



Te Kaunihera
Rata o
Aotearoa

**Medical
Council of
New Zealand**



WHAT YOU NEED TO KNOW ABOUT MEDICAL REGISTRATION IN NEW ZEALAND

March 2019

Te tiaki i te iwi whānui me
te whakatairanga pai i te mahi
e pā ana ki te taha rongoā

Protecting the public,
promoting good
medical practice

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INTRODUCTION

1. ABOUT THIS RESOURCE

What's this about?

This book is a guide to the Health Practitioners Competence Assurance Act 2003 (HPCAA) and how it relates to registration, and the Council's current registration policies.

This guide is available on the Council's website – www.mcnz.org.nz. Our website is a valuable resource which will assist you in making an application for registration.

The content was current and up to date at the workshop, however we recommend that you visit the Council's website or contact the Council office for up to date information on policies and processes.



SECTION 1 | BACKGROUND

1. MEDICAL COUNCIL'S PURPOSE AND VALUES

Vision	We will provide leadership to the medical profession and enhance public trust by promoting excellence and openness in medical practice.	
Purpose	To protect the health and safety of the public by providing mechanisms to ensure that doctors are competent and fit to practise.	
Values	<ul style="list-style-type: none"> ■ Openness and accountability ■ Consistency and fairness ■ Integrity 	<ul style="list-style-type: none"> ■ Commitment ■ Effectiveness ■ Respect

2. MEDICAL COUNCIL FUNCTIONS

Key activities	<p>The key activities of the Council are to:</p> <ul style="list-style-type: none"> ■ maintain the New Zealand medical register ■ issue practising certificates to doctors who continue to meet the required standard ■ review doctors' competence or skills if necessary ■ promote medical education and training ■ monitor doctors who have health problems that may affect their ability to practise ■ set standards and guidelines for doctors ■ promote public understanding of the Council's role ■ advise the Minister of Health on issues that affect the practice of medicine in New Zealand.
Registration	<p>Registration of doctors is an important part of the Council's work and provides evidence that a doctor has met a certain standard. A doctor must be registered with the Council to practise medicine in New Zealand.</p> <p>Every year the Council registers about 1,800 new doctors. Over 40 percent of doctors in New Zealand have trained overseas; they come from more than 100 countries. There are over 17,000 registered doctors practising in New Zealand.</p>

Practising certificates	<p>All doctors must hold a current practising certificate to practise medicine in New Zealand. The practising certificate describes the doctor's scope of practice, and includes any conditions on their scope. Practising certificates for newly registered doctors will include their scope of practice, details about their position, employer and named supervisor.</p> <p>You can check a doctor's registration status on Council's web register (www.mcnz.org.nz) using the "Find a registered doctor" button.</p>
Education for undergraduates, first year doctors and NZREX graduates	<p>Council has an important role in promoting medical education, to ensure that doctors have the skills and knowledge to practise medicine safely.</p> <p>Council oversees the education, training and supervision of interns and NZREX graduates by accrediting or approving hospitals to make sure they provide the required training and support. Prevocational educational supervisors are Council agents and are there to ensure interns are getting adequate supervision and training.</p>
Performance assessments	<p>The HPCAA stresses the need for doctors to maintain an acceptable level of competence. A doctor's performance can be reviewed at any time, though this is usually done in response to concerns about that doctor's practice.</p> <p>Council does this by undertaking a review or performance assessment, carried out by a team of two doctors and a member of the public. The team looks at whether the doctor is performing at the expected level. If this is not the case, the doctor may have to undertake an educational programme to address weaknesses in their practice.</p>
Health	<p>Doctors, like anyone else, can suffer from physical or mental illness which may affect their fitness to practise, and their ability to care for their patients. The HPCAA requires all health professionals to notify Council's Registrar if a doctor is unable to practise because of concerns about their health.</p> <p>Council's Health Committee assesses the doctor and if necessary establishes rehabilitation requirements and monitors the doctor's ongoing wellness.</p> <p>Council's objective is to provide support to enable doctors to continue working during their recovery, subject to appropriate limitations so that patients' interests are protected.</p>

3. UNDERSTANDING THE REGISTRATION PROCESS

	<p>Under New Zealand law, Council may only register doctors:</p> <ul style="list-style-type: none"> ■ who are fit for registration; and ■ have a qualification for registration prescribed by Council (ie the prescribed qualification); and ■ are competent to practise within the scope of practice for which they have applied.
<p>Prescribed qualifications</p>	<p>In some cases the 'prescribed qualification' will be an identified medical qualification. In other cases it will comprise a combination of a medical degree, additional training, and approved experience.</p> <p>The 'prescribed qualification' may include any combination of:</p> <ul style="list-style-type: none"> ■ a medical degree or diploma ■ a training programme accredited by Council ■ a pass in an examination or another assessment ■ registration with an overseas organisation that performs a similar function to that of the Council ■ experience, either with or without supervision or oversight from a senior colleague. <p>The prescribed qualifications are published in the New Zealand Gazette and can also be found on Council's website.</p>
<p>Primary source verification</p>	<p>Council requires that doctors applying for registration, who hold overseas qualifications, must have certain documents primary source verified.</p> <p>This means the institution that awarded the overseas medical qualification or document (for example a medical school or university) is contacted directly to confirm the authenticity of the document.</p> <p>The ECFMG (Educational Commission for Foreign Medical Graduates) provide this service, using their EPIC (Electronic Portfolio of International Credentials) service.</p> <p>Applicants will be required to have their documents primary source verified through EPIC (https://www.ecfmgepic.org/) if they are:</p> <ul style="list-style-type: none"> ■ relying on international medical qualifications in their registration application. This includes doctors with primary medical degrees from Australian medical schools and with postgraduate qualifications from Australia-only vocational training providers; ■ a first-time applicant for registration, and do not already, or have not in the past, held any other form of registration;

<p>Primary source verification</p>	<ul style="list-style-type: none"> ■ registered with the Council but are applying for a new scope of practice that relies on a qualification that has not been previously assessed by the Council and is relied on to support that new registration application. <p>Documents must have been submitted to EPIC for primary source verification prior to a registration application being made. The applicant should list their EPIC identification number on their registration application form.</p> <p>Applicants can see what documents they must submit for primary source verification by visiting Council's website: https://www.mcnz.org.nz/get-registered/how-to-register/primary-source-verification/</p> <p>The final EPIC verification report must be received before a practising certificate will be issued. It is the doctors responsibility to ensure that the EPIC verification is complete and they must follow up with EPIC directly if not.</p>
<p>Requirements for all applications</p>	<p>All doctors applying for registration must hold an acceptable primary medical degree from a university medical school listed in the World Directory of Medical Schools www.wdoms.org.nz</p> <p>All applications for registration must:</p> <ul style="list-style-type: none"> ■ include references that meet Council's <i>Policy on reference requirements for registration applications</i> https://www.mcnz.org.nz/get-registered/registration-policy/reference-requirements; and ■ meet Council's <i>Policy on English language requirements</i> https://www.mcnz.org.nz/assets/Policies/English-language-policy-2014-final.pdf
<p>Delegated authority to approve applications that meet policy</p>	<p>For efficient and quick processing of registration applications, Council has delegated authority to the Registrar to approve applications that satisfy the registration criteria set down in registration policy. Most applications are approved under this delegated authority.</p>
<p>Proposal to decline</p>	<p>If the application for registration and/or for a practising certificate does not satisfy the registration criteria, Council is required to propose to decline the application. The applicant will be notified in writing and he or she will be provided with the reasons for the proposal.</p>
<p>Opportunity to make submissions and attend a Council meeting</p>	<p>The applicant is then provided with a reasonable opportunity to provide written submissions and be heard, either personally or by a representative, at one of Council's scheduled meetings. This gives the doctor a final opportunity to provide information for Council to consider, before Council makes a decision on the application.</p>

Council's decision	<p>At the Council meeting, Council will consider the information submitted with the application, any additional information provided by the doctor, his or her representatives, and the relevant medical college (for vocational applications only) and the policy that applies to the doctor's application. Council will determine whether the applicant's training, qualifications and experience are considered 'equivalent to, or as satisfactory as' the prescribed qualification for registration. This assessment may also include a discussion on whether the doctor is fit and competent to practise medicine in New Zealand in the scope of practice for which they have applied.</p> <p>In summary, Council must be assured that the doctor meets the requirements for registration as set down in the HPCAA. If the Council is not assured of this, the application may be declined.</p>
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4. STATEMENTS AND POLICIES FOR EMPLOYERS

Statement on Employment of Doctors	<p>The Statement on Employment of Doctors and the Health Practitioners Competence Assurance Act 2003 is useful resource which provides general advice to employers (including DHBs and some PHOs) about their responsibilities as an employer of a doctor. A copy of this statement can be found on our website - https://www.mcnz.org.nz/assets/News-and-Publications/Employment-of-doctors-and-the-HPCAA.PDF</p>
Memorandum of Understanding	<p>The Medical Council of New Zealand and the District Health Boards have a Memorandum of Understanding (MOU). A detailed copy of the MOU can be found on our website – https://www.mcnz.org.nz/assets/News-and-Publications/MoUbetweenCouncilandDHBs.pdf</p>

SECTION 2 | SCOPES AND PATHWAYS

1. REGISTRATION SCOPES AND PATHWAYS – CHOOSING THE BEST OPTION

What is best for the doctor?	<p>Many employers are under constant and significant pressure to appoint doctors to fill vacancies. Registration will usually be a straightforward process as long as the applicant meets the criteria for registration.</p> <p>However, some doctors will meet the criteria for more than one pathway, and choosing the correct registration pathway for the doctor is important to ensure that their registration best supports the work they will be doing in New Zealand and their long-term career plans.</p>
How to choose the correct pathway	<p>Which registration pathway is best for the doctor? The answer to this will depend on the answers to these questions:</p> <ul style="list-style-type: none"> ■ Is the doctor coming to New Zealand for a short-term appointment (12 months or less)? Is the doctor coming for a year or longer? ■ Is the doctor likely to want to remain in New Zealand permanently? ■ If coming long-term, does the doctor want to practise only in one area of medicine or do they want a broader scope of practice? ■ At what level is the job offer: house officer, registrar, medical officer, specialist? <p>Use the self assessment tool on our website to help you decide upon the correct pathway to registration.</p>
Doctors working as specialists	<p>Doctors registered within a provisional general or general scope will not be recognised by Council as specialists on their practising certificates. This will impact on the doctor's ability to:</p> <ul style="list-style-type: none"> ■ supervise other doctors as a Council appointed supervisor ■ write prescriptions for medicines that can only be prescribed by 'specialists' <p>It may also impact on patient insurance claims.</p> <p>The doctor's career advancement may be limited if they are not recognised as a specialist. Only registration in a vocational scope recognises a doctor as a specialist in New Zealand. If a doctor has a postgraduate qualification, and will likely be in New Zealand for a year or longer, make sure you advise the doctor to enquire about registration in a vocational scope.</p> <p>A doctor does not need to have a job offer to lodge a vocational application. This means their eligibility can be assessed before the employer is required to commit to offering the doctor employment.</p>

2. SCOPES OF PRACTICE

Scopes of practice	<p>All practising doctors must be registered in an authorised 'scope of practice'.</p> <p>A scope describes the type of registration the doctor will hold and the work a doctor is allowed to do (subject to any limitations imposed by the Council).</p> <p>There are five broad scopes of practice:</p> <ul style="list-style-type: none"> ■ general scope ■ provisional general scope ■ vocational scope ■ provisional vocational scope ■ special purpose scope
General scope	<p>A doctor who has completed the requirements of a provisional general scope will be registered within a general scope of practice. Examples are doctors who have completed their first post-graduate year and may be in vocational training and doctors who have not started, or have chosen not to do, vocational training.</p> <p>A general scope of practice does not mean the doctor is working in general practice which is its own specialty. Doctors with a general scope can be working in any area of medicine.</p> <p>Doctors practising within a general scope will be required to participate in an approved recertification programme to assist them in maintaining their competence.</p>
Provisional general scope	<p>All doctors, regardless of seniority, must work under Council approved supervision for 6 - 12 months to become familiar with New Zealand practice and culture. During the supervised period, these doctors are registered within a provisional general scope of practice and their performance is assessed by their Council approved supervisor in collaboration with senior colleagues. They will be required to complete certain requirements to be registered within a general scope.</p> <p>The only exception to this supervised period is for New Zealand and Australian graduates who have already completed their internship in Australia. They are registered in a general scope of practice.</p>

Vocational scope	<p>A doctor who has completed their vocational training as a specialist and has appropriate qualifications and experience can be registered within a vocational scope of practice.</p> <p>This form of registration recognises the doctor as a specialist and allows them to work independently in New Zealand. It also allows them to provide supervision to doctors on a provisional general, provisional vocational or special purpose scope and provide collegial relationships to doctors on a general scope of practice.</p> <p>There are 36 vocational scopes (see Definitions section).</p> <p>A doctor registered in a vocational scope must participate in an approved continuing professional development programme to assist them in maintaining their competence.</p>
Provisional vocational scope	<p>A doctor who has completed their formal vocational training overseas, and whose qualifications, training and experience are considered either equivalent to, or as satisfactory as that of a New Zealand trained specialist must work under supervision for 6 to 18 months. They are registered within a provisional vocational scope of practice. During this time they must complete Council's requirements for registration in a vocational scope. Those requirements may include undertaking some form(s) of assessment.</p>
Special purpose scope	<p>Doctors can be registered within a special purpose scope if they satisfy the criteria for registration for:</p> <ul style="list-style-type: none"> ■ visiting experts/teaching ■ postgraduate training ■ research ■ locum tenens ■ teleradiology ■ emergency or other unpredictable, short-term situation approved by Council. <p>These doctors are required to work under supervision for the duration of their employment or appointment.</p> <p>Doctors intending to register in a special purpose scope of practice need to be aware that this scope is time-limited and will not lead permanent registration.</p>

3. GENERAL SCOPE OF PRACTICE – PATHWAY SUMMARY

For most of the general registration pathways, the doctor will initially be granted a provisional general scope of practice. Once the doctor has worked in the provisional general scope for a certain period of time, and met certain requirements, they will be eligible to apply for a general scope of practice.

The exception to this is New Zealand or Australian graduates who have successfully completed postgraduate year 1 (PGY1) in Australia. These doctors can be granted a general scope of practice without needing to complete a provisional period in New Zealand.

New Zealand and Australian graduates This pathway is for doctors who have completed their primary medical degree in New Zealand or Australia.

Eligibility requirements

To apply for registration on this pathway, the doctor must:

- Hold a primary medical degree from a New Zealand or Australian university medical school accredited by the Council for the purposes of registration in New Zealand; and
- satisfy the English language policy requirements; and
- satisfy section 16 of the HPCAA.

