

Scopes of Practice and Prescribed Qualifications for the Practice of Medicine in New Zealand Notice 2024

Notice

Under sections 11 and 13 of the Health Practitioners Competence Assurance Act 2003, the following notice is given.

Title and Commencement

This notice may be cited as the **Scopes of Practice and Prescribed Qualifications for the Practice of Medicine in New Zealand Notice 2024** and shall come into force on 14 October 2024. This notice has the status of secondary legislation for the purposes of the Legislation Act 2019.

This notice revokes and replaces the April 2023 Notice of Scopes of Practice and Prescribed Qualifications¹. This notice is published on the Council's website www.mcnz.org.nz/about-us/publications/gazette-notices/.

Introduction

Under the Health Practitioners Competence Assurance Act 2003, the Medical Council of New Zealand ("Council") is required to define the separate areas of medicine and specialties that make up the practice of medicine in New Zealand. The Council's role is to identify for each of these areas (known as "scopes of practice" or "scopes") the aspects of the practice of medicine covered by each scope. Doctors seeking to practise in New Zealand must first be registered with the Council in one or more relevant scopes of practice.

The Council is also responsible for formally "prescribing" the specific qualifications that doctors 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, a "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 doctor will be required to meet all these requirements before he or she will be recognised as having the "prescribed qualification".

To be able to practise medicine in New Zealand, a registered doctor must hold a current practising certificate. A practising doctor must also meet any ongoing recertification or competence programme requirements set by the Council. Recertification and competence programmes are scope-specific programmes, undertaken while in practice and designed to ensure that doctors maintain the required standard of competence within their scopes of practice.

The Council publishes consolidations of its Notice of Scopes of Practice and Prescribed Qualifications from time to time. This re-published notice contains stylistic and presentational changes to improve clarity. It also includes the new expedited pathway to provisional vocational registration discussed below. This notice therefore provides the current complete list of the scopes of practice within which doctors may practise medicine in New Zealand, and the associated, prescribed qualifications.

Additional prescribed qualification ("expedited pathway") for registration in Provisional Vocational scope of practice

The Council's approach to considering applications for registration from international medical graduates (IMGs) has, to date, required that applications be referred to medical colleges for an assessment of the applicant's qualifications, training and experience (QTE). Colleges advise the Council whether the IMG's QTE is equivalent to, or as satisfactory as that of a New Zealand vocationally-trained doctor registered in the same vocational scope of practice. The Council requires the relevant college to provide preliminary advice within six weeks and interview advice within four months of submitting the request for assessment of the IMG's application. Overall, the process can take up to 6 months before a final determination is made by the Council.

The Council resolved at its meeting in May 2024 to consult on creating an expedited pathway for registration in the provisional vocational scope of practice for a specific cohort of IMGs. The consultation ran for five weeks from 25 June 2024 to 30 July 2024. The intention was to prescribe a qualification to create an expedited pathway for registration in the provisional vocational scope of practice for a specific cohort of IMGs. That is, those who hold postgraduate qualifications and intend to practice in areas of medicine; where both qualifications and areas of medicine had been approved for the purposes of the pathway by the Council.

When considering a potential new pathway to registration, ensuring the protection of public health and safety is paramount. Based on consultation with the colleges, and the Council's experience, the pathway therefore focusses on those combinations of jurisdictions and areas of medicine where, in the Council's experience, IMGs have invariably been found to have QTE equivalent to a New Zealand vocationally-trained doctor. As such, the Council considers them a demonstrably competent and safe cohort of registrants.

On 27 August 2024, having considered submissions, which predominately supported the proposed pathway, the Council resolved to adopt the prescribed qualification and expedited pathway. This new option appears below as Option 2 (*expedited pathway*) for registration in the Provisional Vocational scope of practice.

Dated at Wellington this 27th day of September 2024.

CHRISTINE ANDERSON, Registrar, Medical Council of New Zealand.

