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MEDICAL COUNCIL OF NEW ZEALAND

SCOPES OF PRACTICE AND PRESCRIBED QUALIFICATIONS FOR THE PRACTICE OF MEDICINE IN NEW ZEALAND

PURSUANT TO SECTIONS 11 AND 12
OF THE HEALTH PRACTITIONERS COMPETENCE
ASSURANCE ACT 2003

MEDICAL COUNCIL OF NEW ZEALAND**SCOPES OF PRACTICE AND PRESCRIBED QUALIFICATIONS****Commencement**

This Notice is given pursuant to sections 11 and 12 of the Health Practitioners Competence Assurance Act 2003, and comes into effect on 4 November 2013. On that date, it replaces the 2012 Notice of Scopes of Practice and Prescribed Qualifications* and subsequent amendment notices listed below under *Previous 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. Medical practitioners seeking to practise in New Zealand must first be registered with the Medical Council in one or more relevant scopes of practice.

The Medical Council is also 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, 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 medical practitioners 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 medical practitioner must hold a current practising certificate. To be eligible for a practising certificate, a medical practitioner must meet any recertification requirements set by the Council.

This Supplement to the *New Zealand Gazette* provides the current complete list of the scopes of practice within which medical practitioners may practise medicine in New Zealand, and the associated, prescribed qualifications. Where reference is made to relevant information published on the Council’s website, this can be found at

www.mcnz.org.nz

Previous notices

The Council last published a full list of the scopes of practice (and associated prescribed qualifications) for the profession of medicine on 3 February 2012*. Since then, the Council has consulted on, and approved, the following changes to the content of that supplement:

1. Changing the name of the *Accident and Medical Practice* scope of practice to the *Urgent Care* scope of practice (published as *Notice of Amendment to Scope of Practice Prescribed by the Medical Council of New Zealand 2012*†) That notice came into effect on 1 August 2012.
2. Adding the new vocational scope of practice of Pain Medicine (published as *Notice of New Scope of Practice and Qualification Prescribed by the Medical Council of New Zealand 2012*‡) That notice came into effect on 3 December 2012.
3. Changes to the prescribed qualification for the locum tenens scope of practice (published as *Notice of Amendment to Qualification Prescribed by the Medical Council of New Zealand 2012*§) That notice came into effect on 14 January 2013.

* Supplement to the *New Zealand Gazette*, 3 February 2012, No. 12, page 283

† *New Zealand Gazette*, 28 June 2012, No. 73, page 2087

‡ *New Zealand Gazette*, 8 November 2012, No. 134, page 3880

§ *New Zealand Gazette*, 20 December 2012, No. 151, page 4494

Changes coming into effect on 4 November 2013

In February 2012, Council approved a wide review of the comparable health system scope of practice. A number of changes were subsequently consulted on, and changes made to the scope of practice as a result. The final stage of consultation with stakeholders was to propose to change the active clinical practice requirements of this, and the special purpose (locum tenens) scopes, so as to require:

- provisional general (comparable health system) applicants to have **33 months (a reduction from 36 months)** out of the last 48 months (for at least 30 hours per week) of active clinical practice prior to application; and
- special purpose (locum tenens) applicants to have **22 months (a reduction from 24 months)** out of the last 36 months (for at least 20 hours per week) of active clinical practice prior to application.

Consultation was undertaken with medical colleges, district health boards and recruitment agencies and was available on the Council's website for public comment. Consultation concluded on Friday, 17 May 2013, with 12 submissions received. Most of the responses were in favour of the change.

On 11 September 2013, Council resolved to approve the changes to the prescribed qualifications for the comparable health system and locum tenens scopes of practice.

Dated at Wellington this 4th day of October 2013.

DAVID DUNBAR, Registrar, Medical Council of New Zealand.

Scopes of Practice

Provisional general scope of practice

The practice of medicine in a position approved by the Medical Council of New Zealand (“Council”), under supervision approved by the Council.

General scope of practice

The practice of medicine.

The “practice of medicine” includes:

- 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 whose sale and supply is restricted by law to prescription by medical practitioners
- 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.

Provisional vocational scope of practice

The practice of medicine within a vocational scope of practice under supervision, and assessment if required.

Vocational scopes of practice

The practice of medicine that allows a medical practitioner to work in a specific scope of practice, for which he or she has appropriate vocational training, qualifications and experience. (See Appendix 1 for vocational scopes of practice.)

