



## Policy on recognition of vocational scopes and / or branch advisory bodies (BAB)

### Policy Statement

All vocational scopes of practice must have a BAB to train and relate to doctors practising within that vocational scope and to advise Council.

To be recognised or continue to be recognised as a BAB the group must:

1. clearly identify with empirical evidence how the new scope fulfils a recognised health need and contributes to improved medical care; and
2. provide evidence to support being a new or separate scope. This should be based on major developments in medical science or health care delivery, identifying societies and journals devoted to the scope; and
3. have a defined body of knowledge and practice specifically identifiable with the new vocational scope; and
4. have appropriate structure, personnel and modus operandi to provide training, examinations, recertification and advice to Council on training qualifications and experience relating to the vocational scope; and
5. have an existing training programme of proven standing that is consistent with the defined body of knowledge and practice, including attitudes, behaviours and skills (see 3 above) and the goals and objectives of the national body; and
6. provide a single nationally recognisable qualification for inclusion in the medical register; and
7. provide an existing recertification programme (see Council policy on recertification programmes) that assists doctors working in the vocational scope to maintain their competence throughout their working lives. (A competent doctor is one who has the attitude, knowledge and skills to practise medicine in accordance with his or her registration and meets the reasonable standard expected of a doctor within a defined scope of practice); and

8. identify existing branches whose scopes of practice or training are similar or whose scopes of practice overlap, and identify this overlap. (Council advises that small BAB with few members working within a specific vocational scope of practice may be requested to work in conjunction with other BABs to decrease the proliferation of smaller and smaller scopes of practice).
9. identify formal components of the training and recertification programmes that demonstrate an understanding and respect of cultural competence.

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**Notes**

10. Criteria 1, 2 and 3 relate to the formulation and definition of a scope of practice.
11. Criteria 4-9 relate to the acceptability of the organisational structures and internal systems of a BAB.
12. BAB recognition will be subject to both initial accreditation as described in this policy and periodic reaccreditation reviews by the Council.
13. Whenever Council makes additions to the criteria for BAB recognition, BAB will be advised and given appropriate time to implement the changes with their training and recertification programmes.
14. Council requires BABs to have a training programme for the vocational scope of practice that has the following key elements:
  - goals of education and training
  - structure and duration of training
  - sub-specialist education and training programmes
  - content of education and training:
    - generic component
    - discipline specific component
  - accreditation of hospitals and/or training positions
  - supervisors, assessors, trainers and mentors
  - selection of trainees
  - assessment of overseas trained specialists
  - outputs and outcomes of training
  - evaluation of the programme.
15. While not a criterion for recognition, organisations applying for recognition as a BAB should be aware that they and their members are expected to assist Council in its statutory responsibilities by carrying out the following functions:
  - be willing to enter into a collegial relationship with doctors registered in a similar general scope
  - have a process for assessing international medical graduates with qualification and experience relative to the BAB vocational scope
  - assist in professional duties such as be a member of a Professional Conduct Committee (PCC), Health

Practitioners Disciplinary Tribunal (HPDT), Performance Assessment Committee (PAC) or be an expert adviser, education or clinical supervisor.

16. Criteria 1-3 (of the Policy on recognition of vocational scopes and / or branch advisory bodies) will be removed from the reaccreditation reviews in the following circumstances:
- The branch has been recognised as a vocational branch since the introduction of the HPCAA, or
  - The branch has been given full reaccreditation (ie for a maximum of 10 years – 6+4) since it was recognised, or
  - The branch is an Australasian branch undergoing joint AMC/MCNZ accreditation, subject to the outcome of an investigation by Council's registrar as to how a branch could be removed under the HPCAA without the assessment of criteria 1-3 during a reaccreditation review.

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