Scopes of Practice

The “practice of medicine”

For the purposes of the scopes of practice listed below, the Council defines the practice of medicine as follows:

1. advertising, holding out to the public, or representing in any manner that one is authorised to practise medicine in New Zealand;
2. signing any medical certificate required for statutory purposes, such as death and cremation certificates;
3. prescribing medicines whose sale and supply is restricted by law to prescription by doctors; and
4. 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, wherever there could be an issue of public safety.

The practice of medicine goes wider than clinical medicine, and includes teaching, research, medical or health management, in hospitals, clinics, general practices and community and institutional contexts, whether paid or voluntary.

Within the practice of medicine, “clinical practice” means any work undertaken by a doctor that relates to the care of an individual patient. “Non-clinical practice” means any work undertaken by a doctor that does not relate to the care of an individual patient.

Provisional General Scope of Practice

The practice of medicine in a position approved by the Council, under supervision approved by the Council.

General Scope of Practice

The practice of medicine.

Provisional Vocational Scope of Practice

The practice of medicine within a Vocational scope of practice within a position approved by the Council, and under Council-approved supervision, and assessment, as required. Registration in a Provisional Vocational scope of practice is limited to three years.

Vocational Scopes of Practice

The practice of medicine that allows a doctor to work in a specific scope of practice for which the doctor has appropriate vocational training, qualifications and experience. (See Appendix for Vocational scopes of practice.)

Special Purpose Scopes of Practice

The practice of medicine, for defined or limited reasons, undertaken in a New Zealand hospital, general practice, educational institution or other organisation approved by the Council; and under the supervision of a registered doctor approved by the Council.

The special purpose scopes of practice are:

1. **Teaching as a visiting expert** for up to one week.
2. **Postgraduate training** for up to two years.

Note: Doctors registered in this scope of practice:

- a. may not undertake relief clinical attachments (unless they are postgraduate trainees covered under the policy for cardiothoracic surgical training units); and
- b. must have at least two hours per week protected time for teaching and will be required to attend any relevant tutorials and grand rounds.

At any one centre, trainees must not make up more than one out of three doctors on the same service at any one time. (For example, out of a total of six medical registrars, no more than two may be trainees).

Trainees must not provide night cover for the first three months and may only provide night cover after that period, where the requirements of the Council’s *Policy for Doctors in New Zealand for postgraduate training in relation to working at nights* are met.

3. Undertaking **research** for up to two years.
4. Working as **locum tenens** for up to 12 months.
5. Providing **teleradiology** services to patients in New Zealand for up to 12 months.

Note: Supervision of the doctor providing teleradiology services is to be provided by the clinical director of the New Zealand health facility.

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 New Zealand and the doctor's home country should a complaint be received and must also permit and facilitate external review and investigation by those authorities.

6. Assisting in an **emergency** or other unpredictable, short-term situation.

7. Assisting in a **pandemic or disaster**.

Limitation on the application of time spent under a special purpose scope of practice towards other applications for registration

Time registered within a special purpose scope of practice will not be counted towards gaining registration within the Provisional General, General, Provisional Vocational or Vocational scopes of practice.

An exception may apply if an international medical graduate is registered and practising within the locum tenens scope of practice and is later granted eligibility for registration under the (Provisional Vocational) supervision pathway of a Vocational scope.

Prescribed Qualifications

Provisional General Scope of Practice

A doctor must satisfy all the requirements within one of the following pathway options:

Pathway 1 - New Zealand/Australian Primary Medical Qualification

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 published on the Council's website.²

Pathway 2 - Examinations

- Hold a primary medical degree from a university medical school approved by the Council for the purposes of registration in New Zealand and published on the Council's website.
- Have passed a medical examination approved by the Council for the purposes of applying to sit the New Zealand Registration Examination (NZREX)³ and published on the Council's website.
- Within five years of passing the medical examination, have passed NZREX or an international registration examination* approved by the Council as being of a comparable standard to NZREX and published on the Council's website.

