



**Te Kaunihera Rata
o Aotearoa**

Medical Council
of New Zealand

Standards for recognition of a new vocational scope of practice in Aotearoa New Zealand

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Introduction

The Medical Council of New Zealand (Council) is responsible for the registration of doctors in Aotearoa New Zealand under the Health Practitioners Competence Assurance Act 2003 (HPCAA). The HPCAA requires the Council to prescribe the scopes of practice within which doctors are registered and permitted to practise. For each scope of practice prescribed by the Council, the Council must prescribe one or more qualifications.

Council has prescribed three types of scopes of practice – general, vocational and special purpose. It has recognised 36 vocational scopes of practice. Within vocational scopes of practice, the specialist develops significant expertise within a specific domain or branch of medical practice and research. The legal definition of each vocational scope of practice provides a framework within which the Council is able to ensure that doctors are qualified and competent to practise within a specialised field of medicine.

Standards for recognition

To recognise a vocational scope of practice, the application must meet the Council's standards for recognition of a vocational scope.

The application must be from an organisation that intends to deliver the vocational training programme that leads to registration in the prospective vocational scope, and the recertification (CPD) programme that will be undertaken by doctors registered and practising in the prospective vocational scope.

The recognition standards help to assess whether ongoing developments and innovations in medical care warrant formal recognition of a discipline as a distinct specialty within the context of the Aotearoa New Zealand health system and medical education sector. The standards have also been designed to distinguish between a distinct medical specialty and what might better be regarded as a 'special clinical interest'.

A guiding principle of the recognition process is that the Aotearoa New Zealand community and health system are better served by avoiding unnecessary fragmentation of medical knowledge, skills and medical care. As is clear from the standards, the onus is placed on the applicant to demonstrate that the benefits of specialisation (including sustainability of proposed scopes, clarity for the public and public health and safety) in a particular field of medicine outweigh the potential costs, and present evidence to this effect.

Please see Council's *Policy, process and guidelines for recognition of a new vocational scope of practice in Aotearoa New Zealand* for [more information](#).

Standards for recognition of a vocational scope of practice in Aotearoa New Zealand

An application for recognition of a vocational scope of practice will be assessed against the following standards.

1. The proposed vocational scope of practice is well defined and grounded in widely recognised medical and scientific concepts.

1.1 The proposed vocational scope is a well-defined and distinct field of medicine.

Note:

The scope is a legitimate field of medicine with specialist knowledge and skills that are over and above those required for practice in the General scope of practice and separate from other existing specialties or fields of practice.

It is unlikely that applications that include the following would be successful:

- an area of practice limited to the treatment of a single disease
- an area of practice based on a single modality of treatment
- an area of practice not directly involved in clinical care unless evidence is presented that specialisation is providing substantial benefits to the health outcomes of Aotearoa New Zealand
- an area of practice already recognised (fully or partly) under a different name unless there was a clear case that the new specialty represented major developments.

1.2 The proposed vocational scope represents a widely accepted field of medical practice.

Note:

This could be through:

- a comprehensive and developing body of international research and scholarly literature to support evidence-based clinical practice
- significant representation within academic medicine
- formal recognition as a medical specialty (or other relevant category) in comparable countries
- professional bodies that represent practitioners in the field of practice
- acceptance by government and non-government health services.

Any relevant differences in the structure of the Aotearoa New Zealand health system should be noted with discussion of how these differences might limit comparability across countries.

2. The proposed vocational scope of practice will contribute to improvements in the quality and safety of health care and address inequalities in health care.

2.1. The proposed vocational scope has (as an existing area of practice) improved, or will (as a new scope of practice) improve, the quality of healthcare in Aotearoa New Zealand by improving health outcomes, meeting community needs and increasing the safety of care across the following dimensions:

- increased effectiveness of health care as defined by improved health outcomes
- increased quality of health care
- increased appropriateness of health care as defined by providing care relevant to the patient's needs and based on established standards
- service sustainability and the need for holistic and seamless service for consumers
- increased safety of care (e.g. significant reduction of harm experienced as a result of receiving healthcare).

