuses specifically on the employment of doctors in medical (including non clinical) work in New Zealand during the year. You are asked to complete up to three columns covering your worksite(s) in a typical working week.

Please use the codes provided on the survey form and in this guide to assist you.

### **Multiple worksites**

Do not enter multiple sites you have worked in at different times throughout the year — the hours and work type should be those of one typical week. If you worked at more than three sites in that week, combine the fourth and any other sites in the third column.

### **Hours worked**

Along with work type, you are asked to enter the actual hours (or part hours) you work in that vocational group in a typical working week. Do not describe your work by tenths, as this masks the equivalent full-time hours worked if the week worked is longer than 40 hours.

“Hours worked” includes all hours actually worked, whether in normal working hours or while on call. We have included a separate question to identify additional hours doctors are on call but not actually working.

### **Hours, weeks, reasons**

This section asks you to state briefly the reason(s) if your participation in the New Zealand workforce was less than full time last year.

### **Ethnic group**

Statistics New Zealand states:

*“the term ethnic group has a wide meaning. It is not the same as nationality, race, or place of birth. Ethnic groups are ... people who have culture, language, history, or traditions in common. These people have a ‘sense of belonging’ to the group, which may not be based on birth. It is possible to belong to more than one ethnic group. At different times of their life people may wish to identify with other groups.”*

## Workforce information

For assistance or enquiries about what information is available, contact:

### **Analytical Unit**

**New Zealand Health Information Service**

**PO Box 5013**

**Wellington**

EMAIL **[data-enquiries@moh.govt.nz](mailto:data-enquiries@moh.govt.nz)**

WEBSITE **[www.nzhis.govt.nz](http://www.nzhis.govt.nz)**

PHONE **04 922 1800**

To speak to the Council's information systems analyst phone **04 381 6813** or **0800 286 801** extension **813**.

# Work Types

A comprehensive list of codes for the major work types has been compiled. Codes have been used to try to avoid transcription errors. You will see that the codes have been grouped together under the major areas of medical work.

These branches of medicine are generally based on vocational scopes of practice, except for the categories “basic medical science”, “primary care (other than general practice)”, “other surgical sub-specialties” and inclusion of management in “public health medicine” which are marked •. The word “specialist” should not be used on its own.

Choose the general category for your work type code unless the majority of your work is better identified by another description. Involvement in non clinical work (including teaching and research) will be deduced from the “employer” nature of data provided (eg, university, government agency, or professional body).

## **Branches of medicine and work type codes**

Choose one code which best describes your practice at each work site. Choose the general category for your work type code unless the majority of your work is better identified by another description.

<b>Branch</b>	<b>Code</b>	<b>Detailed work type</b>
Accident & medical practice (see also Primary Care)	AMP	General
Anaesthesia	A-G	General
	A-P	Pain management
<ul style="list-style-type: none"> <li>• Basic medical science (ie, largely work not involved in patient contact) (see Public health for epidemiology and psychiatry for psychological medicine)</li> </ul>	B-A	Anatomy
	B-B	Biochemistry
	B-G	Genetics
	B-MP	Medical physics
	B-PA	Pathology (include Microbiology)
	B-N	Nutrition
	B-PH	Pharmacology
	B-PY	Physiology
	B-T	Toxicology
Breast medicine	BM	General
Clinical genetics	CG	General
Dermatology	D	General
Diagnostic and interventional radiology	DR-G	General radiology
	DR-C	Cardiac radiology
	DR-I	Interventional radiology
	DR-M	Mammography
	DR-NR	Neuroradiology
	DR-P	Paediatrics radiology
	DR-S	Skeletal radiology
	DR-U	Ultrasound
	DR-V	Vascular radiology
Emergency medicine	EM	General

<b>Branch</b>	<b>Code</b>	<b>Detailed work type</b>
Family planning/ reproductive health	FP	General
General practice	GP	General (see also the Primary care category)
House Officer	HOR	House officer rotations
Intensive care medicine	IC	General
Internal medicine	I-G	General
	I-C	Cardiology
	I-D	Diabetology
	I-E	Endocrinology
	I-GA	Gastroenterology
	I-GM	Geriatric medicine
	I-H	Haematology (also under Pathology)
	I-IM	Immunology (also under Pathology)
	I-ID	Infectious diseases
	I-MG	Medical genetics
	I-MO	Medical oncology
	I-P	Clinical Pharmacology (also under basic medical science)
	I-NP	Nephrology
	I-NU	Neurology
	I-NM	Nuclear medicine
	I-PM	Physical medicine
I-RM	Respiratory medicine	
I-RH	Rheumatology	
Medical administration (see Public health)	MA	General
Musculoskeletal medicine	MS	General