*In February 2023, the Council approved a pass in Part 1 and Part 2 of the United Kingdom Professional and Linguistic Assessments Board (PLAB) test, as an alternative to the NZREX Clinical, for the purposes of registration in Pathway 2 - Examinations.

Note: all Council policies applying to registration on the basis of a pass in the NZREX Clinical apply equally to registration based on Part 1 and Part 2 of the PLAB test.

The applicant must not hold registration in the special purpose postgraduate training scope of practice.

Pathway 3 - Competent Authority (United Kingdom/Irish graduates)

- Hold a primary medical degree from a university medical school accredited by a competent authority and medical schools approved by the Council for the purposes of registration in New Zealand and published on the Council's website.
- Have one year (full-time equivalent) of general medical experience under the jurisdiction of the competent authority.

Pathway 4 - Comparable Health System

Hold a primary medical degree from a university medical school approved by the Council for the purposes of registration and published on the Council's website.

Applicants must have:

1. practised clinically for at least 33 months (for at least 20 hours per week) during the 48 months prior to application in one or more comparable health systems; and
2. practised in the same or a similar area of medicine, and at a similar level of responsibility to the proposed New Zealand position for those 33 months; and

3. either

1. hold current full or general registration with the regulatory authority of at least one of the comparable health systems worked in during the 48 months; or
2. be satisfactorily participating in a training programme recognised by the American Boards or the Canadian specialist colleges; or
3. be registered by the Irish Medical Council as a specialist trainee.

Note: Comparable health systems are approved from time to time by the Council for the purposes of registration in New Zealand and published on the Council's website.

An applicant seeking to practise in a role other than as a general practitioner must have worked during the required 33 months in the same or a similar area of medicine, and at a similar level of responsibility as that of the position for which they seek Council approval.

An applicant intending to practise as a general practitioner must meet either one of the following two requirements:

1. They must have worked during the required 33 months in general practice, and at a similar level of responsibility as that of the position for which they seek Council approval; or
2. They must have:
 1. completed a formal specialist training programme and been awarded a postgraduate medical qualification in general practice in a comparable health system within the preceding 3 years immediately prior to application, and
 2. practised in a comparable health system, for at least 33 months (at least 30 hours per week) of the 48 months prior to application, including at least 18 months (full-time equivalent) practice in general practice in an area in which the range of presentations and patient base is not restricted, and
 3. hold current full/general registration with the regulatory authority of at least one of the comparable health systems worked in during the 48 months.

Pathway 5 - Australian General Registrants

Hold a primary medical degree from a university medical school approved by the Council for the purposes of registration and published on the Council's website.

Applicants must have:

1. Passed an Australian Medical Council (AMC) MCQ examination; and
2. Passed an AMC Clinical examination or successfully completed a formal AMC-approved workplace-based assessment; and
3. Satisfactorily completed 12 months of supervised practice in Australia culminating in full general registration in Australia.

Pathway 6 - United Kingdom General Registrants

Hold a primary medical degree from a university medical school approved by the Council for the purposes of registration and published on the Council's website.

Applicants must:

1. have passed Part 1 and Part 2 of the PLAB test within the 5 years immediately prior to application; and
2. hold full general registration with the General Medical Council; and
3. have successfully completed Foundation Year 1 or Foundation Year 2 in the United Kingdom; or
4. satisfactorily completed 12 months' practice in an approved practice setting in the United Kingdom.

General Scope of Practice

Pathway 1 - New Zealand/Australian Primary Medical Qualification

Either:

1. 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 published on the Council's website; and
2. hold General Registration in Australia.

Or:

Hold registration in the Provisional General scope of practice (New Zealand/Australian primary medical qualification pathway) **and** satisfy the following requirements:

1. satisfactorily complete four accredited clinical attachments;
2. substantively attain the learning outcomes outlined in the *New Zealand Curriculum Framework for Prevocational Medical Training*;
3. complete a minimum of 10 weeks' full-time equivalent in each clinical attachment. Full-time is equivalent to a minimum of 40 hours per week;
4. hold advanced cardiac life support (ACLS) certification at the standard of New Zealand Resuscitation Council CORE Advanced less than 12 months old; and
5. been recommended for registration in the General scope of practice by a Council-approved advisory panel.

