Policy on applications for practising certificates where applicant has not practised medicine within the last 3 years

Policy Statement

The HPCAA requires Council to be satisfied that an applicant for a practising certificate (PC) who has not practised medicine within the 3 years immediately preceding the date of the application meets the required standard of competence for a practising certificate to be issued.

To satisfy that requirement, Council may include conditions in the applicant’s scope of practice, but in doing so will also take into account the context and nature of the applicant’s medicine-related activity over the previous 3 years.

A minimum framework of conditions, tailored to the context and nature of the applicant’s medical practice over the previous 3 years, is required to allow Council to be satisfied that the applicant can still practise competently and safely. Core elements of the framework must include a defined period of supervised practice, a return to practice plan and regular reporting to Council.

Introduction

1. Where a doctor wishes to commence or resume practice in New Zealand, but has not practised medicine within the last 3 years, the doctor does not have an automatic entitlement to a practising certificate. Council must consider such applications on a case by case basis.

2. In particular, Council must be satisfied that the applicant still meets the required standard of competence for a practising certificate to be issued. To satisfy that requirement, Council may include conditions in the applicant’s scope of practice but in doing so will also take into account the context and nature of the applicant’s previous medical practice, the period since the applicant last practised, and any medicine-related activity undertaken over that period.

3. Under clause 17 of the Third Schedule to the Health Practitioners Competence Assurance Act 2003, Council delegates to the Registrar the power to consider and determine applications for PCs from doctors who have not held a practising certificate in New Zealand within the 3 years prior to application, within the terms of the policy set out below.

4. Any application for a PC from a medical practitioner who has not practised medicine for 10 years or more must be considered by Council at the next full meeting.
5. A doctor who enquires about returning to practice after an absence of 3 years or more will be sent an application for a PC and a Practice Intentions Form (APC2) to complete.

6. If working in clinical practice, the doctor must submit a detailed induction plan including time (if applicable) to be spent as an observer (up to one week, at the discretion of the Registrar).

7. Council staff will formulate conditions to be placed on the PC, specific to the doctor's practice intentions:

8. The conditions placed on the PC will depend on the work the practitioner will be doing, how long the medical practitioner has been out of lawful medical practice, how many hours the medical practitioner will be working, and what CME the medical practitioner has been involved in since ceasing practice. The formula below will apply.

Formula for calculating applicable conditions:

<table>
<thead>
<tr>
<th>Time out of practice</th>
<th>3-4 years</th>
<th>5-9 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same work as before; and Full time; and CME completed</td>
<td>Reports at 1, 3 and 6 months</td>
<td>Reports at 1, 2, 3, 6, 9 and 12 months</td>
</tr>
<tr>
<td>Different work; and/or Part time; and/or No CME completed</td>
<td>Reports at 1, 3, 6, and 12 months</td>
<td>Reports at 1, 2, 3, 6, 9, 12 and 18 months</td>
</tr>
</tbody>
</table>

9. Doctors returning to hospital work must complete advanced cardiac life support (ACLS) certification at the level of New Zealand Resuscitation Council CORE Advanced. Doctors returning to practice in a primary care setting must complete cardiac life support (ACLS) certification at the level of New Zealand Resuscitation Council CORE Immediate. In both scenarios this must be completed within 3 months of resuming practice.

Minimum required conditions

That the medical practitioner <name> must work under the supervision of a medical practitioner registered within a <name> vocational scope of practice and must provide the Council with satisfactory supervision reports after 1, 3, 6 and 12 months (and 18 months, if deemed necessary by the Registrar).

That the medical practitioner may work only as a <work role> (in the branch of <branch of medicine>) at <place of employment>.

That these conditions may be removed if the Registrar is satisfied that the required supervision period has been completed satisfactorily, and that the doctor is able to practise competently and safely without conditions.
Additional conditions for medical practitioners in clinical practice

That the doctor <name> achieves advanced cardiac life support (ACLS) certification at the level required by Council, within 3 months of commencing practice.

10. For the purposes of this policy, Council delegates to the Registrar authority to (1) propose to issue a PC subject to the conditions set out in paragraph 6; and (2) issue the PC on these conditions if the doctor agrees to the conditions.

11. The medical practitioner will be asked to agree in writing to the proposed conditions. If the practitioner agrees in writing to the proposed conditions, their application may be approved by the Registrar. If the practitioner does not agree to the conditions proposed by the Registrar, their application will be considered at the next full Council meeting.

12. This policy is for applicants for practising certificates who have undertaken little or no medical practice in the preceding 3 years or more. Please see Council’s Policy on applications for practising certificates where a New Zealand practising certificate has not been held within last 3 years where the applicant has practised in that 3 year period, but not in New Zealand.

Other relevant policies

Policy on practising certificates
Policy on reference requirements for applications for registration
Policy on recertification for doctors

Approved by Council: April 2005
Approved by Council: February 2009
Approved: March 2011
Approved by management team: July 2013
Updated as part of COPS transition: January 2017
Updated to reflect Registrar delegations: September 2017