



Policy on Registration within a special purpose scope of practice

Policy Statement

Council is responsible for protecting the health and safety of members of the public by ensuring that doctors are competent and fit to practise medicine in New Zealand (HPCAA, Part 3). Specifically, Council can only register a doctor who meets the following three requirements:

- has a prescribed qualification;
- is fit for registration; and
- is competent to practise within the scope of practice for which they have applied.

This policy applies to doctors wishing to obtain registration to:

- teach as a visiting expert;
- undertaken postgraduate training;
- undertake research;
- work as a locum tenens;
- assist in an emergency or other unpredictable, short-term situation; or
- provide teleradiology services to New Zealand patients.

This policy must be read with reference to the Policy on Registration in New Zealand.

Rationale

Council recognises that there are several instances where a doctor might seek to practice medicine in New Zealand for a specified reason or term. Council therefore wants to provide for these – and in doing so to set requirements tailored to the nature and duration of practise.

The seven special purpose scopes of practice are temporary forms of registration in New Zealand, specific to a particular purpose which has been identified by Council. Each scope has a different prescribed qualification, defined below.

Registration within a special purpose scope of practice under this policy is not a pathway to permanent registration within the General scope of practice or in a vocational scope of practice.

Registration requirements for all special purpose scopes

1. To qualify for registration within a special purpose scope of practice the applicant must:
 - (a)
 - i. be fit for registration (including meeting Council's English language policy requirements)
 - ii. be competent to practise in the scope applied for
 - iii. hold an acceptable primary medical degree; and
 - (b) satisfy the further criteria for one of the following special purposes (outlined below).
2. While registered within a special purpose scope of practice a doctor may only work:
 - in a specific position, approved by the Council
 - under the supervision of a vocationally-registered doctor approved by the Council
 - within the maximum approved duration
 - if applicable, within a Council-recognised scholarship or fellowship programme.

Specific criteria for each special purpose scope

3. The following outlines the specific requirements for each special purpose scope (in addition to those outlined in paragraph 1).

Teaching as a visiting expert (special purpose visiting expert scope)

4. The applicant must have been invited by an institution approved by the Council, which has specified the nature of any patient contact.
5. The maximum period of registration in this scope is 1 week.

Training as a postgraduate (special purpose postgraduate trainee scope)

6. The purposes of this scope of practice are:
 - to provide up to 2 years' registration for doctors (trainees) wishing to train in New Zealand
 - to obtain knowledge and skills to take back to their sponsor countries.
7. A postgraduate training programme must offer doctors a post:
 - to improve and advance the trainee's medical education in their clinical specialty and targeted /identified subspecialties (if applicable);
 - to practise within a host institution able to provide training and education;
 - to learn and develop specific clinical expertise and procedures;
 - to acquire first hand training and broad exposure to a range of procedures and medical practice in a supervised environment;
 - to have the opportunity to work with mentors.
8. The outcome will be for the trainee to develop excellent clinical and research skills, experience in their field, and exposure to the various components of their scope of practice.
9. Doctors registered in the special purpose postgraduate trainee scope are not eligible to apply to sit the NZREX Clinical exam.

10. **Time limit:** Registration within the special purpose (postgraduate training) scope of practice is limited to 2 years. No applications will be considered by Council to extend this form of registration beyond 2 years.
11. **Night cover:** Trainees may not do night cover in the first three months and must pass an advanced cardiac life support (ACLS) certification. After this period, a trainee may provide night cover if the hospital can demonstrate:
 - effective backup and support is available within 10 minutes of receiving a call for assistance;
 - appropriate orientation is given beforehand;
 - several days of induction is given to acquire all the necessary skills;
 - clear written guidelines are provided on when it is appropriate to contact consultants
 - the trainee knows how to summon help and can document adequately any approach made to an immediate clinical supervisor; and
 - the clinical supervisors are available, approachable, helpful and reasonable.
12. **Relief runs:** The trainee is not permitted to work in a relief run.
13. **Limit on the number of trainees at any one centre:** The number of postgraduate trainees at any one centre must make up no more than one third of the total trainees in that centre.

Prerequisite requirements

14. The trainee must:
 - Provide a training plan demonstrating that they are entering into a training position in New Zealand with a structured supervision plan that includes explicit and agreed training objectives. Details must be provided on the training objectives and delivery, and on how the training will be monitored and outcomes measured. Please refer to Council's training guide [here](#).
 - have current medical registration in their own country (or the country providing sponsorship), to which they will return on completion of the training.
 - have been registered and practising in their home/sponsor country for a minimum of one year immediately prior to application. This requirement does not apply to Pacific Island graduates, if they had been training in a different Pacific Island health system at the time of their application because recognised medical training programmes are not available in their home/sponsor country).
15. The trainee must either:
 - be sponsored by or on behalf of a country or organisation to which the trainee will return after the proposed period of training; or
 - have a postgraduate qualification accepted by Council as indicating competence in the branch to which the trainee will confine his or her practice while in New Zealand; or
 - be enrolled in a formal training programme in their own country; or
 - have worked for at least 12 months in an institution with which a New Zealand hospital or medical school has an exchange programme.
16. The trainee must have evidence of guaranteed continuing employment in their home/sponsor country at the completion of the period of training in New Zealand.