The application process will differ depending on if the doctor needs to complete PGY1 or PGY2 in New Zealand:

Applying to work in New Zealand at PGY1 level (provisional general)

- New graduates will need to find a PGY1 position with a District Health Board, and apply for provisional general registration.
- New Zealand graduates are provided with a registration pack in their final year of medical school, and complete applications online.
- Australian graduates intending to complete PGY1 in New Zealand should email graduates@mcnz.org.nz to request a registration pack.

Applying to work in New Zealand at PGY2 level, or beyond (general)

- New Zealand and Australian graduates who have successfully completed PGY1 in Australia can apply for general registration. If they haven't already completed PGY2 in Australia, they will need to work in accredited clinical attachments until they successfully complete PGY2 in New Zealand.

Checklist for PGY2: CHCKL1

Changing from a provisional general to a general scope of practice

During PGY1, New Zealand and Australian graduates participate in prevocational medical education, and their progress is recorded in ePort. Upon successful completion of PGY1, the DHB advisory panel will recommend the doctor be granted a general scope of practice. After they have been recommended, the doctor can apply for a general scope of practice through ePort.

Competent authority (provisional general) This pathway is for graduates of medical schools in the UK and Ireland. The 'competent authorities' are the General Medical Council in the UK and the Medical Council of Ireland.

Eligibility requirements

To apply for registration on this pathway, the doctor must:

- hold a primary medical degree from a university medical school accredited by a competent authority; and
- have 1 year of general medical experience under the jurisdiction of that same competent authority; and
- satisfy the English language policy requirements; and
- satisfy section 16 of the HPCAA.

Checklist: CHCKL2

Changing from a provisional general to a general scope of practice

Doctors on the competent authority pathway are eligible to apply for a general scope of practice once they have:

- completed a minimum of six months full time equivalent working within a provisional general scope; and
- received satisfactory supervision reports for the six months worked immediately prior to applying for registration within a general scope; and
- been recommended for registration within a general scope of practice by the supervisor who is named on their practising certificate.

General scope application form: COS4

Comparable health system (provisional general) There are 23 countries which Council has recognised as having a health system which is comparable to that of New Zealand. The full list of countries can be found on our website: <https://www.mcnz.org.nz/get-registered/registration-policy/general-scope-policy/comparable-health-system/comparable-health-system-criteria/>.

Eligibility requirements

To apply for registration on this pathway, the doctor must:

- hold a primary medical degree from a university medical school listed in the World Directory of Medical Schools; and
- have worked in a comparable health system for at least 33 months (for at least 30 hours per week) during the 48 months prior to application (in other words, a minimum of 3,960 hours worked, counting a maximum of 40 hours per week and excluding on-call and overtime hours); and
- hold full or general registration in at least one of the comparable health systems contributing to the active clinical practice requirement (refer to the previous bullet point) at the time of registration, or be satisfactorily participating in a training programme recognised by the American specialty boards or Canadian specialist colleges, or be registered by the Irish Medical Council as a specialist trainee at the time of application; and
- have proposed employment in New Zealand in the same or a similar area of medicine and at a similar level of responsibility to the work they have been doing in a comparable health system for at least 33 of the last 48 months; and
- satisfy the English language policy requirements; and
- satisfy section 16 of the HPCAA.

Checklist: CHCKL4

Changing from a provisional general to a general scope of practice*

Doctors on the comparable health system pathway are eligible to apply for a general scope of practice once they have:

- completed a minimum of 12 months full time equivalent working within a provisional general scope; and
- received satisfactory supervision reports for the six months worked immediately prior to applying for registration within a general scope; and
- been recommended for registration within a general scope of practice by the supervisor who is named on their practising certificate.

General scope application form: COS4

* Limitation on general scope: Conditions limiting the doctor's General scope of practice may be imposed if the doctor does not complete a minimum of 6 months in medical, and 6 months in surgical disciplines during their provisional 12 month supervision period. If the doctor has spent at least 6 months working in general practice during their provisional 12 month supervision period, or if they have spent 6 months in medical, and 6 months in surgical disciplines under supervision, their General scope of practice will most likely be unlimited.

Australian general registrants (provisional general)

This pathway is for doctors whose primary medical degree is not from Australia, but who have gained general registration with the Australian Health Practitioner Regulation Agency (AHPRA), and have met certain other requirements.

Eligibility requirements

To apply for registration on this pathway, the doctor must:

- hold a primary medical degree from a university medical school listed in the World Directory of Medical Schools; and
- have passed the Australian Medical Council (AMC) Multichoice Questionnaire (MCQ) examination; and
 - have passed the AMC Clinical examination, or
 - have successfully completed a formal AMC-approved workplace-based assessment (WBA); and
- have satisfactorily completed 12 months of supervised practice in Australia culminating in full general registration in Australia; and
- satisfy the English language policy requirements; and
- satisfy section 16 of the HPCAA.

Checklist: CHCKL7

Changing from a provisional general to a general scope of practice

Doctors on the Australian general registrants pathway are eligible to apply for a general scope of practice once they have:

- completed a minimum of 12 months full time equivalent working within a provisional general scope; and
- achieved advanced cardiac life support (ACLS) certification at the level of New Zealand Resuscitation Council with the past 12 months:
 - CORE Advanced for doctors working in hospital-based practice; or
 - CORE Immediate for doctors working in general practice or non-clinical based practice; and
- received satisfactory supervision reports for the 12 months worked in the provisional general scope; and
- been recommended for registration within a general scope of practice by the supervisor who is named on their practising certificate. The recommending supervisor must have been the Council approved supervisor for at least 3 months immediately prior to application.

General scope application form: COS4

New Zealand registration exam – NZREX (provisional general)

Doctors who are not eligible for any other pathway will need to sit and pass the NZREX to become a registered doctor in New Zealand. To be eligible to sit the NZREX, the doctor must:

- hold a primary medical degree from a university medical school listed in the World Directory of Medical Schools; and
- satisfy our English language policy requirements; and
- within the last 5 years, have passed either the PLAB Part 1 or the USMLE Steps 1 and 2 (clinical knowledge) or the AMC MCQ or the MCCQE Part I.

Once they pass the NZREX, they will need to work in accredited clinical attachments for PGY1 and PGY2.

Eligibility requirements

To apply for registration on this pathway, the doctor must:

- have passed NZREX Clinical within the 5 years immediately prior to applying; and
- have proposed employment in a PGY1 position with an accredited training provider; and
- satisfy section 16 of the HPCAA.

Checklist: CHCKL3

Changing from a provisional general to a general scope of practice

During PGY1, NZREX graduates participate in prevocational medical education, and their progress is recorded in ePort. Upon successful completion of the requirements of PGY1, the DHB advisory panel will recommend the doctor be granted a general scope of practice. After they have been recommended, the doctor can apply for a general scope of practice through ePort.

4. SPECIAL PURPOSE SCOPE OF PRACTICE – PATHWAY SUMMARY

Special purpose registration

Registration will be cancelled when the registration period is finished.

Registration within a special purpose scope of practice will be granted for the following reasons, subject to the applicant meeting the criteria listed:

Visiting expert/teacher (One week maximum)

Applicant must:

- satisfy Council's English language requirements.

Postgraduate training (Two years maximum)

Application must show that:

- doctor has been invited by a New Zealand institution; and
- patient contact is defined and informed consent given; and
- ethics committee approval has been granted where new or innovative techniques are to be demonstrated.

Applicant must:

- satisfy Council's English language requirements; and
- be registered in his or her own country to which he or she will return on completion of the training; and either
- be sponsored by or on behalf of a country or organisation to which the doctor will return after the proposed period of training; or
- have a formal postgraduate qualification accepted by Council as indicating competence in the branch within which the doctor will train in New Zealand; or
- be enrolled in a formal training programme in his or her 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; and
- provide evidence that they are entering into a formal recognised scholarship or fellowship programme with a structured supervision plan; and
- have been registered and practising in their home/sponsor country for a minimum of 1 year immediately prior to their application.
- provide evidence of guaranteed ongoing employment in their home/sponsor country after the period of proposed training in New Zealand.

The application must:

- include details of the training objectives, delivery, and how the training will be monitored and outcomes measured
- include from the proposed supervisor, a clear indication of the level of responsibility that will be delegated to the trainee
- be approved by the Chief Medical Advisor or, if training is being undertaken outside a DHB, by another appropriate person or organisation at the discretion of the Registration Manager
- include confirmation that the applicant will not undertake night cover for the first 3 months (excluding cardiothoracic surgical training registrars) will not do relief runs (excluding cardiothoracic surgical training registrars), that training is not funded by HWNZ Investment Relationships and Purchasing and that the applicant will have at least 2 hours per week of protected teaching time.

- include a training declaration signed by the applicant, employer and proposed supervisor (REG10 form).
- postgraduate trainees must not make up a ratio of more than one third of the total number of trainees on a service at any given time.

Locum tenens specialist position (One year maximum)

- Applicant must:
- satisfy Council’s English language requirements; and
 - have an acceptable postgraduate qualification in the branch of medicine in which they wish to work (see list in the approved qualifications section); and
 - have been in active clinical practice for at least 22 of the previous 36 months; and
 - have been working a minimum of 20 hours per week; and
 - be appointed for a maximum of 12 months; and
 - in the 12 months preceding the 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. Or, where no recertification requirements have been set by that authority, the applicant must provide separate evidence of ongoing professional development during that period of practice.

Emergency

- For a doctor to practise for a short term during an emergency.
- Special arrangements must be made for these doctors to provide night cover.

Teleradiology (One year maximum)

- For a diagnostic radiologist who holds an accepted postgraduate qualification, to provide teleradiology care to New Zealand patients while based overseas.

Research (Two years maximum)

- For a doctor to undertake medical research. Ethics committee approval is required, as is informed consent if patients are involved.
- Any clinical practice undertaken must be directly related to the approved research project.

Pandemic or disaster

- During a pandemic or disaster, the requirements for registration will be published on the Council’s website or in such other way as is practicable.

5. VOCATIONAL SCOPE OF PRACTICE – PATHWAY SUMMARY (FOR DOCTORS WHO HAVE COMPLETED VOCATIONAL (SPECIALIST) TRAINING OVERSEAS)

When appointing specialists, remember...

Website checklists and self-assessment	Ask the doctor to use the self-assessment checklists on the website for an indication of the standards they will be assessed against, and to locate the correct application form. Refer the doctor to the VOC3B form for a guide on their application process.
Allow time	You need to allow at least 6 months for a decision to be made on these applications, therefore arrangements need to be made well in advance.
No need to wait	Job offers are not required to be submitted with these applications. However, a practising certificate will not be issued until employment and supervision has been confirmed, and approved.
Locum tenens	If you appoint a specialist for less than 12 months, and if the doctor does not intend to remain in NZ, an application for registration within a special purpose scope of practice (locum tenens) may be more appropriate than an application for registration in a vocational scope. The doctor would need to hold an acceptable postgraduate qualification listed in the approved list for special purpose locum tenens applications.

Process for considering a completed application for registration in a vocational scope

Referral to vocational education and advisory body (VEAB)	Registration staff will obtain references to complete the application and then the relevant specialist medical college (VEAB) will assess the application, comparing the applicant’s qualifications, training, and experience to a doctor registered in New Zealand who holds the prescribed qualification and works in the same vocational scope. Preliminary advice based on an assessment of the paper documentation will be provided if the doctor is applying from overseas.
Interview	The applicant will usually attend an interview with the VEAB.
Advice to Council	The VEAB will provide written advice to Council.
Council decision	Council will consider this advice and make a decision on the application. The outcome will be one of the following:

Eligible via the supervision pathway

- Doctor will be registered in a provisional vocational scope and be required to complete 6 to 12 months of satisfactory supervised practice, and enrol in the relevant VEAB’s recertification programme.

Eligible via the assessment pathway

The doctor will be registered in a provisional vocational scope and must:

- work in an approved position under supervision for 12 to 18 months,
- complete the assessment requirements determined by Council which may include a vocational practice assessment or examination, and
- enrol in the relevant College's recertification programme.

Suitable positions

- The position will usually need suitable workforce and technical resources for the assessment to be carried out.
- Suitable positions are likely to be in larger hospitals as some smaller hospitals may not have the necessary resources available.

Not eligible

- The Council will propose to decline the application and direct the applicant to an alternative registration pathway, if applicable.
- The applicant will have the right to make submissions to Council on the proposed decision and will be given the opportunity to attend a Council meeting before a final decision is made.

Vocational practice assessment

One additional requirement that an IMG may be required to complete within a provisional vocational scope of practice (assessment pathway), is a vocational practice assessment (VPA). A VPA assesses the competence of the IMG, to determine whether they are practising at the level of a NZ trained doctor holding the prescribed Fellowship qualification, and registered in a vocational scope of practice, and whether the doctor is capable of independent and unsupervised practice.

The VPA is a one day assessment, where two assessors are onsite observing and interacting with the doctor and colleagues. The assessment comprises of seven tools:

- opening and closing interview
- observations of interactions with patients in an outpatient setting
- observations of interaction with patients during a ward round
- review of 40 consecutive patient records from their caseload
- case-based oral interview, based on the records selected for records review
- interview with colleagues
- multi-source feedback from medical and non-medical colleagues (obtained in advance of the assessment day).