Special purpose scopes of practice¹

The practice of medicine, for defined or limited reasons, undertaken:

- within a New Zealand hospital, general practice, educational institution or other organisation approved by the Council; and
- under the supervision of a registered medical practitioner approved by the Council.

The special purpose scopes of practice are:

- Teaching as a visiting expert for up to one week
- Postgraduate training for up to two years
- Undertaking research for up to two years
- Working as a locum tenens for up to 12 months
- Assisting in an emergency or other unpredictable, short-term situation
- Assisting in a pandemic or disaster
- Providing teleradiology services to New Zealand patients for up to 12 months.

Trainees registered in the postgraduate training scope of practice:

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

¹ The special purpose scope of practice is time-limited and does not lead to any form of permanent registration. Any time spent on a special purpose scope will not be counted towards a period of supervision for any permanent form of registration that may be granted subsequent to a medical practitioner holding a special purpose scope, unless the international medical graduate is registered on the locum tenens scope and granted eligibility for registration under the (provisional vocational) supervision pathway of a vocational scope.

Prescribed qualifications

Provisional general scope of practice

The medical practitioner must satisfy one of the following:

- Hold a primary medical degree from a New Zealand or Australian university medical school approved by the Council for the purposes of registration in New Zealand, and published on the Council's website (Pathway 1)²;
- 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, and have one year of general medical experience (Pathway 2);
- 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, and 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 and, 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 (Pathway 3);
- 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. The medical practitioner must have worked 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) in a health system comparable to New Zealand approved from time to time by the Council for the purposes of registration in New Zealand and published on the Council's website). The medical practitioner must also hold full or general registration with that authority, or be satisfactorily participating in a training programme recognised by the American Boards or the Canadian specialist colleges, or be registered by the Irish Medical Council as a specialist trainee. Applicants for this scope of practice 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 (Pathway 4).

General Scope of Practice

Medical practitioner must satisfy one of the following:

A Hold a primary medical degree from a New Zealand or Australian university medical school and have completed an internship in New Zealand or Australia (Pathway 1)

If the medical practitioner completes an internship in New Zealand, the following requirements must be met before the medical practitioner is eligible for registration in a general scope of practice:

- work in a New Zealand hospital that has been accredited by the Council
- complete at least four three-month runs, including
 - one category A medical run
 - one category A surgical run
 - two other runs, which may be category A or B runs
 - have three consecutive runs immediately prior to applying for registration in a general scope where the medical practitioner's performance is assessed to be of a satisfactory standard; two of these three runs must be in different disciplines
- work for no less than 10 weeks (or 10 weeks' full-time equivalent) out of each run
- certify as competent in cardiac life support as required by the Council's policy
- be recommended for registration in a general scope by the Intern Supervisor.

B. Have been registered in a provisional general scope of practice, satisfied the conditions of the provisional general scope of practice and satisfied any pathway-specific conditions. That is:

Pathway 2 – holders of a primary medical degree from a university medical school accredited by a competent authority and who have one year of general medical experience under the jurisdiction of the competent authority must have:

² Medical schools approved for all pathways will be identified through a website link to the AVICENNA Global Directories of Education Institutions for Health Professions.

³ See Council's website www.mcnz.org.nz for further information about NZREX.

- (1) Completed six 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
- (2) Received two consecutive satisfactory supervision reports for the six 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 two years if the medical practitioner receives any poor supervision reports during their first six months of registration, until the medical practitioner has received two consecutive satisfactory reports; and
- (3) Been recommended for registration within a general scope by his or her supervisor.

Pathway 3 – holders of 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, and have passed a medical examination approved by the Council for the purposes of applying to sit NZREX and published on the Council's website and, 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 must have:

- (1) Completed at least one year working within a provisional general scope, satisfying the following:
 - Practise in a New Zealand hospital accredited by the Council; and
 - satisfactory completion of four runs, of which one must be a category A medical and one a category A surgical run. (NB The practitioner may work in category A or B relieving or rotating runs during the first six months, but may not work in category C rotating or relieving runs until the second six months. The practitioner can only work in C runs if a rotating internship has been completed prior to registration in New Zealand.); and
 - satisfactory completion of three consecutive runs immediately prior to registration in the general scope; and
 - certify as competent in cardiac life support as required by the Council's policy
- OR
- practise in a primary care⁴ setting approved by the Council and under the supervision of a medical practitioner approved by the Council; and
- receive satisfactory reports for the three runs completed (or nine months worked) immediately prior to applying for registration within a general scope.
- (2) Been recommended for registration within a general scope by his or her supervisor.