Pathway 2 - Examinations

Hold registration in the Provisional General scope of practice (examinations pathway) **and** satisfy the following requirements:

1. satisfactorily complete four accredited clinical attachments;
2. substantively attain the learning outcomes outlined in the *New Zealand Curriculum Framework for Prevocational Medical Training*;
3. complete a minimum of 10 weeks' full-time equivalent in each clinical attachment. Full-time is equivalent to a minimum of 40 hours per week;
4. hold advanced cardiac life support (ACLS) certification at the standard of New Zealand Resuscitation Council CORE Advanced less than 12 months old; and
5. been recommended for registration in the General scope of practice by a Council-approved advisory panel

Pathway 3 - Competent Authority (United Kingdom/Irish graduates)

Hold registration in the Provisional General scope of practice (competent authority pathway) **and** satisfy the following requirements:

1. complete six months (full-time equivalent) working within the 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 doctor approved by the Council;
2. receive consecutive satisfactory supervision reports for the six months of medical practice completed immediately prior to applying for registration within the General scope. Registration within the provisional scope will be extended if the doctor receives any unsatisfactory supervision reports during their first six months of registration, until the doctor has received two consecutive satisfactory reports; and
3. been recommended for registration within the General scope of practice by their supervisor.

Pathway 4 - Comparable Health System

Hold registration in the Provisional General scope of practice (comparable health system pathway) **and** satisfy the following requirements:

1. complete one year (full-time equivalent) working within the Provisional General scope (comparable health system pathway), in a position approved by the Council, under supervision approved by the Council;
2. receive satisfactory supervision reports for the nine months of medical practice completed immediately prior to applying for registration within the General scope of practice; and
3. been recommended for registration within the General scope of practice by their supervisor.

Conditions limiting the doctor's practice may be imposed on the doctor's registration in the General scope of practice if the doctor does not complete a minimum of six months of medicine and six months of surgery during the provisional period. If the doctor worked in general practice their scope of practice will have no limitation.

To avoid limitations on a doctor's General scope of practice, the following option may apply. That is, after the 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. The doctor must have a job offer:

1. as a house officer (i.e. PGY1 or PGY2 level);
2. in a hospital accredited by the Council for the purposes of intern training to ensure the hospital is able to provide adequate support, training and education opportunities (i.e. tutorials). The doctor does not need to work in accredited clinical attachments; and
3. that has received sign off by the Chief Medical Officer at the hospital to ensure the role has adequate supervision and assessment.

Pathway 5 - Australian General Registrants

Hold registration in the Provisional General scope of practice (Australian general registrants pathway) **and** satisfy the following requirements:

1. complete one year (full-time equivalent) of satisfactory supervised practice working within the Provisional General scope in a position approved by the Council, under supervision approved by the Council;
2. achieve advanced cardiac life support (ACLS) certification less than 12 months old 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
3. been recommended for registration within the General scope of practice by their supervisor, who has been the applicant's supervisor for at least 3 months immediately prior to the application.

Pathway 6 - United Kingdom General Registrants

Hold registration in the Provisional General scope of practice (United Kingdom general registrants pathway) **and** satisfy the following requirements:

1. complete one year (full-time equivalent) supervised practice working within the Provisional General scope of practice in a hospital in a house officer position under supervision approved by Council; and
2. receive satisfactory supervision reports for the nine months of medical practice completed immediately prior to applying for registration within the General scope of practice; and
3. hold advanced cardiac life support (ACLS) certification at the standard of New Zealand Resuscitation Council CORE Advanced less than 12 months old; and
4. been recommended for registration within the General scope of practice by their supervisor, who has been the applicant's supervisor for at least 3 months immediately prior to the application.