SECTION 3 | APPLICATION PROCESS

1. MAKING AN APPLICATION FOR REGISTRATION

Applicant must:	<ul style="list-style-type: none"> ■ Use the self-assessment facility on the Council's website to determine the most suitable pathway for registration and then check the requirements for that pathway to confirm that they satisfy all of the eligibility requirements. ■ Upload relevant documents to EPIC to be primary source verified. ■ Complete the application forms including the applicants section of the relevant checklist ■ Send the application and all documents listed on the application form and checklist to employer/recruiter.
Employer must	<ul style="list-style-type: none"> ■ Check documents provided by the doctor to ensure they are complete ■ Gather remaining documents listed under the employer section of the checklist ■ Confirm with doctor that the relevant documents have been uploaded to EPIC ■ Email the complete application with all documents as PDF attachments to Council
Orientation, induction and supervision of IMGs:	<p>All IMGs registered in a provisional general, provisional vocational or special purpose scope are required to:</p> <ul style="list-style-type: none"> ■ undergo an orientation and induction programme before starting clinical practice ■ work under supervision approved by Council. <p>A structured induction period will ensure the doctor is familiar with the systems he or she will be working in and will also help the doctor adapt to working in the New Zealand health system more quickly.</p>
Supervision plans	<p>When an IMG applies for registration, the employer is required to submit a proposed supervision plan to the Council. This is also required when changing any employment circumstances or supervision arrangements while registered in provisional general, provisional vocational or special purpose scope of practice. The plan will be considered as part of the application process, taking into account the individual factors of the application. Competent authority registrants wanting to work in general practice must also provide a supervision plan with their registration application. Further details on supervision can be found in Council's publication Orientation Induction and Supervision for International Medical Graduates</p>

Processing	<p>Please allow at least 20 working days for processing of completed general or special purpose scope applications. Please allow 6 months for processing of completed vocational applications.</p> <p>If the application does not fit Council policy, or if disclosures have been made, processing will take longer.</p>
Registration interview	<p>Applicant attends a registration interview with a Council staff member or agent in New Zealand. Council agent sends interview form, certified documents and fees to Council office. Please allow 5 working days for the practising certificate to be issued.</p>
Incomplete applications	<p>The employer or recruitment agency will be contacted with details about what follow-up action is required. If further documentation is requested, the application will be put on hold until the application is complete.</p>

2. DISCLOSURES AND FITNESS FOR REGISTRATION

Applicant must be fit for registration (s16, HPCAA)	<ul style="list-style-type: none"> ■ In addition to satisfying the criteria of one of the registration pathways, all doctors applying for registration must be able to communicate effectively in English. <p>Council may not register a doctor if he or she:</p> <ul style="list-style-type: none"> ■ has a conviction of any offence which reflects adversely on the doctors ability to practise, which is punishable by imprisonment for 3 months or longer ■ has a physical or mental disorder which may affect his or her ability to practise medicine ■ is / has been under investigation or the subject of professional disciplinary proceedings or orders, that reflect adversely on their fitness to practise ■ presents a danger to the health or safety of members of the public. <p>Considering disclosures related to fitness to practice will usually extend the timeframe for processing the application.</p>
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HEALTH DISCLOSURE

Requirement to disclose	<p>Applicants must declare if they have ever been, or are currently, affected by a physical or mental condition or impairment with the capacity to affect their ability to perform the functions required for the practice of medicine.</p>
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Functions of the doctor	<p>The functions required of a practising doctor include:</p> <ul style="list-style-type: none"> ■ making safe judgements ■ demonstrating the level of skill and knowledge required for safe practice ■ behaving appropriately ■ not risking infecting patients with whom the doctor comes into contact ■ not acting in ways that impact adversely on patient safety. <p>Conditions that may impair a doctor’s ability to perform those functions include:</p> <ul style="list-style-type: none"> ■ alcohol or drug dependence ■ psychiatric disorders ■ temporary stress reaction ■ infection with a transmissible disease ■ declining competence due to age related loss of motor skills or the early stages of dementia, and ■ certain other illnesses and injuries.
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Processing an application with a health disclosure	<p>Health disclosure information is referred to Council’s Health Committee for advice on the doctor’s fitness for registration.</p> <p>Depending on the circumstances, the Health Committee may request an independent assessment. This would apply if the condition is ongoing, a remitting or relapsing condition, if treatment was recent, if the doctor has not been well engaged in treatment, or if the doctor is facing significant change.</p>
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Documents required	<p>The doctor must provide all available assessment and treatment information to inform Council about their fitness to practise.</p> <p>For example, if the health condition is a relapsing, or a progressive one, copies of any medical, psychological, neuropsychological, and psychiatric or substance abuse evaluations need to be provided. If there has been involvement with another board or council, a summary of key reports and correspondence the board or council must be attached.</p>
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CONDUCT, COMPETENCE, CONVICTIONS, INVESTIGATIONS OR DISCIPLINE DISCLOSURES

Applicant must	<p>Applicants must declare if they have ever been, or are currently, under investigation or have faced / are facing proceedings for conduct or competence related concerns to their practice.</p>
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Documents required	<p>If a doctor makes a disclosure, the following documents must be provided with the application:</p> <ul style="list-style-type: none"> ■ a written explanation of the event(s) from the doctor, in his / her own words ■ copies of any letters or decisions from the relevant regulatory authority ■ copies of any documentation from legal representatives, courts, insurance companies and/or employers ■ certificates of professional status from all jurisdictions in which the doctor has worked for the previous 5 years and from the jurisdiction where the event(s) occurred if more than 5 years previous.
Processing an application with disclosure(s)	<p>Considering disclosures will normally extend the timeframe for processing the application.</p> <p>Depending on the seriousness of the disclosure, the application may be referred to a Council meeting for consideration.</p>

3. REGISTRATION INTERVIEWS

Before starting work	The doctor must attend a registration interview between one-two weeks before their employment start date either at the Council office in Wellington, or with a Council agent in Auckland, Christchurch or Dunedin.
Purpose of interview	To confirm the doctor’s identity and practice intentions, verify original documents, and pay the practising certificate fee.
Documents	The doctor must carefully read the checklist provided in their letter of eligibility and ensure that they bring all of the documents to their registration interview. At the time of interview, the required qualifications and registration certificates need to have been primary source verified by EPIC and available to Council Staff via the EPIC portal. The doctor should check their EPIC portal to ensure that the final reports are available before their interview.
Starting work	<p>After attending the registration interview, the doctor must not start work until they have received their practising certificate.</p> <p>Confirmation of registration being granted and a practising certificate being issued is normally provided to the doctor within five working days of attending a registration interview.</p>
Endorsement on practising certificate	Doctors and employers must check the endorsement on the practising certificate and ensure that the doctor practises within the boundaries of what is permitted on their practising certificate.

4. PRACTISING CERTIFICATES – GENERAL INFORMATION AND RENEWALS

What is a practising certificate?	<p>Every doctor must hold a current certificate to practise medicine.</p> <p>A practising certificate is renewed each year and shows that the holder is competent and fit to practise medicine within the doctor’s authorised scope of practice, and subject to any conditions on their scope of practice.</p>
Processing a renewal application	A new practising certificate is issued within 10 working days of receiving a complete application.
Referral to Council	<p>An application for a practising certificate may be referred to Council for consideration if the applicant:</p> <ul style="list-style-type: none"> ■ has, at any time, failed to maintain the required standard of competence ■ has failed to fulfil, or failed to comply with, a condition on the doctor’s scope of practice ■ has not satisfactorily completed the requirements of a competence programme as directed ■ has not held a practising certificate in New Zealand, or has not practised medicine at all within the 3 years immediately prior to submitting an application ■ is unable to perform the functions required to practise medicine because of some mental or physical condition.
Council decision	<p>Council may:</p> <ul style="list-style-type: none"> ■ issue the certificate, or ■ propose to include or vary the conditions on the doctor’s scope of practice, or ■ propose to decline to issue the practising certificate. <p>If Council proposes to include or vary conditions, or to decline to issue the practising certificate, the doctor will be given a reasonable opportunity to make submissions and attend, a full meeting of the Council.</p> <p>Council may decline the application if any information included in the application is false or misleading.</p>
Conditions	If a doctor has any conditions on his or her scope of practice, these will be printed on the practising certificate.

5. PRACTISING CERTIFICATES – CYCLE, PROCESSING TIME, LATE APPLICATIONS AND CPD/RECERTIFICATION AUDIT

Cycles Practising certificates are issued in cycles depending on the doctor’s birth date.

Intention to practise	IF THE DOCTOR’S BIRTH DATE FALLS BETWEEN...	THE APPLICATION FORM IS SENT TO THE DOCTOR IN...	THE PRACTISING CERTIFICATE IS EFFECTIVE FROM...
	1 December – 28/29 February	mid January	1 March
	1 March – 31 May	mid April	1 June
	1 June – 31 August	mid July	1 September
	1 September – 30 November	mid October	1 December

If a doctor starts work in New Zealand outside his or her birth date cycle, a pro-rated fee is payable and a certificate is issued for a shorter period of time. This allows the doctor to work until he or she fits into their correct practising certificate cycle.

Processing time Practising certificates will be issued within 10 working days, if the application is complete and no follow-up is required.

If Council receives a complete application and the fee is paid, before the current practising certificate expires, the doctor will be deemed to hold a practising certificate. This will remain in effect from the date the completed application and payment is received until the date the new certificate is issued, or until he or she is notified by the Registrar that the certificate will not be issued.

This process allows the doctor to legally continue practising if there are delays in issuing the new certificate.

Late applications

Practising doctors who do not submit their application before the old practising certificate expires will be working without a current practising certificate. This is an offence under the HPCAA, and disciplinary action may result. Doctors who submit their application after the last practising certificate expired will not have their practising certificate back-dated to cover the time they spent working without a practising certificate.

Although it is always the doctor’s professional responsibility to ensure they never practise without a practising certificate, employers are encouraged to ensure that their medical staff hold current practising certificates at all times.

To reduce the number of doctors practising without current practising certificates, Council sends lists to Chief Medical Officers, PHO’s, etc throughout the year notifying the employers of doctors who, according to our records, may be practising without a current practising certificate.

CPD audit

At least 20 percent of practising certificate applicants are audited each quarter to ensure that these doctors are meeting their continuing professional development (CPD) obligations. Full details are available in the Council’s booklet *Continuing professional development and recertification*.

6. PRACTISING CERTIFICATES – AMENDMENTS OR VARIATIONS

Requirement

For doctors registered within a provisional general, provisional vocational or special purpose scope of practice: If the doctor’s employment or supervision circumstances change, he or she must apply to Council for an amendment or variation to their scope of practice. This must be approved by Council before the doctor can start working under the new circumstances. A new practising certificate will be issued, following approval.

PROCESS OF APPLYING FOR AN AMENDMENT OR VARIATION

Application form

From the Council’s website, print off the appropriate ‘change of scope’ form (COS1, COS2 or COS7)

Arrange for the form to be completed and signed by:

- doctor
- supervisor
- employer

Attach	<ul style="list-style-type: none"> ■ supervision report ■ job offer ■ supervision plan (if relevant) ■ current practising certificate <p>Additional information maybe required for special purpose scope postgraduate training variations.</p>
Send	Completed application to Council office.
Processing	<p>Please allow at least 20 working days to process a complete application.</p> <p>If the application does not satisfy Council policy, disclosures are made or performance concerns have been indicated, processing will take longer.</p>
Council will send	Confirmation to the doctor and employer, and a new practising certificate to the doctor.
Legal responsibility	<p>A doctor may not:</p> <ul style="list-style-type: none"> ■ practise outside his or her scope of practice ■ practise without a current practising certificate.

7. CHANGING SCOPES FROM ‘PROVISIONAL GENERAL’ TO ‘GENERAL’ SCOPE

Which doctors does this apply to?	<ul style="list-style-type: none"> ■ Interns (NZ and Australian graduates) and NZREX doctors ■ Competent authority pathway: (UK and Irish graduates) registrants ■ Comparable health system pathway registrants ■ Australian general registrants pathway
Requirements	To qualify for a general scope these doctors must satisfy all requirements listed in Council policy, relevant to the doctor’s registration pathway (see Registration within a provisionl general and general scope of practice under Policies).
Process	<p>An application for a general scope of practice from a doctor on the competent authority, comparable health system or Australian general registrants pathway needs to include:</p> <ul style="list-style-type: none"> ■ COS4 application form ■ up to date RP3/5 supervision report ■ CPD8 form (if they are entering the inpractice recertification programme) or CPD7 form (if they are entering into a vocational training programme)

General scope	<p>Once a doctor is registered within a general scope of practice they must participate in continuing professional development and the Inpractice recertification programme or a vocational training programme to recertify (be issued with a new practising certificate).</p> <p>Council’s booklet <i>Recertification and continuing professional development</i> has full details of these requirements.</p> <p>Doctors registered in a general scope are not required to work under supervision, unless this is a specific condition on their scope.</p>
Conditions on general scope	<p>A doctor’s scope of practice may have conditions which will limit their practice. These conditions will be shown on the doctor’s practising certificate.</p> <p>Doctors must not practise outside their authorised scope of practice.</p> <p>Comparable health system pathway limitations</p> <p>For the provisional general comparable health system pathway, conditions limiting the doctor’s General scope of practice may be imposed if the doctor does not complete a minimum of 6 months in medical, and 6 months in surgical disciplines during their provisional 12 month supervision period. If the doctor has spent at least 6 months working in general practice during their provisional 12 month supervision period, or if they have spent 6 months in medical, and 6 months in surgical disciplines under supervision, their General scope of practice will most likely be unlimited.</p>
Interns	<p>During PGY1 , New Zealand and Australian graduates and NZREX graduates participate in prevocational medical education, and their progress is recorded in ePort. Upon successful completion of PGY1, the DHB advisory panel will recommend the doctor be granted a general scope of practice. After they have been recommended, the doctor can apply for a general scope of practice through ePort.</p>

SECTION 4 | REGISTRATION REQUIREMENTS

1. ENGLISH LANGUAGE REQUIREMENTS – MUST BE MET BY ALL APPLICANTS

Policy Statement	Sections 16(a) and (b) of the Health Practitioners Competence Assurance Act 2003 require the Council to be satisfied that any doctor seeking registration in New Zealand is able to communicate in English sufficiently to protect the health and safety of the public, and to practise competently.
Rationale	<p>All applicants for registration must satisfy Council that they are able to communicate effectively in English in the workplace, as one of the prerequisites for registration.</p> <p>All NZREX Clinical candidates must establish that they have a reasonable ability to communicate effectively in English as a prerequisite to sitting the examination.</p>
Requirements	<p>To be accepted to sit NZREX Clinical or to be registered with the Council, applicants must meet one of the following English language requirements.</p> <ol style="list-style-type: none"> 1. Have a primary qualification from a New Zealand medical school; or 2. English is the graduate’s first language and the graduate has an acceptable primary medical qualification from Australia, the United Kingdom, the Republic of Ireland, the United States, Canada or a South African medical school where English is the sole language of instruction, or 3. Satisfy the Council of having completed at least 24 months full time equivalent of a health-related postgraduate qualification (diploma, masters or PhD) at an accredited New Zealand university within the 5 years immediately prior to application. <p>And</p> <p>Provide references from two professors from an accredited New Zealand university who are registered as doctors in New Zealand and who speak English as a first language. The referees must be able to attest to the applicant’s ability to read, write, speak and understand English: or</p> <ol style="list-style-type: none"> 4. Provide evidence of continuous work as a registered medical practitioner in an institution where English was the first and prime language for a period of at least 2 years within the 5 years immediately prior to application. <p>And</p> <p>Provide the names and contact details of at least two referees who are senior medical practitioners who speak English as a first language, and who can attest to the applicant’s ability to communicate effectively in English in a clinical setting with both patients and professional colleagues. Referees will be contacted directly by the Council or a body Council authorised to do this (employer or recruitment agency); or</p>

5. Doctors registered with the Medical Council of New Zealand on, or after 18 September 2004, whose registration was cancelled for administrative reasons (and not as a result of an order of the Health Practitioners Disciplinary Tribunal or a direction by the Council under section 146 or 147 of the HPCAA).