Pathway 4 – ie those with registration based on 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) in a health system comparable to New Zealand as prescribed by the Council and either full or general registration in the comparable health systems in which they met the Council's active clinical practice requirement at the time of registration; or the applicant is satisfactorily participating in a training programme recognised by the American specialty boards, the Canadian specialist colleges, or the Irish Medical Council, must have:

- (1) completed one year working within a 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; and
- (2) received satisfactory supervision reports for the nine 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 two years if the medical practitioner receives any poor supervision reports during their first year of registration, until the medical practitioner has received three consecutive satisfactory reports; and
- (3) Been recommended for registration within a general scope by his or her supervisor; and
- (4) conditions limiting the medical practitioner's practice may be imposed on the medical practitioner's registration in a general scope of practice if the medical practitioner does not

⁴ To be eligible to work in primary care, the applicant must have completed a general intern year, passed NZREX at first attempt, have five years or more experience in primary care, and have similar primary care practice experience. The applicant's nominated supervisor must not be his/her employer.

complete a minimum of six months of medicine and six months of surgery during the provisional period. To avoid limitations on a medical practitioner's general scope of practice, the following two options may apply:

Option 1

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

- as a house officer or senior house officer (ie PGY1 or PGY2 level); and
- 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 (ie tutorials). The medical practitioner does not need to work in accredited runs; and
- that has received sign off by the Chief Medical Officer at the hospital to ensure the role has adequate supervision and assessment.

Option 2

After the receipt of satisfactory supervision reports for the previous nine months (see (2) above), the medical practitioner may apply for a general scope without limitations if the practitioner had spent a period of at least six months working under supervision in a Council-approved general practice position.

Provisional vocational scope of practice

Medical practitioner must 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 medical practitioner registered in the same vocational scope of practice; and
- (2) being able to achieve registration in a vocational scope of practice within 18 months of obtaining registration in a provisional vocational scope of practice.

Vocational scopes of practice

Medical practitioner must:

- (1) have the prescribed qualifications set out in the Appendix as necessary for the particular vocational scope of practice; or
- (2) have postgraduate qualifications, training and experience as determined by the Council to be equivalent to or as satisfactory as the prescribed qualification for the particular vocational scope of practice; and
- (3) complete the Council's requirements for registration within a provisional vocational scope of practice.

Special purpose scopes of practice⁵

Medical practitioner 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 in a special purpose scope of practice and published on the Council's website; and
- (2) obtain a position where appropriate supervision is available; and
- (3) satisfy (for the following special purpose scopes of practice) the additional prescribed criteria:

⁵ Time registered within a special purpose scope of practice will not be counted towards gaining registration within a provisional general, general, provisional vocational or vocational scope of practice in New Zealand, unless the IMG is registered on the locum tenens scope and granted eligibility for registration under the (provisional vocational) supervision pathway of a vocational scope.

A Teaching as a visiting expert

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

B Postgraduate training⁶

Medical practitioner must

- (1) have medical registration in his or her own country, to which he or she will return on completion of the training; and
- (2) either:
 - be sponsored by or on behalf of a country or organisation to which the medical practitioner returns after the proposed period of training⁷; or
 - have a formal postgraduate qualification accepted by the Council as indicating competence in the branch within which the medical practitioner will work 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
- (3) provide evidence that they are entering a formal, recognised scholarship or fellowship programme, with a structured supervision plan⁸; 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 because recognised medical training programmes are not available in their home/sponsor country).

C Research

A medical practitioner 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.

D Locum tenens

Medical practitioner 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 medical practitioner wishes to work. (See the Council's website for list of approved qualifications.)
- (2) have been in active clinical practice (for at least 20 hours per week) relevant to the vocational scope that the medical practitioner will be working in, for at least 22 out of the 36 months prior to application (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).

⁶ **Night cover** There are some preliminary requirements the employer must satisfy before the medical practitioner 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*.

Limit of trainees at any one centre At any one centre, trainees will make up no more than one out of three medical practitioners on the same service at any one time. (For example, out of a total of six medical registrars, no more than two will be trainees.)

⁷ The medical practitioner must have a guarantee of continuing employment in his or her home country at the completion of the period of training in New Zealand.