Provisional Vocational Scope of Practice

A doctor must hold a primary medical degree from a university medical school approved from time to time and published on the Council's website, and

Either:

Option 1

1. hold an overseas postgraduate medical qualification awarded at the end of a period of specialist training and in the Council-recognised Vocational scope in which the doctor is intending to practise in New Zealand; and
2. have been assessed as:
 1. having qualifications, training and experience established to the Council's satisfaction to be equivalent to, or as satisfactory as that of a New Zealand vocationally-trained doctor registered in the same Vocational scope of practice; and
 2. being able to achieve registration in a Vocational scope of practice within no more than 18 months (full-time equivalent) of obtaining registration in a Provisional Vocational scope of practice.

Or:

Option 2 (expedited pathway)

1. hold an overseas postgraduate medical qualification awarded at the end of a period of specialist training and approved* by the Council; and
2. intend to practise in New Zealand in an area of medicine approved* by the Council; and
3. have a minimum of 24 months' (working at 0.5 FTE or more) clinical experience in the past 5 years practising in

that area of medicine, including 12 months out of the 18 months immediately prior to application, in a country recognised by the Council as having a health system comparable to New Zealand.

*A list of overseas postgraduate medical qualifications and areas of medicine approved by the Council for the purposes of option 2 is published on the Council's website.

Vocational Scopes of Practice

A doctor must either:

1. have the prescribed qualifications set out in the Appendix for the particular Vocational scope of practice; or
2. hold registration in the corresponding Provisional Vocational scope of practice and have completed the Council's requirements for a change of scope from the Provisional Vocational scope of practice to a Vocational scope of practice.

Special Purpose Scopes of Practice

A doctor must:

1. hold a primary medical degree from a university medical school approved from time to time by the Council for the purposes of registration in New Zealand and published on the Council's website;
2. obtain a position where appropriate supervision is available; and
3. satisfy (for each of the following special purpose scopes of practice) the additional prescribed criteria.

Teaching as a Visiting Expert

A doctor must have been invited by an institution approved by the Council, which has specified the nature of any patient contact.

Postgraduate training⁴

A doctor must:

1. have medical registration in their own country, to which they will return on completion of the training and have a guarantee of continuing employment in his or her home country at the completion of the period of training in New Zealand; and
2. either:
 1. be sponsored by or on behalf of a country or organisation to which the doctor returns after the proposed period of training; or
 2. have a formal postgraduate qualification accepted by the Council as indicating competence in the branch within which the doctor will work in New Zealand; or
 3. be enrolled in a formal training programme in their own country; or
 4. have worked for at least 12 months in an institution with which a New Zealand hospital or medical school has an exchange programme; and
3. provide evidence that they are entering a formal, recognised scholarship or fellowship programme, with a structured supervision plan; and
4. have been registered and practising in their home/sponsor country for a minimum of one year immediately prior to their application (excluding Pacific Island graduates if they have been training in a different Pacific Island health system at the time of their application only because recognised medical training programmes are not available in their home/sponsor country).

Research

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

Locum tenens

A doctor must:

1. have a postgraduate qualification approved by the Council and published on the Council's website in the area of medicine in which the doctor wishes to practise;
2. have been in active clinical practice (for at least 20 hours per week) relevant to the Vocational scope that the

- doctor will be practising in, for at least 22 out of the 36 months prior to application; and
3. have had, in the 12 months preceding the application for registration, at least six months' practice under the jurisdiction of another medical regulatory authority; and
 4. either:
 - a. provide evidence of satisfactory participation in any recertification programmes required by that authority during that 6-month period of practice; or
 - b. where no recertification requirements have been set by that authority, provide separate evidence of ongoing professional development during that 6-month period of practice.

Teleradiology

A doctor must:

1. have a postgraduate qualification in diagnostic radiology, approved by the Council and published on the Council's website;
2. be registered in a jurisdiction where they are able to gain a postgraduate qualification approved by the Council and published on the Council's website;
3. be providing radiology services under contract to a health provider located in New Zealand and be fully credentialed by the health provider in New Zealand;
4. have been in active clinical practice (for at least 20 hours per week) in diagnostic radiology for at least 22 out of the last 36 months prior to application; and
5. work for an overseas facility that is accredited by an appropriate accreditation body.