And

Provide the names and contact details of at least two referees who are senior medical practitioners registered in New Zealand, and who can attest to the applicant’s ability to communicate effectively in English in a clinical setting with both patients and professional colleagues. Referees will be contacted directly by the Council or a body Council authorised to do this (employer or recruitment agency); or

6. Pass the Academic Module of the International English Language Testing System (IELTS) by achieving a minimum of the following within one result:

Required scores	
Minimum requirements:	
Speaking	7.5
Listening	7.5
Writing	7.0
Reading	7.0

Validity of IELTS results
<p>IELTS results are valid within:</p> <ul style="list-style-type: none"> ■ 2 years of an application for registration ■ 2 years of NZREX examination date (new candidate) ■ Repeat candidates for NZREX Clinical will not be required to re-sit IELTS for up to 5 years of the examination date if they have been, since the last NZREX Clinical sat, residing continuously in New Zealand, Australia, the United Kingdom, the Republic of Ireland, the United States, Canada (English speaking region, not Quebec) or South Africa. Acceptable evidence includes a letter of reference from an employer or landlord with a passport displaying visa or residency.

7. Pass the Medical Module of the Occupational English Test (OET) by achieving a minimum of 'A' or 'B' in each of the four components (reading, writing, listening and speaking) within one result.

Validity of OET results

OET results are valid within:

- 2 years of an application for registration
- 2 years of NZREX Clinical examination date (new candidate)
- Repeat candidates for NZREX Clinical will not be required to re-sit OET for up to 5 years of the examination date if they have been, since the last NZREX Clinical sat, residing continuously in New Zealand, Australia, the United Kingdom, the Republic of Ireland, the United States, Canada (English speaking region, not Quebec) or South Africa. Acceptable evidence includes a letter of reference from an employer or landlord with a passport displaying visa or residency.

Note

Incomplete applications

If an application for registration is submitted without the English requirements having been met, the application will be considered incomplete and referred back to allow the applicant to fulfil the requirements.

NZREX candidates

If comprehension and communication deficiencies are noted during NZREX Clinical, the candidates who did not sit an English test prior to sitting NZREX will be required to meet the Council's English requirements before being eligible to apply to resit NZREX (if needing to resit) or to apply for registration.

Management of communication while working under supervision

If, after registration, comprehension and communication deficiencies are notified by an employer, Council will address those issues within policies and processes as appropriate within the HPCAA.

2. REGISTRATION IN NEW ZEALAND

Policy statement

The Medical Council of New Zealand will register a doctor within a scope of practice, to practise medicine in New Zealand if the doctor:

- meets fitness for registration requirements as set out in section 16 of the Health Practitioners Competence Assurance Act 2003 (HPCAA), and
- holds a prescribed qualification for the scope of practice as set by the Council under section 12 of the HPCAA, and
- is competent to practise within the specified scope of practice.

To ensure a doctor is competent to practise in New Zealand the Council has provided for provisional scopes of practice, which incorporate requirements for supervision and employment to be approved by Council.

There are exceptions to the requirement to first complete a period of provisional registration:

- graduates from New Zealand or Australian university medical schools who have completed their internships in Australia are eligible for registration in the General scope; and
- Fellows of an Australasian vocational training programme who do not hold a general scope of practice in New Zealand, are eligible for a vocational scope.

An applicant for registration in a provisional scope of practice must provide the Council with details of where he or she intends to work as part of the application for registration.

Registration requirements and procedure

1. To be considered for registration, applicants must apply on the correct form, provide the required documentation and pay an application fee. Incomplete applications cannot be considered. The Council will consider a duly completed application for registration as soon as reasonably practicable after receiving it.
2. All applicants are required to ensure Council receives accurate and relevant information (both within the application form and by way of supporting information) to enable Council to consider the application. The Council has authority to cancel the registration of any applicant who obtains registration by making a false or misleading representation (whether oral or written) or who is found not to have been entitled to be registered.

Application not considered where monies owing

3. If any fines, costs or expenses that the applicant has been ordered by the Health Practitioners Disciplinary Tribunal to pay remain unpaid, the Registrar may decline to take any action, or to permit any action to be taken, on the application for registration until the fine, costs or expenses are paid. The applicant may request the Council to review any such decision to decline to act on the application.

Consideration of applications

4. An application for registration will be considered taking account of all three prerequisites:
 - a. meeting fitness for registration requirements as set out in section 16 of the HPCAA, and
 - b. holding a prescribed qualification for the scope of practice as set by the Council under section 12 of the HPCAA, and
 - c. evidence of competence to practise within the specified scope of practice.

Fitness for registration

5. An applicant for registration must satisfy the requirements set out in section 16 of the HPCAA. That is, the applicant may not be registered if:
 - a. He or she does not satisfy the Council that he or she is able to communicate effectively within the scope of practice in which he or she is applying to be registered; or that his or her ability to communicate in and comprehend English is sufficient to protect the health and safety of the public:

To satisfy this requirement, the applicant must meet one of the options set out in Council's Policy on English language requirements.

In addition to this, the Council or Registrar may, before registration is granted, or before authorising a change to an applicant's existing scope of practice, require the applicant to take and pass an examination or assessment set or recognised by the Council or Registrar, to satisfy Council that the applicant's ability to communicate in and comprehend English is sufficient to protect the health and safety of the public. Such a requirement is part of the process of considering the application, and can not be taken as a proposal to decline the application.

- b. The Council considers that the applicant is unable to practise medicine in the scope applied for because of a mental or physical condition:

Applicants are required to make a formal declaration (and disclose relevant information) in relation to their mental and physical health. Applications for registration that contain disclosures relevant to Council's decision-making are referred to the Council's Health Committee. The Health Committee has delegated authority from Council to determine if the application can proceed (with or without possible conditions on practice relevant to the monitoring and/or management of the health condition. If the Health Committee declines to accept the application, the Committee will inform the applicant that it proposes to decline the application. The applicant will then have an opportunity to be heard by, and make submissions to, Council in respect of the proposed decision. proceed (with or without possible conditions on practice relevant to the monitoring and/or management of the health condition. If the Health Committee declines to accept the application, the Committee will inform the applicant that it proposes to decline the application. The applicant will then have an opportunity to be heard by, and make submissions to, Council in respect of the proposed decision.

- c. He or she
 - i. has been convicted by any court in New Zealand or elsewhere of any offence punishable by imprisonment for a term of three months or longer, and he or she does not satisfy the Council that the offence does not reflect adversely on his or her fitness to practise; or
 - ii. is under investigation in respect of any matter that may be the subject of professional disciplinary proceedings in New Zealand or in another country, and the Council believes that those proceedings reflect adversely on his or her fitness to practise medicine; or
 - iii. is subject to an order of a professional disciplinary tribunal (whether in New Zealand or in another country) or to an order of an educational institution accredited by the Council, or to an order of an authority or of a similar body in another country; and does not satisfy the Council that that order does not reflect adversely on his or her fitness to practise medicine:

Applicants are required to make a formal declaration (and disclose relevant information) in relation to any such circumstances. Applicants must also disclose police or other investigations whether or not they have resulted in formal court proceedings or have been resolved out of court. Applications for registration that contain disclosures relevant to Council's decision-making are considered by Council's Registrar. The Registrar has delegated authority from Council to determine if the application can proceed. If the Registrar declines to accept the application, the Registrar will inform the applicant that he or she proposes to decline the application. The applicant will be given an opportunity to be heard by, and make submissions to, Council in respect of the proposed decision.

- d. The Council has reason to believe that the applicant may endanger the health or safety of members of the public.

The Registrar has delegated authority from Council to determine if the application can proceed. If the Registrar declines to accept the application on the basis that he or she has reason to believe that the applicant may endanger the health or safety of members of the public, the Registrar will inform the applicant that he or she proposes to decline the application. The applicant will be given an opportunity to be heard by, and make submissions to, Council in respect of the proposed decision.

Holding a prescribed qualification

6. The HPCAA requires the Council to prescribe the qualification or qualifications for every scope of practice that the Council has determined. The prescribed qualification(s) for each scope of practice are published on the Council's website.

7. An applicant who applies for registration in a scope of practice or for a change to the scope of practice within which he or she is registered must hold a relevant prescribed qualification for that scope. If an applicant applies who does not hold a prescribed qualification, the Registrar will inform the applicant that he or she proposes to decline the application. The applicant will be given an opportunity to be heard by, and make submissions to, Council in respect of the proposed decision.
8. The Council may decline to register any applicant who does not have the qualification(s) prescribed by Council for that scope of practice. Without limiting that authority, Council may, alternatively,
 - a. Treat an overseas qualification as a prescribed qualification if, in Council's opinion that qualification is either equivalent to or as satisfactory as a prescribed qualification.
 - b. Vary a prescribed qualification where the Council proposes to limit the health services that the applicant is permitted to perform and is satisfied that the varied qualification is adequate for the performance of those health services and for the protection of the public.

Competence in scope of practice

9. An applicant must provide any information Council requests as part of their application, relating to the applicant's competence to practice. This includes certificates of good standing / certificate of professional status, CVs, and referee reports.
10. The Council or Registrar may, before registration is granted, or before authorising a change to an applicant's existing scope of practice, require an applicant to take and pass an examination of assessment set or recognised by the Council or Registrar, to satisfy that the applicant is competent to practise in the desired scope of practice. Such a requirement is part of the process of considering the application, and can not be taken as a proposal to decline the application.

Registration may be granted subject to conditions

11. Council's primary consideration is to protect the health and safety of members of the public by ensuring that doctors are competent and fit to practise medicine. In considering an application for registration, the Council must consider whether the applicant is qualified and competent to practise within the requested scope of practice. To ensure this, Council may consider whether conditions may be required on an applicant's registered scope of practice.

12. These conditions may include that the applicant
 - a. practise under supervision or oversight
 - b. not perform certain tasks, or perform those tasks only under certain circumstances
 - c. practise only in a stated capacity, for example as an employee or a nominated person or a person of a stated class
 - d. practise in association with one or more nominated persons or persons of a stated class
 - e. practises only for a specified period
 - f. attain one or more further stated qualifications or further experience of a stated kind
 - g. practise under any other condition that the Council believes on reasonable grounds to be necessary to protect the safety of the public.
13. If the Council considers registration may only be granted subject to conditions, it will inform the applicant of its proposed decision. The applicant will be given an opportunity to be heard by, and make submissions to Council in respect of the proposed decision.
14. Registration to work within the provisional general or provisional vocational scopes of practice will only be granted to a doctor who is able to provide details of where they intend to practise medicine in New Zealand. That is required to enable the place of employment and the supervisor to be approved by Council.
15. The doctor must attend a registration interview with a Council employee or approved agent, and show evidence of a confirmed job offer. The only exception to this requirement is a New Zealand graduate who is registered immediately after completing their medical degree course.
16. A newly-registered doctor must also be issued with a practising certificate before he or she may commence practising medicine in New Zealand.

Approved by Council

May 2004

Version approved by Registrar

November 2016

3. REGISTRATION WITHIN A PROVISIONAL GENERAL AND GENERAL SCOPE OF PRACTICE

NEW ZEALAND AND AUSTRALIAN GRADUATES

Eligibility for registration in a provisional general scope	To be eligible to apply for registration in a provisional general scope, the applicant must hold a primary medical degree from a New Zealand or Australian university medical school.
Eligibility for registration in a general scope	<p>To be eligible to apply for registration in a general scope, the applicant must have completed the following requirements while working within a provisional general scope:</p> <ul style="list-style-type: none"> ■ The (satisfactory) completion of four accredited clinical attachments; and ■ The substantive attainment of the learning outcomes outlined in the NZCF (prior learning from the trainee intern year (ie sixth year) will be taken into account); and ■ Completion of a minimum of 10 weeks full-time equivalent in each clinical attachment. Full time is equivalent to a minimum of 40 hours per week; and ■ Advanced cardiac life support (ACLS) certification at the appropriate standard of New Zealand Resuscitation Council less than 12 months old; and ■ A recommendation for registration in a general scope of practice by a Council approved advisory panel. <p>In addition, before a practising certificate is issued, interns are required to establish an acceptable professional development plan (PDP) for PGY2, to be completed during PGYs.</p>

COMPETENT AUTHORITY - UK AND IRISH GRADUATES

Eligibility for registration in a provisional general scope	<p>To be eligible to apply for registration in a provisional general scope, the applicant must hold a primary medical degree from a university medical school accredited by a competent authority and have 1 year of general medical experience under the jurisdiction of the competent authority.</p> <p>If the doctor did not complete the first postgraduate year in the UK or Ireland, and completed it elsewhere, then the application will be assessed individually based on the <i>Policy on recognition of internships undertaken by New Zealand, Australian, UK and Irish medical school graduates in countries other than New Zealand, Australia, the UK or Ireland when applying for registration</i>. Please contact Council about the additional information required with the application.</p>
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Eligibility for registration in a general scope

To be eligible to apply for registration in a general scope, the applicant must have completed the following requirements while working within a provisional general scope:

- Completed 6 months working within a provisional general scope in a New Zealand hospital, general practice, educational institution or other organisation approved by the Council and under the supervision of a medical practitioner approved by the Council; and
- Received two consecutive satisfactory supervision reports for the 6 months of medical practice completed immediately prior to applying for registration within a general scope. Registration within a provisional scope will be extended for up to 2 years if the doctor receives any poor supervision reports during their first 6 months of registration, until the doctor has received two consecutive satisfactory reports.
- Been recommended for registration within a general scope by his or her supervisor.

NZREX DOCTORS

Eligibility for registration in a provisional general scope

To be eligible to apply for registration in a provisional general scope, the applicant must hold a primary medical degree from a university medical school listed in the World Directory of Medical Schools, and have met the prerequisites for applying to sit NZREX, and, finally, passed NZREX.

Eligibility for registration in a general scope

To be eligible to apply for registration in a general scope, the applicant must have completed at least 1 year within a provisional general scope, satisfying the following:

- The (satisfactory) completion of four accredited clinical attachments; and
- The substantive attainment of the learning outcomes outlined in the NZCF (prior learning from the trainee intern year (ie sixth year) will be taken into account); and
- Completion of a minimum of 10 weeks full-time equivalent in each clinical attachment. Full time is equivalent to a minimum of 40 hours per week; and
- Advanced cardiac life support (ACLS) certification at the appropriate standard of New Zealand Resuscitation Council less than 12 months old; and
- A recommendation for registration in a general scope of practice by a Council approved advisory panel.

In addition, before a practising certificate is issued, interns are required to establish an acceptable professional development plan (PDP) for PGY2, to be completed during PGY2.