17. They also must have employer approval confirming that the position is part of a training programme and that the purpose of the role is primarily for the trainee to gain postgraduate experience. Approval must be from:
- within a hospital environment, the application must be approved by the chief medical officer of the hospital (or their delegate); or
 - within an organisation other than a hospital, high level sign-off is required from an appropriate person or organisation.
18. The proposed supervisor must provide:
- details of the level of responsibility to be delegated to the trainee
 - an orientation, induction and supervision plan in accordance with Council's requirements.

Employer obligations

19. Employers will be required to confirm that the trainee doctor will have at least 2 hours per week protected time for teaching and will be required to attend any relevant tutorials and grant rounds. Three-monthly supervision reports submitted to Council will need to confirm that this is occurring. Additionally, the reports must also comment on the trainee's progress towards meeting their training objectives.
20. *Note: A postgraduate training programme for this scope is not a vocational training programme leading to fellowship of a specialist college. Doctors registered in this scope of practice will not be registered to participate in an Australasian or New Zealand vocational training programme.*

Undertaking research (special purpose research scope)

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

Working as a locum tenens (special purpose locum tenens scope)

22. The applicant may work in New Zealand for up to 12 months within any 18-month period. *If the doctor intends to practise in New Zealand beyond 12 months, they must apply for a permanent form of registration as no extensions are granted.*
23. The applicant must:
- have an approved postgraduate specialist qualification in the branch of medicine in which they wish to work (refer to the Council website for list of approved qualifications)
 - have been in active clinical practice (for at least 20 hours per week) relevant to the branch of medicine registration is applied for, for at least 22 out of the past 36 months
 - 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. Where no recertification requirements have been set by that authority, applicants must provide separate evidence of ongoing professional development during that period of practice
 - have proposed supervised employment based in New Zealand.

Assisting in an emergency or other unpredictable, short-term situation (special purpose emergency scope)

24. This pathway is not a standard registration pathway available to individuals. It is only activated by the Council in response to a substantial, unexpected national or regional emergency and for a limited time. The applicant must have qualifications appropriate to the requirements of the emergency or other unpredictable situation, and as determined by Council.

Providing teleradiology services (special purpose teleradiology scope)

25. Registration within the special purpose teleradiology scope of practice is for a maximum period of 12 months.

26. *If the applicant wishes to continue to practise after that time, they will need to apply for registration again.*

27. The applicant must:

- have a postgraduate qualification in diagnostic radiology, approved by Council (see list below);
- be registered in a jurisdiction where they are able to gain a postgraduate qualification approved by the Council; and
- have been in active clinical practice (at least 20 hours per week) in the vocational scope of diagnostic radiology for at least 22 out of the last 36 months;
- be providing radiology services under contract to a health provider located in New Zealand and be fully credentialed by the health provider (this process having been undertaken prior to applying for registration);
- work for an overseas facility that is accredited by an appropriate accreditation body.

28. List of approved qualifications

New Zealand/Australia

Fellowship of the Royal Australian and New Zealand College of Radiologists (in diagnostic & interventional radiology)

Note: Such doctors would also be eligible for registration in the vocational scope of diagnostic & interventional radiology. This scope of practice allows doctors to provide teleradiology services.

Canada

Fellowship in diagnostic radiology of the Royal College of Physicians and Surgeons of Canada

Specialist Certificate in diagnostic radiology of the Royal College of Physicians and Surgeons of Canada

South Africa

Fellowship of the Faculty of Radiology (Diagnostic) of the College of Medicine of South Africa

Fellowship of the College of Radiologists (Diagnostic) of South Africa

Fellowship of the College of Diagnostic Radiologists of South Africa

United Kingdom

Fellow of the Royal College of Radiologists. If the Fellowship was obtained during the following periods, the doctor must also have:

After 12 January 1996

- Certificate of Completion of Specialist Training in clinical radiology from the Specialist Training Authority of the Medical Royal Colleges

After 30 September 2005

- Certificate of Completion of Training in clinical radiology from the Postgraduate Medical Education Training Board (PMETB)

From April 2010

- Certificate of Completion of Training in clinical radiology from the General Medical Council (GMC)

United States of America

Certificate of the American Board of Radiology in diagnostic radiology

Certificate of the American Osteopathic Board of Radiology in diagnostic radiology

29. The credentialing process must meet the following requirements:

- The health provider must be assured that the doctor has the qualifications, training and experience to carry out the specific procedures that the health provider requires within their specific clinical setting.
- The health provider must credential CPD throughout the period of registration.

30. The New Zealand based health provider must:

- have appropriate systems in place to provide supervision and induction, and to deal with complaints. This must include an agreement to fund the doctor to come to New Zealand if an investigation is necessary; and
- have a dispute resolution process to facilitate the fair, simple, speedy and efficient resolution of complaints. This process must include automatic notification of the relevant authorities in New Zealand and the doctor's home country should a complaint be received and must also permit and facilitate external review and investigation by those authorities.

31. An appropriate accreditation body would be a suitable national or international accreditation body. International Accreditation New Zealand (IANZ) accreditation is required, where available.

32. The doctor must practise under supervision and supervision reports must be completed on a three-monthly basis by the supervisor. The doctor's supervisor must be the relevant clinical director of the New Zealand-based health provider. The supervision arrangements should include:

- Details of the level of responsibility to be delegated to the doctor.
- An induction / orientation and supervision plan which contains details of how supervision will occur, including the frequency of meetings, and availability by video conference, telephone, and email of the supervisor.
- An audit carried out by the supervisor of 30 consecutive cases for each reporting radiologist to coincide with the first three-month period supervision report.

Updated September 2023