



20 January 2004

S04.01

**Submission to the Medical Council of New Zealand on the  
Proposed Registration Pathways, Scopes of Practice, and Qualifications  
under the Health Practitioners Competence Assurance Act 2003**

The National Council of Women of New Zealand (NCWNZ) is an umbrella organisation representing 42 nationally organised societies. It has 33 branches throughout the country attended by representatives of those societies and some 150 other societies as well as individual members.

Due to the time of year and the tight deadlines NCWNZ had to work with, we were unable to ask for responses from members other than those of the Health Standing Committee and interested parties.

NCWNZ acknowledges that it is not easy to streamline a system that is already in place so that it meets not only the new requirements of the Health Practitioners Competence Assurance Act 2003 (HPCA) but will prove cost effective for both the public and the profession. It is pleasing to see that public safety is being regarded as essential. How the new system is administered on a day-to-day basis will prove how effective it is really.

NCWNZ would also support equally stringent requirements on other practitioners as listed in Schedule 2.

**Consultation Question 1.**

**Some doctors (for example those who do not meet Council requirements for general medical competence) may remain on limited scope indefinitely. What do you think about this?**

NCWNZ believe that a doctor should not be allowed to remain on limited scope indefinitely. It was suggested that 2 or 3 years would seem to be a reasonable time limit. If doctors are unable to move from this scope maybe they need to review their situation. Members thought that indefinitely also implied lack of commitment to attaining improvement.

**Consultation Question 2.**

**What are your views on the proposed high level scopes and special purpose scope?**

It was agreed that the proposed high-level scopes appeared to be an improvement on that which already exists. It was also noted that the special purpose scope needs careful monitoring as those registered for emergencies may continue working post crisis if not monitored.

**Consultation Question 3.**

**Are the scopes sufficient?**

Yes, although in emergency situations it is very important to have personnel understood. Interpreters who are medically competent should be available as and when required.





**Consultation Question 4.**

**Is the expression “limited scope of practice” sufficiently clear or is there a preferable name for this scope of practice?**

It was agreed that “limited” is an appropriate term for those working towards high-level scope.

**Consultation Question 5.**

**Is the use of ‘general’ scope of practice acceptable? Is there another more preferable name such as ‘basic’ or ‘essential’ or ‘elementary’ or ‘full’ scope (so it is not confused with the branch of general practice)?**

The majority of respondents agreed that the use of the term ‘general’ in respect to scope of practice was acceptable. However, a minority preferred another name, but didn’t feel that any of the proposed names were suitable.

**Consultation Question 6.**

**What are your views on the proposal for wider recognition of overseas “qualifications” (as defined in the Health Practitioners Competence Assurance Act 2003(HPCA) that are clearly comparable to the New Zealand standard of competence?**

Respondents thought that this was a reasonable proposal. It is important that New Zealand standards are not ‘relaxed’ to ease acute shortages of practitioners. NCWNZ believes that public safety is paramount and that New Zealand standards must not be compromised.

**Consultation Question 7.**

**What do you think of the criteria of a competent authority? (see footnote 6, page 13). Have you other points to include in these criteria?**

It was agreed that the criteria appear to be fair and comprehensive. A requirement to review procedures/systems on a timely basis, to ensure that the authority’s own performance is maintained at a consistently high standard and kept current, should also be included.

**Consultation Question 8.**

**What do you consider are criteria for a comparable health system and practice environment? What countries do you think it would cover, and why? Should doctors entering via this qualification be limited to work in certain types of settings, i.e., in hospitals or accredited general practices? (see footnote 8, Page 14).**

These criteria are particularly important for clinical practitioners entering under this category. However, “comparable health system and practice environment” may be less relevant in terms of practise for those in the special purpose category, e.g. those working in teaching, sponsored trainees, supervised research and emergency situations.

Some members have experience of problems with doctors from other countries, e.g. USA with regard to drug prescribing, informing patients of treatment options, matters relating to discharge planning and also working with other health professionals, which is a result of the health environment they have come from. In some cases there may need to be limitations put on the scope of practise, though this may be for a short time.



NCWNZ believes that in some circumstances, doctors entering via this qualification should be limited to work in certain types of setting, as suggested, i.e. in hospitals or accredited general practices.

**Consultation Question 9.**

**In proposing this approach, has council overlooked any other major issues?**

The reasons for coming to practise in New Zealand and in particular the attitudes of applicants deserve consideration as this is what will be most reflected in Doctor /Patient relationships. New Zealand must not ever be in the position of being seen as an easy option.