COMPARABLE HEALTH SYSTEM

Eligibility for registration in a provisional general scope

To be eligible to apply for registration in a provisional general scope, the applicant must:

- hold a primary medical degree listed in the World Directory of Medical Schools; and
- have worked for a minimum of 33 months (for at least 30 hours per week) during the 48 months prior to application in a health system comparable to New Zealand; and
- hold full or general registration in a jurisdiction(s) they have worked during that time (or be satisfactorily participating in a training programme recognised by the American specialty boards, the Canadian specialist colleges, or the Irish Medical Council); and
- have been offered employment in the same or a closely related branch of medicine to which the applicant has been working for the last 33 out of 48 months; and
- have been offered employment at a similar level of responsibility to which the applicant has been working for the last 33 out of 48 months.

Eligibility for registration in a general scope

To be eligible to apply for registration in a general scope, the applicant must have completed the following requirements while working within a provisional general scope:

- Completed 12 months working within a provisional general scope in a New Zealand hospital, general practice, educational institution or other organisation approved by the Council, in a position for which the medical practitioner has appropriate experience, and under the supervision of a medical practitioner approved by the Council; and
- Received satisfactory supervision reports for the 9 months of medical practice completed immediately prior to applying for registration within a general scope. Registration within a provisional scope will be extended for up to 2 years if the doctor receives any poor supervision reports during their first year of registration, until the doctor has received three consecutive satisfactory reports.
- Been recommended for registration within a general scope by his or her supervisor.

Conditions limiting the doctor's practice may be imposed on the doctor's registration in a general scope of practice if the doctor does not complete a minimum of 6 months of medicine and 6 months surgery during the provisional period.

To avoid limitations on a doctor's general scope of practice, the following steps may be taken:

Either:

- After Council has received two positive supervision reports, the doctor may be permitted to work in an area of medicine for which the doctor does not have recent experience in a comparable health system. For this to be approved by Council, the doctor must have a job offer:

- as a house officer or senior house officer (ie PGY1 or PGY2 level) in a hospital accredited by Council for the purposes of prevocational training to ensure the hospital is able to provide adequate support, training and education opportunities (ie, tutorials). The doctor does not need to work in accredited attachments but must work in a role that has received sign off by the Chief Medical Advisor at the hospital to ensure the role has adequate supervision and assessment.

Or

- Spend at least 6 of the 12 months working in a Council approved general practice position.

More information is available in the *Policy on changing the scope of practice for doctors registered within a provisional general scope to registration within a general scope of practice without limitations*.

AUSTRALIAN GENERAL REGISTRANTS

Eligibility for registration in a provisional general scope

To be eligible to apply for registration in a provisional general scope, the applicant must:

- hold a primary medical degree listed in the World Directory of Medical Schools; and
- have passed an Australian Medical Council (AMC) MCQ examination; and
- have passed an AMC Clinical examination or successfully completed a formal AMC-approved workplace-based assessment; and
- have satisfactorily completed 12 months of supervised practice in Australia culminating in full general registration in Australia

Eligibility for registration in a general scope

To be eligible to apply for registration in a general scope, the applicant must have:

- completed one year of satisfactory supervised practice working within the provisional general scope in a New Zealand hospital, general practice, educational institution or other organisation approved by the Council, in an approved position under supervision approved by the Council;
- achieved advanced cardiac life support (ACLS) certification within the last 12 months at the level of New Zealand Resuscitation Council CORE Advanced for doctors working in hospital-based practice; or CORE Immediate for doctors working in general practice or non clinical-based practice; and
- been recommended for registration within the general scope by his or her supervisor, who has been the applicant's supervisor for at least 3 months immediately prior to the application.

4. REGISTRATION WITHIN A VOCATIONAL SCOPE OF PRACTICE FOR INTERNATIONAL MEDICAL GRADUATES

Policy statement	<p>The Medical Council of New Zealand will assess the eligibility of doctors who have overseas qualifications, training and experience as specialists for registration within a vocational scope of practice.</p> <p>To qualify for registration the doctor must:</p> <ul style="list-style-type: none"> ■ satisfy the Medical Council's English language requirements; and ■ be fit for registration (HPCAA, s 16); and ■ be able to assure Council that he or she has qualifications, training and experience equivalent to, or as satisfactory as, that of a New Zealand trained doctor registered within the same vocational scope (HPCAA, s 15(2)); and ■ be capable of independent, unsupervised practice; and ■ be competent to practise medicine within the vocational scope applied for; and ■ be intending to practise in New Zealand. <p>This policy must be read with reference to Council's <i>Policy on Registration in New Zealand</i>.</p>
Rationale	<ol style="list-style-type: none"> 1. The Council is responsible for protecting the health and safety of members of the public by providing for mechanisms to ensure that doctors are competent and fit to practise medicine in New Zealand (HPCAA, section 3). 2. International medical graduates (IMGs) registered within a vocational scope must demonstrate that their qualifications, training and experience are equivalent to, or as satisfactory as, that of a New Zealand trained doctor working and registered within the same scope of practice.
Procedure	<ol style="list-style-type: none"> 3. The Council has two pathways to assess the eligibility of IMGs who have completed their vocational training and have appropriate qualifications, training and experience for registration within a vocational scope of practice. 4. Applications must be made in a recognised vocational scope, requirements for which are listed on the Council's website. 5. Council takes advice from the appropriate vocational education and advisory body (VEAB) responsible for advising Council about matters relevant to a particular vocational scope. 6. The VEAB will carry out an initial paper assessment, which may be done while the applicant is overseas. If the IMG is considered to be suitable to proceed, he or she will most likely be required to attend an interview with the VEAB. The IMG may be allowed to start work pending the interview; but always under assessment in the first instance.

7. The VEAB will advise Council on whether or not the IMG's training, qualifications and experience are equivalent to, or as satisfactory as, that of a New Zealand trained doctor registered within the same vocational scope. The VEAB will also advise whether the IMG is suitable for registration within a vocational scope via:
 - (1) the supervision pathway; or
 - (2) the assessment pathway.
8. Council requires IMGs to satisfactorily complete a minimum of 6-18 months of supervised practice which allows the IMG to to the New Zealand health environment. The medical college will recommend what, if any, additional assessment is required. This may include:
 - supervision by doctor(s) who are registered within the same vocational scope (including one additional supervisor who is not working onsite with the IMG);
 - a performance assessment;
 - a multi-source feedback process (colleagues, patients and self);
 - a formal audit of any interventions performed in procedural based practice;
 - sitting and passing the relevant VEAB examination;
 - a vocational practice assessment;
 - other forms of assessment
9. Council will assess the application for registration within a vocational scope and the VEAB advice. Council has the discretion to determine whether the applicant's qualifications, training and experience are appropriate for registration within the vocational scope applied for and what, if any, further assessment should be undertaken.
10. Once the IMG has suitable employment arranged, he or she will be registered within a provisional vocational scope of practice via one of the following two pathways:
 - (1) provisional vocational scope (supervision)
 - (2) provisional vocational scope (assessment).
11. Provisional vocational scope (supervision)

If Council considers that the applicant has training, qualifications and experience equivalent to that of a New Zealand trained doctor registered within the same vocational scope, and is capable of practising at the required standard, the doctor will be eligible to apply for registration within a provisional vocational scope of practice (supervision).

In order to qualify for registration within this scope the applicant is required to satisfactorily complete a minimum of 6-12 months of supervised practice.

(In this pathway, IMGs' training and assessment programmes are well known and similar to those in Australasia. For example, those IMGs holding a postgraduate qualification from the UK and the UK Certificate of Completion of Training (CCT).)

12. Provisional vocational scope (assessment)

If Council considers that the applicant's training, qualifications and experience are as satisfactory as a New Zealand trained doctor registered within the same vocational scope, then the doctor will be eligible to apply for registration within this scope.

The IMGs registered within a provisional vocational scope (assessment) will need to meet the following criteria:

- i. the VEAB advice is that the IMG is suitable for registration within a vocational scope via the assessment pathway; and
- ii. the VEAB advice is that the IMG must work under supervised assessment for 12 to 18 months and undertake additional assessment, if any.

Supervision for provisional vocational scope (assessment)

The applicant is required to work under supervised assessment for 12 to 18 months. Requirements for supervision are:

- one or more supervisor(s) who are registered within the same vocational scope applied for; and
- supervisor(s) to provide comprehensive supervision reports to Council and the relevant VEAB at 3 monthly intervals.

13. Types of assessment

The applicant must satisfactorily complete further assessment as required within the 12 to 18 months of registration within a provisional vocational scope of practice to confirm his or her eligibility for registration within a vocational scope of practice. The assessment may include:

- practice assessment undertaken by doctors with the relevant vocational scope
- a 360 degree evaluation (by colleagues, patients and self)
- a formal audit of interventions in procedural based practice (the IMG should maintain a log book including names, numbers and outcomes of procedures performed)
- sitting and passing the relevant VEAB examination
- a vocational practice assessment
- other forms of assessment.

If the IMG does not meet the required standard as demonstrated through the assessment process, then the case will be reconsidered by Council. Council may direct the IMG to either reskill in a particular area of deficiency or to satisfactorily complete other forms of assessment, such as having to sit and pass the relevant VEAB examination.

14. On satisfactory completion of these requirements, and if the doctor has shown he or she is competent and suitable for independent, unsupervised practice, Council will authorise a change of scope from a provisional vocational scope of practice to a vocational scope of practice.

15. If the IMG fails to satisfy the conditions on his or her practice required by Council to ensure competence in a vocational scope within 2 years, the Registrar will refer the IMG's application for an practising certificate to the Council under s27(1)(b) of the HPCAA. The Council may:

- extend registration within a provisional vocational scope for a further period; or
- propose to either place restrictions on, or decline to issue the IMG's practising certificate under s 28, and give the IMG an opportunity to make written submissions and be heard by Council; and
- then make a decision whether to issue the practising certificate.

Notes

16. These pathways are only for assessment of doctors who have completed their vocational training overseas. Registration will not be granted to enable a doctor to participate in a vocational training programme.

17. All IMGs applying for registration within a vocational scope of practice must be intending to practise in New Zealand. Registration will only be granted once the IMG has attended a registration interview and has suitable employment arranged.

18. If an applicant has not been assessed for general medical competence, then he or she will be authorised to practise only within a specified vocational scope, and will be subject to conditions imposed by the Council under s22 of the HPCAA.

5. REGISTRATION WITHIN A SPECIAL PURPOSE SCOPE OF PRACTICE

Policy statement This policy applies to doctors wishing to enter New Zealand temporarily to:

- teach
- train
- carry out research
- work as a locum tenens as a specialist
- assist in an emergency or other unpredictable, short-term purpose, or
- work as a teleradiologist.

This policy must be read with reference to the Medical Council of New Zealand's (The Council) *Policy on registration in New Zealand*, the definitions and guidelines for a Council approved postgraduate training programme with a structured supervision plan (see Appendix 1), and the requirements for working as a teleradiologist (Appendix 2).

<p>Rationale</p>	<p>Council is responsible for protecting the health and safety of members of the public by providing mechanisms to ensure that doctors are competent and fit to practise medicine in New Zealand (HPCAA, section 3). Specifically, Council can only register a doctor who meets the following three requirements:</p> <ul style="list-style-type: none"> ■ has a prescribed qualification. A prescribed qualification is an approved medical qualification or a combination of overseas / New Zealand qualifications, training and experience¹; ■ is fit for registration; ■ is competent to practise within the scope of practice for which he or she has applied. <p>The special purpose scope of practice is a temporary form of registration in New Zealand, specific to a particular purpose which has been identified by Council.</p> <p>Registration within a special purpose scope of practice under this policy is not a pathway to permanent registration within a general scope or in a vocational scope of practice.</p>	<p>Specific criteria for each special purpose scope</p> <ol style="list-style-type: none"> 1. Teaching as a visiting expert scope 2. Postgraduate training scope Postgraduate training 	<p>The following outlines the specific requirements for each special scope (in addition to those outlined in paragraph 4).</p> <hr/> <p>The applicant must have been invited by an institution approved by the Council, which has specified the nature of any patient contact.</p> <hr/> <p>Purpose: The purposes of this scope of practice are:</p> <ul style="list-style-type: none"> ■ to provide up to 2 years registration for doctors wishing to train in New Zealand ■ to obtain knowledge and skills to take back to their own/sponsor country <p>A postgraduate training programme will offer doctors a post:</p> <ul style="list-style-type: none"> ■ to improve and advance the trainee's medical education in their clinical specialty and targeted / identified sub specialties (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. <p>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.</p> <p>Notes:</p> <p>Trainees wishing to continue practising in New Zealand may decide to apply for admission to NZREX Clinical, but admission to sit the exam will not be granted while they are still registered in the postgraduate training scope.</p> <p>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.</p> <p>Night cover: There will be some preliminary requirements the employer must satisfy before the doctor is permitted to provide night cover as defined in the Policy for doctors in New Zealand for postgraduate training in relation to working at nights.</p> <p>Relief runs: The trainee will not be permitted to work in a relief run for the duration of their registration (excluding trainee doctors working in cardiothoracic surgical training units).</p> <p>Limit of trainees at any one centre (Cardiothoracic Surgical Unit trainees) Numbers of trainees at any one centre will be limited in line with the <i>Protocol for postgraduate trainees working in cardiothoracic surgery</i>.</p>
<p>Registration requirements for all special purpose scopes</p>	<p>To qualify for registration within a special purpose scope of practice the applicant must:</p> <ul style="list-style-type: none"> ■ be fit for registration ■ be competent to practise ■ hold an acceptable primary medical degree from a university medical school listed in the Avicenna directory (formerly WHO directory) of medical schools ■ meet Council's policy on English language requirements ■ meet the supervision requirements in the Council's publication Orientation and Induction of International Medical Graduates; and ■ satisfy the further criteria for one of the following special purposes (outlined below in paragraphs to 7.1 to 7.6). 		
<p>Conditions on working within a special purpose scope</p>	<p>Once a doctor is registered within a special purpose scope of practice the doctor must work:</p> <ul style="list-style-type: none"> ■ in a New Zealand hospital, general practice, educational institution or other organisation approved by the Council ■ under the supervision of a registered doctor approved by the Council ■ for the duration of the teaching, training, research, emergency, or locum tenens ■ within a Council recognised scholarship or fellowship programme. <p>No clinical work may be undertaken other than that approved by Council.</p>		

¹ Council policy and the application of section 15 (2) means Council may treat any overseas qualification as a prescribed qualification.

Prerequisite requirements:

The prerequisite for acceptance will be fulfilling the criteria below for registration by the Medical Council of New Zealand within a special purpose (postgraduate training) scope of practice:

- a training plan providing evidence 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 (See page for x for guidelines on what to include in the training programme).
- have current medical registration in his or her own country (or the country providing sponsorship), to which he or she will return on completion of the training.
- have been registered and practising in their home/sponsor country for a minimum of 1 year immediately prior to application (excluding 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).

The trainee must be either:

- 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 his or her own country; or
- has worked for at least 12 months in an institution with which a New Zealand hospital or medical school has an exchange programme.

