



**National Council of
Women of New Zealand**

Te Kaunihera
Wahine O Aotearoa

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**Submission to the Medical Council of New Zealand to the
Proposal to Revoke the Vocational Scope of Breast Medicine**

The National Council of Women of New Zealand (NCWNZ) is an umbrella organisation representing 39 nationally organised societies. It has 33 branches throughout the country attended by representatives of those societies and many individual members. The Council's function is to serve women, the family and the community at local, national and international levels through research, study, discussion and action. NCWNZ has a longstanding history of encouraging the promotion of social and health issues, particularly as they affect women and children.

Over a number of years NCWNZ has made several submissions regarding the training and registration of practitioners in the New Zealand Health Sector. NCWNZ believes it is important that where specialist areas are concerned the appropriate training, registration and on-going monitoring of standards and performance is critical to the safety of the public and the medical profession itself.

NCWNZ notes that following the Medical Council's scheduled reaccreditation review in 2005, of the 12 criteria only five were being met, three partially met and four not met by the Australasian Society of Breast Physicians (ASBP) in their application to continue as a vocational scope of practice and as a provider of training and recertification. Our members would be concerned if the training to be able to provide all of the service scope of practice were not available and that the four not being met were not given the appropriate funding and be available to train within.

Workforce issues are of huge concern within the specialised breast management and clinical treatment areas. Currently women from Auckland are being given the option to travel to Australia for their treatment and this has happened in other regions as well e.g., Waikato. Women deserve to be not only seen prior to diagnosis in a timely manner but also to receive their treatment as per the breast cancer guidelines. It would be ludicrous to revoke a branch of medicine which evolved to cover a very real need for women especially as all evidence shows that breast cancer will increase in the future. Over 700 women in NZ are predicted to die from breast cancer during 2006 (Ministry of Health, 2002)

A Breast Physician works within a multidisciplinary team. They are well suited as GP's, with extra training to provide a service. Some of our members pointed out that Nurse Practitioners, work in a similar way with medical staff within their speciality.

Some of our members noted that currently there is no further training being required in cultural competence beyond that undertaken during undergraduate medical education. This is noted in more than one of the criteria. This could affect all women using this service, as breast cancer is a particularly sensitive issue for women, especially those from cultures where exposure of this part of the body is extremely limited and personal.

It was also of concern to some members that current information given for recertification did not meet the Council's requirements in terms of hours required and training outcomes for ongoing professional development. It would appear that this should be able to be rectified and a requisite to achieve these requirements given a timeframe.





While there is a training programme, there appeared to be no review mechanism for trainees. We would trust that this is done within the very strict requisites of any breast screening programme as it is in this manner that monitoring is achieved and reviewed for all staff within the multidisciplinary team.

Some respondents wondered if the revoking of this scope of practice is not going to affect clinical service provision in any great way. Most current breast physicians are working within multidisciplinary teams that include surgeons, oncologists, radiologists, and specialist breast oncology nurses. These teams also tend to be limited to main centres as this is where assessment clinics are held especially for Breast Screen Aotearoa.

One respondent also made the comment that breast medicine should be retained as a special interest group. This would be similar to the situation that exists in Australia and where breast medicine is not recognised as a specialty by the Australian Medical Council.

It was agreed by the majority of respondents that revocation of the Vocational Scope of Breast Medicine would be seen as a backward step. Concern was expressed that doctors having trained as breast physicians overseas would be unable to register in their vocational specialty in New Zealand. This could deter them from practising in this country.

Workforce issues and timely access for women being seen and diagnosis made is essential to the well being of NZ women must be considered and further training with timelines to complete must be undertaken as necessary. It is a well known fact that patients with breast cancer have a better outcome when treated by clinicians who work within this area and have a greater caseload and support from all disciplines involved.

NCWNZ thanks you for this opportunity to comment.

Christine Low
National President

Catherine Gurnsey
Health Standing Committee