2.2. Specialisation will not adversely affect the quality of healthcare in Aotearoa New Zealand, and will not in the future, by promoting:

- the unnecessary fragmentation of medical knowledge and skills (e.g. where this serves to increase the risk of medical errors and/or inefficient or inappropriate care)
- the unnecessary fragmentation of medical care (e.g. where patients are required to see multiple practitioners for care at a significant coordination cost)
- the unnecessary loss of skill by other medical practitioners (e.g. general practitioners and other primary health care providers)
- inequitable access to health care as defined by socioeconomic status, geography or culture.

Note:

Any similar existing or overlapping scopes should be identified with the extent of this overlap. The applicant has identified risks of creating a new scope and developed strategies to minimise these risks.

2.3. The proposed vocational scope fits with the Aotearoa New Zealand health strategy.

Note:

The current [New Zealand Health Strategy \(2023\)](#) is underpinned by two long-term goals and has six priority areas. The two goals are:

- to achieve health equity for our diverse communities, and especially for Māori, Pacific, disabled and other groups who currently have poorer outcomes
- to improve health outcomes for all New Zealanders.

The six priority areas are:

1. Voice at the heart of the system: Giving people, whānau and communities greater control and influence over decisions about their health and the design of their health services and embedding their voices in system planning, delivery and reporting on health care.
2. Flexible, appropriate care: Developing services that adapt to people's health needs and expectations, are focused on preventing ill health, are delivered closer to our homes and communities and support access for all.
3. Valuing our workforce: Recognising our health workforce as our most valuable asset and supporting the development of sustainable, diverse, skilled and confident workers for the future.

4. A learning culture: Creating a culture of continuous learning and quality improvement, supported by research, evaluation and innovation.
5. A resilient and sustainable system Ensuring our health system is prepared for future shocks and we make the best use of resources to manage demand and affordability over the long term.
6. Partnerships for health and wellbeing: Building cross-sector and cross-government relationships to drive collaborative actions on health and wellbeing and the factors that determine health outcomes.

2.4. The proposed vocational scope is of public health significance (there is a significant burden of disease, incidence, prevalence or impact on the community).

2.5. Recognition of the proposed vocational scope will promote public safety and good medical practice and alternatives short of recognition are insufficient.

Note:

Recognition must be in the public interest and enhance public safety and health outcomes. It is not about the status or prestige of the organisation or practitioners seeking recognition.

To demonstrate that recognition is necessary, applicants should provide:

- A detailed explanation of why the proposed vocational scope is in the public interest and why recognition would enhance patient safety and health outcomes, including an assessment of the shortfalls of any alternatives that have been explored, and a comparison of the advantages and disadvantages of:
 - the existing arrangements (no change)
 - creating a new vocational scope
 - any other relevant options, such as:
 - extension to an existing scope of practice
 - credentialling
 - voluntary agreement between bodies, recognising the qualification¹.

¹ Bodies could be other medical training organisations, government departments, agencies, non-governmental organisations or employers.

3. The proposed vocational scope of practice has a demonstrable and sustainable base in the medical profession, indicated by a sufficient number of practitioners.

3.1. The applicant has, or is very likely to have within a defined period, a sufficient number of practitioners:

- with capacity to meet existing clinical need
- who possess the knowledge and skills of practise in the specialty, and who practise predominantly in the specialty
- to sustain activities such as vocational training, assessment and recertification.

Note:

A small group of practitioners is likely to find it difficult to sustain a vocational scope and training provider. For example, small groups:

- may struggle with limited resources which can lead to an inadequate ability to deliver training, education and recertification, or to meet the regulatory requirements of Council set in its accreditation standards
- may not have sufficient expertise in-house across the breadth of functions required to run a vocational training and recertification provider
- may be unable to appropriately manage conflicts of interest or the impact of a breakdown of collegiality.

As the establishment of a vocational scope is intended to be long lasting, Council will make a long-term assessment of these challenges when assessing an application.

3.2. There will be a future need for specialist-level skills and knowledge in this area of medicine.

Note:

Projections should be provided.

3.3. Where the specialist medical services are already provided or could be provided by practitioners in a recognised specialty or a combination of recognised specialty groupings, provision of these services by this new specialty will enhance the quality of health care and/or efficiency of healthcare.

Note:

Applicants with few members working within the proposed vocational scope of practice will need to persuasively demonstrate that administrative requirements can be managed practically.