The trainee must have evidence of guaranteed continuing employment in his or her home/sponsor country at the completion of the period of training in New Zealand.

They also must have employer approval:

- within a District Health Board (DHB), the application must be approved by the Chief Medical Adviser or Chief Medical Officer of the DHB (or their delegate) confirming that the position is part of a training programme of that DHB and that the purpose of the role is primarily for the trainee to gain postgraduate experience; or
- within an organisation other than a DHB, high level sign-off is required from an appropriate person or organisation at the discretion of the Registration Manager.

The proposed supervisor must provide:

- details of the level of responsibility to be delegated to the trainee
- an induction and supervision plan including details of orientation to the New Zealand health system

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. Quarterly reports submitted to Council will need to confirm that this is occurring.

Confirmation of funding must be provided from the employer that the training will not be funded by the Investment Relationship and Purchasing arm of Health Workforce New Zealand.

Three monthly reports on learning outcomes. The trainee will provide 3-monthly reports evaluating their training post and their progress towards meeting their training objectives. The reports will also confirm that the trainee has been participating in at least 2 hours per week of protected time to attend relevant tutorials, grand rounds, etc.

Guidelines for a postgraduate training plan

A training plan is a personalised plan provided to the trainee doctor with suggested reading. It must include some or all of the following:

1. A programme of education and training that may include:

- clinical observership
- clinical responsibilities including patient care
- lectures
- conferences/courses
- journal club
- case presentations
- research

2. A training schedule detailing:

- orientation
- learning objectives
- clinical competencies and their assessment
- professional competencies, communication skills and their assessment
- operative programme (if applicable)
- reflective learning of clinical experience
- critical appraisal of scientific evidence
- formal teaching

3. The trainee doctor's personal expectations

4. A log to record medical education and training undertaken recording:

- surgical procedures (if applicable)
- major non-surgical procedures (if applicable)
- presentations made
- clinical audit
- continuing medical education e.g. journal club, seminars, tutorials,
- conferences
- reflective learning observations
- critical incidents (if appropriate)

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 vocational training programme.

3. Teleradiology

New applicants

Registration within the special purpose scope of practice teleradiology for consumers is for a maximum period of 12 months. Applicants who meet the requirements within this scope of practice, may be approved immediately for registration up to a maximum period of 12 months.

A medical practitioner may be registered to provide teleradiology services to New Zealand consumers for up to 12 months. If the practitioner wishes to continue to practise after that time, he/she will need to apply for registration again. Registration via this pathway will be reviewed following receipt of advice from the BAB and then every 12 months thereafter.

The medical practitioner must:

- have a postgraduate qualification in diagnostic radiology, approved by Council and published on the Council's website (see list below):

United Kingdom

Fellow of the Royal College of Radiologists AND if Fellowship obtained after following dates, must be accompanied by:

After 12 January 1996

- CCST from Specialist Training Authority of the Medical Royal Colleges

After 30 September 2005

- CCT from Postgraduate Medical Training Board

New Zealand

Fellow of the Royal Australian and New Zealand College of Radiologists

Canada

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

South Africa

Fellow of the Faculty of Radiology (Diagnosis) of the College of Medicine of South Africa

Fellow of the College of Radiologists of South Africa (Diagnostic Radiology)

Fellowship of the College of Diagnostic Radiologists of South Africa

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

- be registered in the 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 scope of diagnostic radiology for at least 24 out of the last 36 months.
- be providing radiology services under contract to a health provider located in New Zealand and be fully credentialled by the health provider.
 - o The medical practitioner must have a contract with a health provider located in New Zealand who has undertaken a comprehensive credentialling process for the medical practitioner prior to applying for registration.
 - o This New Zealand based health provider must carry out a comprehensive credentialling process for the doctor prior to applying for registration. This means that the health provider will 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.
 - o The health provider must credential CPD throughout the period of registration.
 - o The New Zealand based healthcare 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
 - o The New Zealand based health provider must 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 NZ and the doctor's home country should a complaint be received and must also permit and facilitate external review and investigation by those authorities.

- o The overseas facility the doctor works for must be accredited by a suitable national or international accreditation body. (IANZ accreditation is required, where this is available). Supervision of the doctor is to be provided by the clinical director of the New Zealand health facility. Supervision must include:
 - details of the level of responsibility to be delegated to the doctor.
 - an induction / orientation and supervision plan which contains details of induction and orientate; details of how supervision will occur, including the frequency of meetings; and availability by 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. If reporting of a full 30 cases is unable to be met, the Council may consider accepting less for the audit.
- o Supervision reports are to be provided to Council for each three-month period. Reports must include details of audits undertaken and reviewed by the supervisor.

Reapplying for registration in this special purpose scope

1. Within 24 months since the applicant was last registered in this scope of practice:

If an applicant wishes to continue practice immediately following expiry of the current registration, then they will need to provide:

- an updated job offer / evidence of continued employment for a further 12 month period (or less, whichever is applicable)
- an updated supervision plan; and
- verified evidence to the MONZ from the applicant’s respective professional bodies of CPD participation which must include peer review and audit undertaken over the past 12 months.

Council will need to have received from the NZ-based supervisor satisfactory quarterly supervision reports for the period(s) that the applicant has previously been registered.

2. More than 24 months since applicant was last registered in this scope of practice:

If an applicant applies more than 24 months since they were last registered within this scope of practice, they will need to submit a completely new application.

4. Research
The research project must have the approval of a formally constituted ethics committee in New Zealand, and patients’ informed consent must be received if patient treatment is involved.

5. Locum Tenens
The applicant may work in New Zealand for up to 12 months within in any 18 months period. If the doctor intends to practise in New Zealand beyond 12 months he or she must apply for a permanent form of registration as no extensions are granted.

Prerequisites

The applicant must meet the following requirements:

- have an approved postgraduate specialist qualification in the branch of medicine in which the doctor wishes 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 other words a minimum of 1,760 hours worked, counting a maximum of 40 hours per week and excluding on-call and overtime hours)
- 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. Or, where no recertification requirements have been set by that authority, provide separate evidence (to the satisfaction of the Registrar) of ongoing professional development during that period of practice
- have employment in New Zealand
- meet the supervision requirements under the Orientation, Induction and Supervision booklet, appropriate for the propose position the applicant will be working in.

The applicant may work at all levels of employment, and is not restricted to working at consultant level.

6. Emergency or other unpredictable, short-term situation

Prerequisites

The applicant must have qualifications appropriate to the requirements of the emergency or other unpredictable situation, and as determined by Council.

² Council has delegated to the Registrar the decision on whether the recertification requirements have been met, acting on the advice of the Medical Adviser, to:

- waive the recertification requirement if (during that period) the doctor has been practising in a jurisdiction where no formal recertification programme is offered; and
- accept instead satisfactory evidence of their participation in appropriate CPD activities during that period.

6. POLICY ON REFERENCE REQUIREMENTS FOR REGISTRATION APPLICATIONS

Policy statement	All applications for registration must be accompanied by at least three comprehensive references regarding a doctor's fitness and competence to practise medicine.
Rationale	<ol style="list-style-type: none"> 1. Authentic references are the best way to ensure whether an applicant is fit and competent to practise medicine in New Zealand. 2. In accordance with section 3 of the HPCAA 2003, Council's principal purpose is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions. 3. To ensure authenticity of references, it is important that there is direct communication between the employer/agent and the referee. This limits the ability of a doctor to influence the reference.
Procedure	<p>Vocational scope of practice and special purpose scope of practice (locum tenens) applications</p> <ol style="list-style-type: none"> 4. References must be completed by consultants/specialists who are familiar with the applicant's current professional practice and have worked with the applicant for at least 6 months within the last 3 years. At least one of these must be from the applicant's most recent employer. 5. The referees must be consultants/specialists in the same branch of medicine as the applicant, and must have worked closely with and be familiar with the applicant's practice at a consultant/specialist level. 6. References must be completed on Council's RP6/9 referee report. 7. References must be dated within 6 months of the doctor's completed application being received in the Council office. 8. Where an applicant is applying for registration within a special purpose scope of practice (locum tenens), evidence that references have been verified must be provided to the Medical Council of New Zealand by the employer/agent. 9. Where an applicant is applying for registration within a vocational scope of practice, Council staff will make direct contact with the nominated referees directly to verify the reports <p>General scope of practice and provisional general scope of practice (comparable health system and competent authority) applications</p> <ol style="list-style-type: none"> 10. References must be completed by senior medical colleagues who are familiar with the applicant's current professional practice and have worked with the applicant for at least 6 months within the last 3 years. At least one of these must be from the applicant's most recent employer.

11. In the case of house officers who are rotating across different areas of medicine every 3 or 4 months, the 'most recent employer' reference must be from a senior colleague who has been working on the same attachment as the applicant doctor at the time that the application for registration is submitted to Council.

(This will not be required if the applicant doctor recently rotated to a new attachment within the same hospital and has worked on the current attachment for less than one month at the time that their application is submitted to the Council, unless other referees have indicated that there may be concerns about the applicant doctor's practice).
12. Where an applicant is applying for registration at registrar level or above, the referees must be consultants/specialists in the same branch of medicine as the applicant, and must have worked closely with and be familiar with the applicant's practice at the level they have been appointed to in New Zealand.
13. References must be of the following format:
 - comprehensive verbal reports, between the employer/agent and the referee; or
 - comprehensive references sent by email from the referee directly to the employer/agent; or
 - comprehensive written references, which then need to be verified by direct telephone contact by the employer/agent as to authenticity.
14. References must be dated within 6 months of the doctor's completed application being received in the Council office.
15. Evidence that written references have been verified must be provided to the Medical Council of New Zealand by the employer/agent.

7. POLICY ON CHANGING THE SCOPE OF PRACTICE FOR DOCTORS REGISTERED WITHIN A PROVISIONAL GENERAL SCOPE TO REGISTRATION WITHIN A GENERAL SCOPE OF PRACTICE WITHOUT LIMITATIONS

Policy statement	<p>The Medical Council of New Zealand has set requirements for doctors to meet before they may be registered to work in New Zealand within a general scope of practice.</p> <p>Doctors will work on a provisional general scope for up to 2 years, subject to conditions to satisfy the Council that all requirements for registration in a general scope are met.</p> <p>Council may propose to put limitations on a doctor's general scope of practice if this is considered necessary in the interests of public health and safety.</p> <p>However, Council may consider the approval of a doctor's general scope of practice without conditions limiting their general scope to a particular branch of medicine, if the doctor can demonstrate to Council that they have adequate skill and knowledge to practise medicine within a general scope of practice without conditions.</p>
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This policy must be read with reference to Council's *Policy on registration in New Zealand and Policy on registration within a general scope of practice*.

Notes

This policy will apply only to doctors who have:

1. Obtained registration within a provisional general scope of practice through the comparable health or the transitional arrangement pathways.
2. Been approved to work at a level of either: house officer, senior house officer, registrar or medical officer across a broad range of medical practice since coming to New Zealand.
3. Satisfied the conditions in the provisional general scope of practice.
4. Satisfactorily completed a minimum of one year full time or equivalent experience under supervision in New Zealand on a provisional general scope.
5. Satisfactorily completed 6 months surgery and 6 months medicine during the two years on a provisional general scope. The 6 months medicine must not include more than three months emergency medicine. There is no requirement for the doctor to work in Council accredited category A or B medical or surgical runs.
6. Received satisfactory reports for the three runs completed (or 9 months worked) immediately prior to applying for registration within a general scope.
7. Been recommended for registration within a general scope of practice without limitations by his or her supervisor.

A doctor who was approved registration within a provisional scope of practice limiting the scope to one area of practice may not be considered for a general scope without limitations.

Process

8. The applicant will complete the application form (COS4), supply the documentation listed on the form and forward the completed application to the Council office.
9. Depending on the doctor's individual circumstances, additional information may be obtained either from the applicant or from another source eg, employer or supervisor before the application is considered by Council.

SECTION 5 | DEFINITIONS

1. THE PRACTICE OF MEDICINE

Definition	<p>The Council defines the practice of medicine as including any of the following:</p> <ul style="list-style-type: none"> ■ 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, the 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 MB ChB degree (or equivalent) and built upon in postgraduate and continuing medical education (CME), wherever there could be an issue of public safety.
Notes	<ol style="list-style-type: none"> 1. '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 institutional contexts, whether paid or voluntary. 2. Emergency care is so much a part of a doctor's professional ethic that, in the opinion of the Council a qualified doctor who is not registered may render medical or surgical aid to any person in an emergency when a registered doctor is unavailable.

2. CLINICAL PRACTICE AND NON-CLINICAL PRACTICE

Clinical practice	<p>Clinical practice is any work undertaken by a doctor that relates to the care of an individual patient.</p> <p>All doctors in clinical practice registered within a vocational scope of practice should be enrolled in recertification programmes.</p>
Non-clinical practice	<p>Non-clinical practice is any work undertaken by a doctor that does not relate to the care of an individual patient.</p> <p>If a doctor working in non-clinical practice can satisfy Council that their work has no / low risk to public health and safety they may recertify via a collegial relationship with another doctor to ensure the doctor is maintaining competence and taking part in continuing professional development (CPD). Alternatively, they may form a relationship with a CPD associate within an organisational appraisal system that includes requirements for CPD.</p> <p>The doctor may also be able to claim a reduction of the PC fee (dependent on income) or waiving of the PC fee (if retired and giving service to the profession).</p>

3. RECERTIFICATION AND CONTINUING PROFESSIONAL DEVELOPMENT

HPCAA	The HPCAA specifically requires doctors to maintain their competence in the interests of public health and safety.
Recertification and Continuing professional development (CPD)	<p>To facilitate this, Council requires all doctors registered in a general and/or vocational scope to participate in recertification programmes appropriate to their practice; which includes CPD.</p> <ul style="list-style-type: none"> ■ CPD is continuing medical education, peer review and clinical audit. ■ Doctors will be asked to provide details about their recertification when they apply for a practising certificate. ■ Council will audit 20 percent of applicants to ensure they are complying with the requirements.
Recertification	<ul style="list-style-type: none"> ■ If the recertification requirements have been met a new practising certificate is issued. This is called recertification and shows the doctor is competent to practise within his or her scope at the time the certificate is issued.
Non-compliance	<ul style="list-style-type: none"> ■ If a doctor does not meet the CPD/recertification requirements, they may be referred to Council for consideration of conduct proceedings.