**Consultation Question 10.**

**What are your views on the proposal that there be no separate “temporary” scope of practice for overseas doctors practising for a short duration in New Zealand?**

This appears to be covered adequately by other proposed forms of registration and appears to have been well thought out. It can of course be revisited or changed if any problems arise. It also means that doctors who prove to be very well suited to working here, and who decide to stay would have some uncertainty removed regarding this. Competence should be monitored as required by other forms of registration, exceptions will no longer be required and immigration requirements will also be met with regards to coming to confirmed employment offer.

**Consultation Question 11.**

**What are your views on the Council’s proposed approach to ensure that doctors seeking registration in New Zealand actually intend to practise in New Zealand?**

Respondents agree with the Council’s proposed approach. We assumed that doctors would still come under the umbrella of the immigration service as regards their application for residency or work visas. This proposal would cover doctors entering the country who don’t actually intend to work here. Registers will need to be kept up-to-date, as confirmation with immigration may be required.

**Consultation Question 12.**

**Do you think most doctors in New Zealand should have general medical post qualification experience e.g. PGY1 year in A and B runs?**

Yes, as it gives them a chance, as in examples in sections 74 and 75, to gain broader experience of the New Zealand Health System and to experience their speciality in context.

**Consultation Question 13**

**What are your views on the Council’s proposed approach to equivalent or satisfactory “qualifications”?**

New Zealand standards must not be compromised. Recognising that the process is likely to be both time consuming and resource intensive, the ensuing fee structure to be paid by the applicant may limit the number of applications. The assessments and payment of fees should be completed prior to the person being considered leaving their country of origin. Safeguards must also be put in place to provide for the right to practise here to be removed if necessary.

**Consultation Question 14.**

**For the reasons set out above, Council is particularly interested in your comments about how registration for South African medical graduates could be considered for medical registration in New Zealand without further assessment or examination.**



**Given the information coming to light about the changing situation in South Africa, what are your views about the suitability of South African qualifications for medical registration in New Zealand?**

NCWNZ is concerned about the significant changes that have been made recently in the funding of training for doctors in South Africa. We believe that this may have important consequences for the quality of graduates. Therefore it will be important to ensure that only applicants who graduated before a specified date be considered for registration here, on current terms. Later applicants must meet the criteria for the proposed categories D, E, F or G.

NCWNZ believes that all recent South African medical graduates should be assessed/examined before registration is considered.

**Consultation Question 15.**

**What are your views on the Council's proposed policy for 'incomplete' registration applications?**

It was acknowledged that this policy appears reasonably robust but that given the other categories available, including Equivalent and Satisfactory Qualifications, 'Incomplete' registration applications should be treated as refusals and the other options made known to applicants.

**Consultation Question 16.**

**What are your views on the Council's proposed approach to registration under the HPCA?**

NCWNZ believes that protection of the public is paramount, and provided that the policies reflect this in practice, the Council's proposals should be satisfactory. Language, as has been acknowledged, has to continue to be a major consideration in this context.

**Consultation Question 17.**

**Do you have any other comments on the proposals outlined in this paper?**

Overall the proposals appear to be comprehensive, and have dealt with the anomalies in the current system.

**Consultation Question 18.**

**What are your views on the Council's proposed qualifications for registration? (Appendix 1, page 23).**

As laid out in diagrammatic form, on page 23, the proposal is clearly stated and easy to follow.

We presume that the HPCA specifies who nominates, and the standards required for "a nominated health practitioner or class of health practitioner" required to supervise on going training/experience as is also specified in section 20, page 6.



**Consultation Question 19.**

**What do you think of the proposed requirement that doctors who have passed an examination such as NZREX Clinical must complete one year of general medical experience (encompassing category A and B medical and surgical runs, while working in the limited scope of practice) to qualify for the general scope of practice?**

We agree with this in that it gives all applicants a chance to brush up on any skills as necessary and introduces them to how the New Zealand Health System functions compared with what they have come from. It gives all doctors working in New Zealand equivalent hospital experience.

NCWNZ thanks you for the opportunity to comment on this important document. NCWNZ has always supported quality care and a high standard for all professionals in this country. We look forward to seeing the final document.

Beryl Anderson  
**National President**

Catherine Gurnsey  
**Convener, Health Standing Committee**