<b>Branch</b>	<b>Code</b>	<b>Detailed work type</b>
Obstetrics and gynaecology	OG	General obstetrics and gynaecology
	OG-O	General obstetrics
	OG-G	General gynaecology
	OG-C	Colposcopy
	OG-F	Maternal foetal medicine
	OG-GO	Gynaecological oncology
	OG-R	Reproductive endocrinology and infertility
	OG-UL	Ultrasound
	OG-UR	Urogynaecology
Occupational general medicine	OM	General
	OM-AM	Aviation medicine
	OM-AS	Armed services medicine
	OM-O	Occupational toxicology
Ophthalmology	OP	General
Oral maxillofacial Surgery	OMS	General
Paediatrics	PD-G	General
	PD-O	Other sub-specialty (cardiology, developmental, gastroenterology, intensive care, nephrology, neurology, oncology, respiratory)
	PD-B	Behavioural paediatrics
	PD-C	Community paediatrics
	PD-N	Neonatal paediatrics
	PD-P	Perinatal medicine

<b>Branch</b>	<b>Code</b>	<b>Detailed work type</b>
Palliative medicine	PM	General
Pathology	PA-G	General pathology
	PA-B	Biochemical or chemical pathology
	PA-CY	Cytopathology
	PA-F	Forensic pathology
	PA-HA	Haematology (also under Internal medicine)
	PA-HI	Histopathology
	PA-IM	Immunology (also under Internal medicine)
	PA-M	Microbiology
	PA-V	Virology
<ul style="list-style-type: none"> <li>• Primary care (other than General practice)</li> </ul>	PC-G	General
	PC-AE	A & E Services/ Accident & medical services (see also accident & medical practice)
	PC-AL	Allergy
	PC-CO	Counselling
	PC-PM	Prison medicine
	PC-SH	Student health
	PC-TM	Travel medicine
	PC-CM	Complementary medicine (acupuncture etc)
	PC-O	Other (eg, insurance continued examination, ACC assessor, medical assessor, manipulative medicine, pain management, or other clinical work in primary care not otherwise specified)

<b>Branch</b>	<b>Code</b>	<b>Detailed work type</b>
Psychiatry	PS-G	General psychiatry
	PS-CA	Child and/or adolescent psychiatry
	PS-CM	Community psychiatry
	PS-D	Drug dependency (including alcoholism)
	PS-F	Forensic psychiatry
	PS-L	Liaison psychiatry
	PS-GR	Psychogeriatrics
	PS-PM	Psychological medicine
	PS-PP	Intellectual disability
	PS-PT	Psychotherapy
<ul style="list-style-type: none"> <li>Public health medicine &amp; Epidemiology management (see also <a href="#">Medical administration</a>)</li> </ul>	PH-G	General public health
	PH-E	Epidemiology
	PH-P	Health policy
	PH-SD	Public health service delivery
	PH-M	Public health to Māori
	PH-J	Medical journalism
	PH-SR	Health services research
	M-SM	Health services management (public and private sector)
	M-W	Health workforce policy/management (including Medical Council, disciplinary issues)
M-I	Medical informatics	
Radiation oncology	RO	General (previously Radiotherapy)

<b>Branch</b>	<b>Code</b>	<b>Detailed work type</b>
Rehabilitation medicine	RM	General
Rural Hospital medicine	RH	General
Sexual Health medicine	SH	General
	SH-V	Venereology
Sports medicine	SM	General
Surgery	S-G	General
	S-CT	Cardiothoracic
	S-N	Neurosurgery
	S-OM	Oral and maxillofacial
	S-OR	Orthopaedic
	S-OL	Otolaryngology head and neck
	S-PA	Paediatric
	S-PL	Plastic and reconstructive
	S-U	Urology
	S-V	Vascular
Surgery – other	S-B	Breast surgery
	S-CR	Colorectal surgery
	S-T	Transplant surgery
	S-UG	Upper gastro-intestinal tract surgery
	S-OT	Other sub-specialties (eg, endocrine, hair transplant, etc)
Urology	U	General



### **Contact details**

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