4. COMPETENT AUTHORITY

Requirements of competent authorities	<p>The authority will have a system:</p> <ul style="list-style-type: none"> ■ for the accreditation of medical schools in its jurisdiction to ensure graduates meet required standards ■ of monitoring new medical graduates in their first year of registration to ensure their skill and knowledge is of a required standard ■ for accreditation of postgraduate training and qualifications ■ of assessing the knowledge and skills of overseas trained doctors who want to be registered in the jurisdiction to ensure their standard is comparable to locally trained doctors ■ to maintain a public register listing all medical practitioners registered in the jurisdiction, including any conditions on their practice ■ for regularly reviewing ongoing practice standards – recertification, revalidation and credentialing ■ to ensure doctors are fit to practise ■ to deal with complaints about doctors performance ■ to issue certificates of professional status.
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Recognised competent authorities	<p>Registration authorities recognised as competent for the purposes of registration by the Medical Council of New Zealand:</p> <ul style="list-style-type: none"> ■ General Medical Council (United Kingdom) ■ Irish Medical Council
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5. COMPARABLE HEALTH SYSTEM – CRITERIA (BASED ON WHO INDICES)

Public health indicators	<p>Life expectancy at birth</p> <ul style="list-style-type: none"> ■ Infant mortality rate ■ Under 5 mortality rate ■ Survival to age 65 ■ Healthy life expectancy at 60 		
Practice environment and registration indicators	<ul style="list-style-type: none"> ■ Similar registration system ■ Percentage of registered medical practitioners per head of population ■ Per capita total expenditure on health ■ WHO health system achievement 		
Countries considered to have a health environment comparable to that of New Zealand	<table border="0"> <tr> <td> <ul style="list-style-type: none"> ■ Australia ■ Austria ■ Belgium ■ Canada ■ Czech Republic ■ Denmark ■ Finland ■ France ■ Germany ■ Greece ■ Iceland ■ Israel </td> <td> <ul style="list-style-type: none"> ■ Italy ■ Norway ■ Portugal ■ Republic of Ireland ■ Singapore ■ Spain ■ Sweden ■ Switzerland ■ The Netherlands ■ United Kingdom ■ United States of America </td> </tr> </table>	<ul style="list-style-type: none"> ■ Australia ■ Austria ■ Belgium ■ Canada ■ Czech Republic ■ Denmark ■ Finland ■ France ■ Germany ■ Greece ■ Iceland ■ Israel 	<ul style="list-style-type: none"> ■ Italy ■ Norway ■ Portugal ■ Republic of Ireland ■ Singapore ■ Spain ■ Sweden ■ Switzerland ■ The Netherlands ■ United Kingdom ■ United States of America
<ul style="list-style-type: none"> ■ Australia ■ Austria ■ Belgium ■ Canada ■ Czech Republic ■ Denmark ■ Finland ■ France ■ Germany ■ Greece ■ Iceland ■ Israel 	<ul style="list-style-type: none"> ■ Italy ■ Norway ■ Portugal ■ Republic of Ireland ■ Singapore ■ Spain ■ Sweden ■ Switzerland ■ The Netherlands ■ United Kingdom ■ United States of America 		

6. SUPERVISION

Who must be supervised	<p>Doctors who are registered within the following scopes of practice must be supervised:</p> <ul style="list-style-type: none"> ■ provisional general ■ provisional vocational ■ special purpose ■ anyone ordered by Council to practise under supervision.
Who can supervise	Supervisors must be doctors registered in the vocational scope of practice with whom the supervisee is working.
On-site supervision	On-site supervision is preferred. In situations where the service has two or more doctors registered in the vocational scope of practice where the supervisee is working, no off-site supervision will be required.
Off-site supervision	<p>Off-site supervision is required in all situations where there is no doctor onsite who is registered in the vocational scope of practice in which the supervisee is working. The supervisee will be required to work at the same location as the off-site supervisor for a minimum of 2 weeks.</p> <p>Off-site supervision is also required in situations where there is only one doctor registered in the vocational scope of practice in which the supervisee is working. In these situations, the off-site supervisor is considered secondary and should contribute to the content of the supervision report, but is not responsible for reporting to the Council.</p>
What must a supervision plan include	<p>At minimum a supervision plan must include:</p> <ul style="list-style-type: none"> ■ name of supervisor(s) ■ if only on-site supervision provided, confirmation of other doctors registered in the same vocational scope who work in the same service ■ formal meeting schedule (a minimum must be daily for first week, weekly for first month and monthly thereafter) ■ nature of informal supervision (ie time worked together each week) ■ service and CPD meeting schedule / requirements. <p>Additional support (may be required in some cases):</p> <ul style="list-style-type: none"> ■ buddying ■ period of observing and being observed supernumerary period.
More information	More information about supervision is available in the Council's supervision guide .

7. DEFINITIONS OF VOCATIONAL SCOPES OF PRACTICE

Anaesthesia	<p>Anaesthesia is the provision of anaesthetics, peri-operative care, intensive care and pain management to patients and can include the provision of resuscitation, retrieval/transportation (inter and intra hospital) and hyperbaric medicine to patients. Encompassed in this is the advancement of professional standards, patient safety, education and the advancement of the science and practice of anaesthesia, peri-operative medicine, intensive care and pain medicine.</p> <p>Qualification: Fellowship of the Australian and New Zealand College of Anaesthetists (FANZCA)</p>
Cardiothoracic surgery	<p>Cardiothoracic surgery is the diagnosis and treatment (operative and non operative) of patients with disorders of structures within the chest including: the heart and vascular system, the lungs and trachea, the oesophagus, the diaphragm and chest wall. It includes the management of trauma and congenital and acquired disorders of these structures.</p> <p>Qualification: Fellowship of the Royal Australasian College of Surgeons (FRACS)</p>
Clinical genetics	<p>Clinical genetics is the investigation and diagnosis of and provision of medical advice, assessment and management of patients in relation to inherited genetics and chromosomal disorders and predispositions.</p> <p>Qualification: Fellowship of the Royal Australasian College of Physicians (FRACP)</p>
Dermatology	<p>Dermatology is the study, research and diagnosis of disorders, diseases, cancers, cosmetic, ageing and physiological conditions of the skin, fat, hair, nails and oral and genital membranes, and the management of these by different investigations and therapies, including but not limited to dermatohistopathology, topical and systemic medications, dermatologic surgery, dermatologic cosmetic surgery (including liposuction), phototherapy, laser therapy, radiotherapy, photodynamic therapy and other therapies that become available.</p> <p>Qualification: Fellowship of the Royal Australasian College of Physicians (FRACP)</p>
Diagnostic and interventional radiology	<p>Diagnostic and interventional radiology is the diagnosis and treatment of patients utilising imaging modalities including general radiography, angiography, fluoroscopy, mammography, ultrasound, computed tomography, magnetic resonance imaging, nuclear medicine and bone densitometry.</p> <p>Qualification: Fellowship of the Royal Australian and New Zealand College of Radiologists (FRANZCR)</p>

Emergency medicine	<p>Emergency medicine is a field of practice based on the knowledge and skills required for the prevention, diagnosis and management of acute and urgent aspects of illness and injury affecting patients of all age groups with a full spectrum of undifferentiated physical and behavioural disorders. It further encompasses an understanding of the development of pre-hospital and in-hospital emergency medical systems and the skills necessary for this development.</p> <p>Qualification: Fellowship of the Australasian College for Emergency Medicine (FACEM)</p>
Family planning / reproductive health	<p>Family planning/reproductive health is the treatment of, and health provision to, patients in relation to contraception, reproductive health and associated primary sexual health issues.</p> <p>Qualification: Diploma in Sexual and Reproductive Health (Dip SRH)</p>
General practice	<p>General practice is an academic and scientific discipline with its own educational content, research, evidence base and clinical activity, and a clinical speciality orientated to primary care. It is personal, family, and community orientated comprehensive primary care that includes diagnosis, continues over time, is anticipatory as well as responsive.</p> <p>Qualification: Fellowship of the Royal New Zealand College of General Practitioners (FRNZOGP).</p>
General surgery	<p>General surgery is a broadly based specialty which includes the diagnosis and treatment (operative and non operative) of patients with disorders of: colon and rectum, upper gastro-intestinal organs, breasts, endocrine organs, skin and subcutaneous structures, blood vessels including varicose veins and the head and neck region. It also includes the early and ongoing management of trauma.</p> <p>Qualification: Fellowship of the Royal Australasian College of Surgeons (FRACS)</p>
Intensive care medicine	<p>Intensive care medicine is the diagnosis and treatment of patients with acute, severe and life threatening disorders of vital systems whether medical, surgical or obstetric in origin and whether adult or paediatric.</p> <p>Qualification:</p> <ul style="list-style-type: none"> (a) Fellowship of the Joint Faculty of Intensive Care Medicine of the Australian and New Zealand College of Anaesthetists (FJFICM) (b) Fellowship of the Royal Australasian College of Physicians (FRACP) (c) Diploma of Fellowship of the College of Intensive Care Medicine of Australia and New Zealand (FCICM)

Internal medicine	<p>Internal medicine is the diagnosis and management of patients with complex medical problems which may include internal medicine, cardiology, clinical immunology, clinical pharmacology, endocrinology, gastroenterology, geriatric medicine, haematology, infectious diseases, medical oncology, nephrology, neurology, nuclear medicine, palliative medicine, respiratory medicine and rheumatology.</p> <p>Qualification: Fellowship of the Royal Australasian College of Physicians (FRACP)</p>
Medical administration	<p>Medical administration is administration or management utilising the medical and clinical knowledge, skill, and judgement of a registered medical practitioner, and capable of affecting the health and safety of the public or any person. This may include administering or managing a hospital or other health service, or developing health operational policy, or planning or purchasing health services. Medical administration does not involve diagnosing or treating patients.</p> <p>Qualification: Fellowship of the Royal Australasian College of Medical Administrators (FRACMA)</p>
Musculoskeletal medicine	<p>Musculoskeletal medicine is the diagnosis and treatment (or referral) of patients with neuro-musculoskeletal dysfunction, disorders and diseases, most of whom present with acute or chronic pain problems.</p> <p>Qualification:</p> <ul style="list-style-type: none"> (a) Certificate of Accreditation in Musculoskeletal Medicine from the New Zealand Association of Musculoskeletal Medicine (CANZ AMM) (b) Fellowship of the Australasian Faculty of Musculoskeletal Medicine (FAFMM)
Neurosurgery	<p>Neurosurgery is the diagnosis and treatment (operative and non-operative) of patients with disorders of the central, peripheral and autonomic nervous system including their supportive structures and blood supply. This includes the skull, brain, meninges, spinal cord, spine, and pituitary gland. It also includes the management of traumatic, neoplastic, infective, congenital, and degenerative conditions of these structures and surgical pain management.</p> <p>Qualification: Fellowship of the Royal Australasian College of Surgeons (FRACS)</p>
Obstetrics and gynaecology	<p>Obstetrics and gynaecology is the diagnosis and management of patients in the area of reproductive health and disease, including but not limited to; women's health issues, maternal fetal medicine, gynaecological oncology, reproductive endocrinology and infertility and urogynaecology, male sexual disorders, post and perinatal issues. It is also involved with treatment and health provision to patients in relation to contraception, reproductive health and associated primary sexual health issues, as well as primary and secondary pathology and physiology of the reproductive system and genital tract area</p> <p>Qualification: Fellowship of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (FRANZCOG)</p>

Occupational medicine	<p>Occupational medicine is the study and practice of medicine related to the effects of work on health and health on work. It has clinical, preventive and population-based aspects. Occupational physicians practise to ensure effective prevention of, and appropriate management of people with, illness and injury due to work and industry, and the appropriate rehabilitation of people with facilitation of their return to work.</p> <p>Qualification:</p> <p>(a) Fellowship of the Australasian Faculty of Occupational and Environmental Medicine, Royal Australasian College of Physicians (FAFOEM) (RACP)</p> <p>(b) Fellowship of the Australasian Faculty of Occupational Medicine, Royal Australasian College of Physicians (FAFOM) (RACP)</p>	Paediatric surgery	<p>Paediatric surgery is the diagnosis and treatment (operative and non operative) of children (usually up to 15 years of age) who may require surgery. It includes non-cardiac thoracic surgery, general paediatric surgery, oncological surgery urology in children and the management of congenital abnormalities both ante-natally and in the neonatal period. Also included is the management of major trauma in children.</p> <p>Qualification: Fellowship of the Royal Australasian College of Surgeons (FRACS)</p>
Ophthalmology	<p>Ophthalmology is the diagnosis and management of patients with abnormal conditions affecting the eye and its appendages, including prevention of blindness, promotion of eye health and rehabilitation of those with visual disability.</p> <p>Qualification: Fellowship of the Royal Australian and New Zealand College of Ophthalmologists (FRANZCO)</p>	Paediatrics	<p>Paediatrics is the assessment diagnosis and management of infants, children and young people with disturbances of health growth, behaviour and/or development. It also addresses the health status of this same group by population assessments and interventions, by education and by research.</p> <p>Qualification: Fellowship of the Royal Australasian College of Physicians (FRACP)</p>
Oral and maxillofacial surgery	<p>Oral and maxillofacial surgery is the diagnosis and treatment (operative and non-operative) of patients with diseases, injuries and defects of the mouth, jaws and associated structures. This includes oral and maxillofacial pathology, trauma, dentoalveolar surgery, facial pain, orthognathic and relevant reconstructive surgery.</p> <p>Qualification: Fellowship of the Royal Australasian College of Dental Surgeons (Oral and Maxillofacial Surgery) (FRACDS [OMS])</p>	Pain medicine	<p>Pain medicine is the biosocial assessment and management of persons with complex pain, especially when an underlying condition is not directly treatable. The scope of pain medicine supplements that of other medical disciplines, and utilises interdisciplinary skills to promote improved quality-of-life through improved physical, psychological and social function.</p> <p>Qualification: Fellowship of the Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists (FFPM ANZCA)</p>
Orthopaedic surgery	<p>Orthopaedic surgery is the diagnosis and treatment (operative and non operative) of patients with disorders of the musculoskeletal system (bones, joints, ligaments, tendons and peripheral nerves) It includes the management of trauma to the musculoskeletal system and the management of congenital and acquired disorders.</p> <p>Qualification: Fellowship of the Royal Australasian College of Surgeons (FRACS)</p>	Palliative medicine	<p>Palliative medicine is the medical care that improves the quality of life of patients and their families and whanau facing the problems associated with life-threatening illness. The focus of Palliative Medicine is the anticipation and relief of suffering of patients by means of early identification, assessment and management of their pain and other physical, psychosocial and spiritual concerns. In particular, it affirms life, regards dying as a normal process and intends to neither hasten nor postpone death.</p> <p>Qualification: Fellowship of the Australasian Chapter of Palliative Medicine (FACHPM RACP)</p>
Otolaryngology head and neck surgery	<p>Otolaryngology head and neck surgery is the diagnosis and treatment (operative and nonoperative) of patients with disorders of: the ears, nose, throat and related structures of the head and neck. This includes cancer of the head and neck (excluding the eye and the brain), disorders of salivary glands and thyroid gland, disorders of hearing, balance, swallowing, speech, snoring/ sleep apnoea, and aspects of facial plastic surgery.</p> <p>Qualification: Fellowship of the Royal Australasian College of Surgeons (FRACS)</p>	Pathology	<p>Pathology is the assessment and diagnosis of patients with diseases. Includes anatomical pathology (including histopathology, cytopathology and forensic pathology), chemical pathology, general pathology (a mix of anatomical pathology and clinical pathology), genetics, haematology, immunology, and microbiology (including virology).</p> <p>Qualification: Fellowship of the Royal College of Pathologists of Australasia (FROPA)</p>
		Plastic and reconstructive surgery	<p>Plastic and reconstructive surgery is the diagnosis and treatment (operative and non operative) of patients requiring the restoration, correction or improvement in the shape and appearance of the body structures that are defective or damaged at birth or by injury, disease, growth or development. It includes all aspects of cosmetic surgery.</p> <p>Qualification: Fellowship of the Royal Australasian College of Surgeons (FRACS)</p>