Emergency or other unpredictable, short-term situation

A doctor must have qualifications appropriate to the requirements of the emergency or other unpredictable situation, as determined by the Council.

Pandemic or Disaster

A doctor must:

1. hold an acceptable primary medical qualification, be registered with the Council, and hold a current practising certificate; or
2. have completed at least five years of study at a recognised New Zealand medical school; or
3. have previously been registered with the Council; or
4. hold satisfactory registration with another medical profession regulator; and
5. meet any other criteria set by the Registrar and published on the Council's website or in such other way as is practicable.

Appendix - Vocational scopes of practice and associated prescribed qualifications

Scope of practice

Anaesthesia

The provision of anaesthetics, perioperative 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, perioperative medicine, intensive care and pain medicine.

Prescribed qualification

Fellowship of the Australian and New Zealand College of Anaesthetists (FANZCA)

Cardiothoracic surgery

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.

Fellowship of the Royal Australasian College of Surgeons (FRACS)

Clinical genetics

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.

Fellowship of the Royal Australasian College of Physicians (FRACP)

Dermatology

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 cosmetic surgery, phototherapy, laser therapy, superficial radiotherapy, photodynamic therapy and other therapies that become available.

Fellowship of the Royal Australasian College of Physicians (FRACP)

Diagnostic and interventional radiology

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.

Fellowship of the Royal Australian and New Zealand College of Radiologists (FRANZCR)

Emergency medicine

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.

Fellowship of the Australasian College for Emergency Medicine (FACEM)

Family planning/reproductive health

The treatment of, and health provision to, patients in relation to contraception, reproductive health and associated primary sexual health issues.

Diploma in Sexual and Reproductive Health (Dip SRH)

General practice

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, and is anticipatory as well as responsive.

Fellowship of the Royal New Zealand College of General Practitioners (FRNZCGP)

General surgery

A broadly based specialty which includes the diagnosis and treatment (operative and non-operative) of patients with disorders of: colon and rectum, upper gastrointestinal 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.

Fellowship of the Royal Australasian College of Surgeons (FRACS)

Intensive care medicine

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.

Fellowship of the Joint Faculty of Intensive Care Medicine of the Australian and New Zealand College of Anaesthetists (FJFICM ANZCA)

Fellowship of the College of Intensive Care Medicine of Australia and New Zealand (FCICM)

Fellowship of the Royal Australasian College of Physicians (FRACP)

Internal medicine

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.

Fellowship of the Royal Australasian College of Physicians (FRACP)

Medical administration

Administration or management utilising the medical and clinical knowledge, skill, and judgement of a registered doctor, 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.

Fellowship of the Royal Australasian College of Medical Administrators (FRACMA)

Musculoskeletal medicine

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.

Certificate of Accreditation in Musculoskeletal Medicine from the New Zealand Association of Musculoskeletal Medicine (CANZ AMM)

Fellowship of the Australasian Faculty of Musculoskeletal medicine (FAFMM)

Neurosurgery

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.

Fellowship of the Royal Australasian College of Surgeons (FRACS)

Obstetrics and gynaecology

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.

Fellowship of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (FRANZCOG)

Occupational medicine

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.

Fellowship of the Australasian Faculty of Occupational Medicine, Royal Australasian College of Physicians (FAFOM RACP)

Fellowship of the Australasian Faculty of Occupational and Environmental Medicine, Royal Australasian College of Physicians (FAFOEM RACP)

Ophthalmology

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.

Fellowship of the Royal Australian and New Zealand College of Ophthalmologists (FRANZCO)

Oral and maxillofacial surgery

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.

Fellowship of the Royal Australasian College of Dental Surgeons (Oral and Maxillofacial Surgery) (FRACDS OMS)

Orthopaedic surgery

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.