⁸

- The programme must provide detail on the training objectives and delivery, and on how the training will be monitored and outcomes measured.
- Within a District Health Board (DHB), the application must be approved by the Chief Medical Adviser of the DHB, confirming that the position is part of a formal, recognised scholarship programme of that institution.
- Within an organisation other than a DHB, high level signoff 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.
- The proposed supervisor must provide an induction and supervision plan including details or orientation.
- Supervision reports are to be provided to the Council for each three-month period.
- The medical practitioner 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.
- Confirmation must be provided from the employer that the training will not be funded by the government funding agency.

- (3) have had, in the 12 months preceding the application for registration, at least 6 months' practice under the jurisdiction of another medical regulatory authority, and provide evidence of satisfactory participation in any recertification programmes required by that authority during that period of practice or, where no recertification requirements have been set by that authority, provide separate evidence of ongoing professional development during that period of practice.

E Emergency or other unpredictable, short-term, situation

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

F Pandemic or disaster

Medical practitioner 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.

G Teleradiology

Medical practitioner must:

- (1) have a postgraduate qualification in radiology, approved by the Council and published on the Council's website (see the Council's website for list of approved qualifications); and
- (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 (see the Council's website for list of approved qualifications); and
- (3) be providing radiology services under contract to a health provider located in New Zealand and be fully credentialed by the health provider⁹; and
- (4) have been in active clinical practice (20 hours per week) in the vocational scope of diagnostic and interventional radiology for at least 24 out of the last 36 months.

⁹

- 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.
- 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 medical practitioner's home country should a complaint be received, and must also permit and facilitate external review and investigation by those authorities.
- The overseas facility the medical practitioner works for must be accredited by an appropriate accreditation body.
- Supervision for the medical practitioner is to be provided by the clinical director of the New Zealand health facility.

Appendix

Vocational scopes of practice and associated prescribed qualifications

Scope of practice	Prescribed qualification
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.	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)

<p>General surgery</p> <p>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>Fellowship of the Royal Australasian College of Surgeons (FRACS)</p>
<p>Intensive care medicine</p> <p>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>Fellowship of the Joint Faculty of Intensive Care Medicine of the Australian and New Zealand College of Anaesthetists (FJFICM)</p> <p>Diploma of Fellowship of the College of Intensive Care Medicine of Australia and New Zealand (FCICM)</p> <p>Fellowship of the Royal Australasian College of Physicians (FRACP)</p>
<p>Internal medicine</p> <p>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>Fellowship of the Royal Australasian College of Physicians (FRACP)</p>
<p>Medical administration</p> <p>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>Fellowship of the Royal Australasian College of Medical Administrators (FRACMA)</p>
<p>Musculoskeletal medicine</p> <p>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>Certificate of Accreditation in Musculoskeletal Medicine from the New Zealand Association of Musculoskeletal Medicine (CAMM)</p> <p>Fellowship of the Australasian Faculty of Musculoskeletal medicine (FAFMM)</p>
<p>Neurosurgery</p> <p>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>Fellowship of the Royal Australasian College of Surgeons (FRACS)</p>
<p>Obstetrics and gynaecology</p> <p>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>Fellowship of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (FRANZCOG)</p>

<p>Occupational medicine</p> <p>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>Fellowship of the Australasian Faculty of Occupational Medicine, Royal Australasian College of Physicians (FAFOM) (RACP)</p> <p>Fellowship of the Australasian Faculty of Occupational and Environmental Medicine, Royal Australasian College of Physicians (FAFOEM) (RACP)</p>
<p>Ophthalmology</p> <p>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>Fellowship of the Royal Australian and New Zealand College of Ophthalmologists (FRANZCO)</p>
<p>Oral and maxillofacial surgery</p> <p>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>Fellowship of the Royal Australasian College of Dental Surgeons (Oral and Maxillofacial Surgery) (FRACDS [OMS])</p>
<p>Orthopaedic surgery</p> <p>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>Fellowship of the Royal Australasian College of Surgeons (FRACS)</p>
<p>Otolaryngology Head and Neck surgery</p> <p>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.</p>	<p>Fellowship of the Royal Australasian College of Surgeons (FRACS)</p>
<p>Paediatric surgery</p> <p>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>Fellowship of the Royal Australasian College of Surgeons (FRACS)</p>
<p>Paediatrics</p> <p>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>Fellowship of the Royal Australasian College of Physicians (FRACP)</p>
<p>Pain Medicine</p> <p>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.</p>	<p>Fellowship of the Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists (FFPMANZCA)</p>

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)
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 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 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)

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 Physicians (FACSHP)
Sports 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. Sports 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)
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)
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)