Psychiatry	<p>Psychiatry is the assessment, diagnosis and treatment of persons with psychological, emotional, or cognitive problems resulting from psychiatric disorders, physical disorders or any other cause. Treatment interventions provided by psychiatrists will include biological, psychological and existential modalities. Psychiatrists also undertake supervision and consultation with other health professionals working with a broad range of issues.</p> <p>Qualification: Fellowship of the Royal Australian and New Zealand College of Psychiatrists (FRANZCP)</p>	Rural hospital medicine	<p>Rural hospital medicine is determined by its social context, the rural environment: the demands of which include professional and geographic isolation, limited resources, and special cultural and sociological factors. It is variably practiced at a distance from comprehensive specialist medical and surgical services and investigations. A broad generalist set of skills, knowledge and attitudes are needed to deliver optimum patient outcomes in rural hospitals. Unlike rural general practice, rural hospital medicine is orientated by secondary care, is responsive rather than anticipatory and does not continue overtime.</p> <p>Qualification: Fellowship of the Division of Rural Hospital Medicine New Zealand (FDRHMNZ RNZCGP)</p>
Public health medicine	<p>Public health medicine the epidemiological analysis of medicine concerned with the health and health care of populations and population groups. It involves the assessment of health and health care needs, the development of policy and strategy, the promotion of health, the control and prevention of disease, and the organisation of services.</p> <p>Qualification:</p> <p>(a) Fellowship of the Australasian Faculty of Public Health Medicine, Royal Australasian College of Physicians (FAFPHM [RAOP])</p> <p>(b) Fellowship of the New Zealand College of Public Health Medicine (FNZCPHM)</p>	Sexual health medicine	<p>Sexual health medicine is concerned with healthy sexual relations, including freedom from sexually transmissible infections (STIs), unplanned pregnancy, coercion, and physical or psychological sexual discomfort. Its practice encompasses a wide range of factors that contribute to STIs, sexual assault, sexual dysfunction and fertility. It also promotes sexual health of the community through education, advocacy, screening and diagnostic testing. It has a clinical perspective and a public health approach. It includes the treatment of individuals and the contact tracing and treatment of their sexual partner(s).</p> <p>Qualification: Fellowship of the Australasian Chapter of Sexual Health Physicians (FACSHIP RAOP)</p>
Radiation oncology	<p>Radiation oncology the medical care and management of patients with cancer and other medical conditions through the conduct and supervision of radiation treatment, advice and provision of palliative and other supportive care of patients with cancer; advice and provision of other non-surgical cancer treatment including cytotoxic, hormonal and other drug therapies; participation in clinical trials and research related to cancer management.</p> <p>Qualification: Fellowship of the Royal Australian and New Zealand College of Radiologists (FRANZCR)</p>	Sport and exercise medicine	<p>Sport and exercise medicine is the medical care of the exercising individual, including the assessment and management of patients with musculoskeletal injuries and medical problems arising from sporting activity. Sport and exercise physicians possess expertise in general medicine, orthopaedics and rehabilitation plus allied sport sciences including nutrition, biomechanics, exercise physiology and sports psychology.</p> <p>Qualification: Fellowship of the Australasian College of Sport and Exercise Physicians (FACSEP)</p>
Rehabilitation medicine	<p>Rehabilitation medicine the medical care of patients in relation to the prevention and reduction of disability and handicap arising from impairments, and the management of patients with disability from a physical, psychosocial and vocational view point</p> <p>Qualification: Fellowship of the Australasian Faculty of Rehabilitation Medicine, Royal Australasian College of Physicians (FAFRM [RAOP])</p>	Urgent care	<p>The primary care of patients on an after hours or non-appointment basis where continuing medical care is not provided.</p> <p>Qualification:</p> <p>(a) Fellowship of the Accident and Medical Practitioners Association (FAMPA)</p> <p>(b) Fellowship of the College of Urgent Care Physicians (FCUOP)</p> <p>(c) Fellowship of the Royal New Zealand College of Urgent Care (FRNZCUC)</p>
		Urology	<p>Urology is the specialty concerned with the diagnosis and treatment (operative and non operative) of patients with disorders of: urinary tract in males and females, and male genital organs. It also includes the management of trauma to these organs and the management of male sterilisation, infertility and sexual dysfunction.</p> <p>Qualification: Fellowship of the Royal Australasian College of Surgeons (FRACS)</p>

Vascular surgery

Vascular surgery is the diagnosis and treatment (operative and non operative, including endoluminal techniques and interventional procedures) of patients with disorders of: blood vessels (arteries and veins outside the heart and brain) and the lymphatic system. It also includes the management of trauma and surgical access to the vascular system.

Qualification: Fellowship of the Royal Australasian College of Surgeons (FRACS)

8. LIST OF APPLICATION FORMS, CHECK LISTS, CHANGE OF SCOPE AND REPORT FORMS

For a current list of all forms and checklists, please visit our website at <https://www.mcnz.org.nz/get-registered/fees-forms-and-checklists/>.

9. ABBREVIATIONS

CCST	Certificate of completion of specialist training
CCT	Certificate of completion of training
COPS	Certificate of professional status
CME	Continuing medical education
CPD	Continuing professional development
HDC	Health and Disability Commissioner
HPCAA	Health Practitioners Competence Assurance Act 2003
IELTS	International English Language Testing System
IMG	International medical graduate
IMS	International medical specialist
MO	Medical Officer (formerly known as MOSS, Medical Officer of Special Scale)
NZREX	New Zealand Registration Examination
OET	Occupational English Test
OSCE	Objective structured clinical examination
PC	Practising certificate
USMLE	United States Medical Licensing Examination
VEAB	Vocational Education and Advisory Body
VPA	Vocational practice assessment

SECTION 6 | APPROVED QUALIFICATIONS FOR REGISTRATION IN A SPECIAL PURPOSE SCOPE OF PRACTICE: LOCUM TENENS

The Medical Council is responsible for formally 'prescribing' the specific qualifications that medical practitioners must have to be eligible to be registered in each of the scopes of practice. These prescribed qualifications will vary between the different scopes of practice. In many cases, the "prescribed" qualification will be an identified medical degree, or fellowship of a medical college, but in some cases the Council will require a combination of a medical degree, and additional training, or approved experience. In such cases, the medical practitioner will be required to meet all those requirements before he or she will be recognised as having the 'prescribed qualification'.

Medical schools approved for this and all other pathways will be identified by a combination of lists of approved schools, lists of schools not approved or through links to other websites. See the Council's website www.mcnz.org.nz for further clarification on qualifications.

You can view the list of approved qualifications below

[Download List of approved qualifications for locum tenens specialist appointments \(Feb 2015, PDF, 659 KB\)](#)

SECTION 7 | REGISTRATION CONTACTS

REGISTRATION CONTACTS



Joan Simeon*
Chief Executive Officer
0800 286 801 x 760
jsimeon@mcnz.org.nz



David Dunbar*
Registrar
0800 286 801 x 779
ddunbar@mcnz.org.nz



Nisha Patel*
Manager Registration
0800 286 801 x 992
npatel@mcnz.org.nz

GENERAL REGISTRATION (NON-SPECIALIST)



Lucy Tregidga
Registration Team Leader
- General
0800 286 801 x 993
ltregidga@mcnz.org.nz



Devan Menon
Registration Coordinator
0800 286 801 x 768
dmenon@mcnz.org.nz



Suzi Imes Bryce
Registration Coordinator
0800 286 801 x 812
simesbryce@mcnz.org.nz



Deborah Harrison
Registration Coordinator
0800 286 801 x 860
trook@mcnz.org.nz



Aakash Patel
Registration Coordinator
0800 268 801 x 816
apatel@mcnz.org.nz



Harin Gill
Registration Coordinator
0800 268 801 x 994
hgill@mcnz.org.nz



Kaylah Swanson
Registration Coordinator
0800 268 801 x 814
kswanson@mcnz.org.nz



Rachel Warren
Registration Coordinator
0800 268 801 x 881
rwarren@mcnz.org.nz

*** Concerns regarding registration team or processes:**

The Registration team aims to provide a high level of customer satisfaction. If you have a problem with a member of the team, please discuss it with that person first. If you are unable to resolve the issue with that person, please contact the appropriate team leader. Further resolution paths include: Manager Registration, Registrar and CEO.

SPECIALIST REGISTRATION (VOCATIONAL AND LOCUM TENENS)



Chris Jenkinson
Registration Team Leader
- Vocational
0800 286 801 x 811
cjenkinson@mcnz.org.nz



Imojini Kotelawala
Vocational Registration
Coordinator
0800 286 801 x 792
ikotelawala@mcnz.org.nz



Matthew Townsley
Vocational Registration
Coordinator
0800 286 801 x 761
mtownsley@mcnz.org.nz



Francesca Dalli-Niven
Vocational Registration
Coordinator
0800 286 801 x 795
fdalli-niven@mcnz.org.nz



Geetha Raghunath
Vocational Registration
Coordinator
0800 286 801 x 764
graghunath@mcnz.org.nz



Sandra Clark
Vocational Registration
Coordinator
0800 286 801 x 772
sclark@mcnz.org.nz



Patrick McKane
Registration Coordinator
0800 286 801 x796
pmckane@mcnz.org.nz

PRACTISING CERTIFICATES



Helen Vercoelen
Registration Team
Manager - APC
0800 286 801 x 819
hvercoelen@mcnz.org.nz



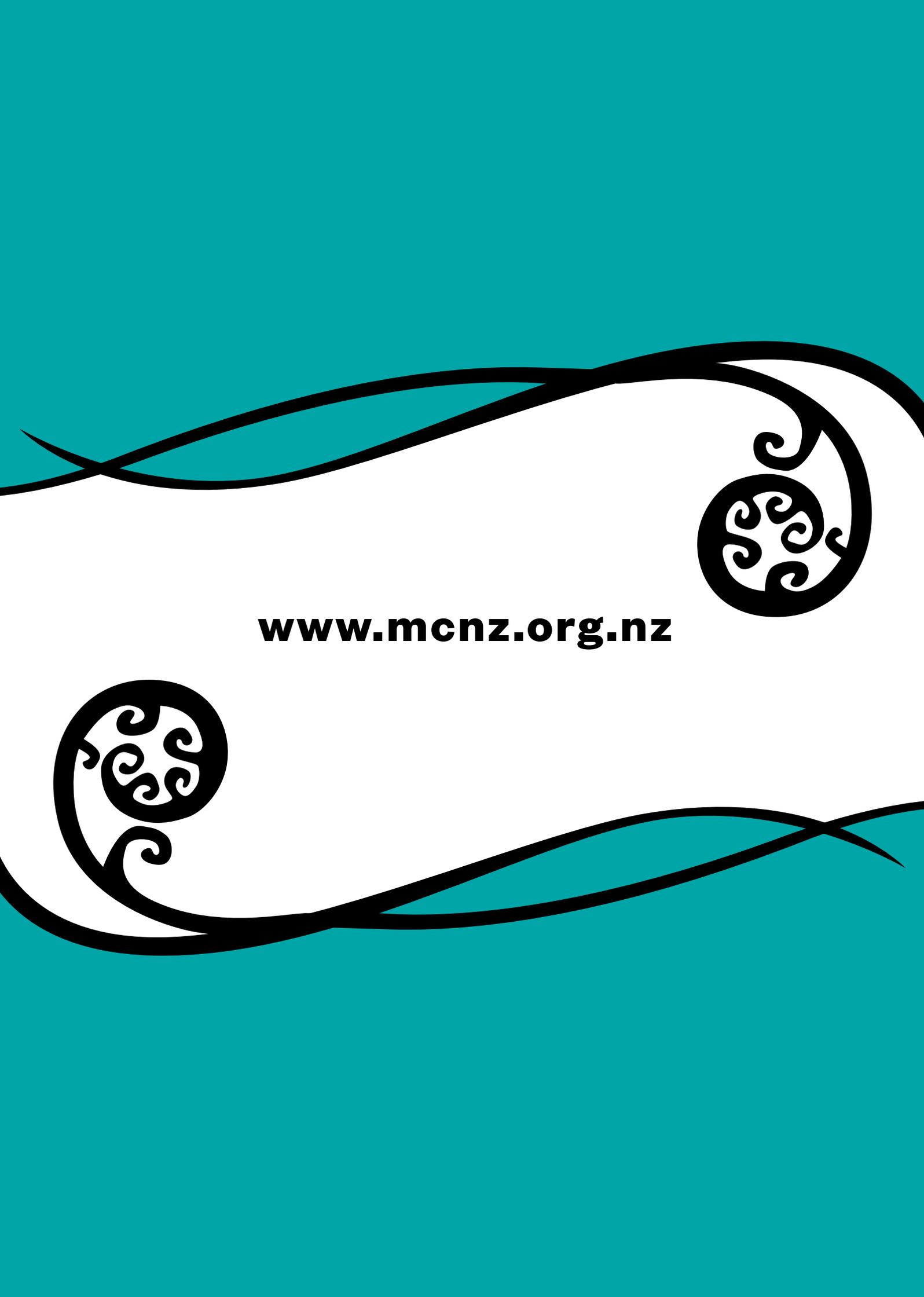
Bronwyn Courtney
Practising Certificate
Coordinator
0800 286 801 x 794
bcourtney@mcnz.org.nz



Caitlin King
Practising Certificate
Coordinator
0800 286 801 x 785
cking@mcnz.org.nz



Isabella Greenwood-Reeves
Practising Certificate
Coordinator
0800 286 801 x 815
igreenwood-reeves@mcnz.org.nz

The image features a teal background with two large, black, stylized scrollwork elements. One scrollwork element is positioned in the upper right quadrant, and the other is in the lower left quadrant. Both scrollwork elements consist of a thick black line that curves and loops, ending in a circular motif filled with intricate, swirling patterns. The central text is positioned between these two scrollwork elements.

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