Fellowship of the Royal Australasian College of Surgeons (FRACS)

Otolaryngology head and neck surgery

The diagnosis and treatment (operative and non-operative) 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.

Fellowship of the Royal Australasian College of Surgeons (FRACS)

Paediatric surgery

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.

Fellowship of the Royal Australasian College of Surgeons (FRACS)

Paediatrics

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, education and research.

Fellowship of the Royal Australasian College of Physicians (FRACP)

Pain medicine

The biopsychosocial 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.

Fellowship of the Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists (FFPM ANZCA)

Palliative medicine

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.

Fellowship of the Australasian Chapter of Palliative Medicine (FACHPM RACP)

Pathology

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).

Fellowship of the Royal College of Pathologists of Australasia (FRCPA)

Plastic and reconstructive surgery

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.

Fellowship of the Royal Australasian College of Surgeons (FRACS)

Psychiatry

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.

Fellowship of the Royal Australian and New Zealand College of Psychiatrists (FRANZCP)

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.

Fellowship of the Australasian Faculty of Public Health Medicine, Royal Australasian College of Physicians (FAFPHM RACP)

Fellowship of the New Zealand College of Public Health Medicine (FNZCPHM)

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.

Fellowship of the Royal Australian and New Zealand College of Radiologists (FRANZCR)

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 viewpoint.

Fellowship of the Australasian Faculty of Rehabilitation Medicine, Royal Australasian College of Physicians (FAFRM RACP)

Rural hospital medicine

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 invariably practised 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 to secondary care, is responsive rather than anticipatory and does not continue over time.

Fellowship of the Division of Rural Hospital Medicine New Zealand (FDRHMNZ RNZCGP)

Sexual health medicine

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).

Fellowship of the Australasian Chapter of Sexual Health Medicine (FACHSHM RACP)

Sport and exercise medicine

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.

Fellowship of the Australasian College of Sports Physicians (FACSP)

Fellowship of the Australasian College of Sport and Exercise Physicians (FACSEP)

Urgent care

The primary care of patients on an after hours or non-appointment basis where continuing medical care is not provided.

Fellowship of the Accident and Medical Practitioners Association (FAMPA)

Fellowship of the College of Urgent Care Physicians (FCUCP)

Fellowship of the Royal New Zealand College of Urgent Care (FRNZCUC)

Urology

The diagnosis and treatment (operative and non-operative) of patients with disorders of the 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.

Fellowship of the Royal Australasian College of Surgeons (FRACS)

Vascular surgery

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.

Fellowship of the Royal Australasian College of Surgeons (FRACS)

Endnotes

1. Notice of Scopes of Practice and Prescribed Qualifications for the Practice of Medicine in New Zealand – [New Zealand Gazette, 5 April 2023, Notice No. 2023-gs135](#).
2. Medical schools approved for the purposes of all scopes of practice will be identified through a Council website link to the World Directory of Medical Schools ([search.wdoms.org](#))
3. See the Council's website, [mcnz.org.nz](#), for further information about NZREX.
4. Additional requirements relating to the special purpose postgraduate training scope of practice:
 - a. The programme must provide details on the training objectives and delivery, and on how the training will be monitored and outcomes measured.
 - b. Within a hospital environment, the application must be approved by the Chief Medical Adviser, confirming that the position is part of a formal, recognised scholarship programme of that institution.
 - c. Within an organisation other than a hospital, high level sign off is required from an appropriate person or organisation.
 - d. The proposed supervisor must provide details of the level of responsibility to be delegated to the trainee.
 - e. The proposed supervisor must provide an induction and supervision plan including details or orientation.
 - f. Supervision reports are to be provided to the Council for each three-month period.
 - g. The doctor must provide a report to the Council at the end of three months, one year and two years which provides an update on the progress of meeting the training objectives, delivery and outcomes.
 - h. Confirmation must be provided from the employer that the training will not be funded by the government funding agency.