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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**

This Notice replaces the earlier Notice of Scopes of Practice and Prescribed Qualifications (published in the *New Zealand Gazette*, 15 September 2004, No. 120, page 2920; and amended in the *New Zealand Gazettes* of 25 October 2007, No. 115, page 3077; 29 May 2008, No. 89, page 2455, and 5 June 2008, No. 93, page 2530).

This notice takes effect from 1 February 2010, with the exception of the proposed new scope of practice for teleradiology and associated prescribed qualification. The scope of practice for teleradiology and associated prescribed qualification will take effect from 1 April 2010.

Introduction

Under the Health Practitioners Competence Assurance Act 2003, the Medical Council of New Zealand (“the 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 specific 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”.

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.

The Council last published a full list of the scopes of practice (and associated prescribed qualifications) for the profession of medicine as part of a special supplement to the *New Zealand Gazette* issued on 15 September 2004. Since then, the Council has published three amendment notices relating to scopes of practice. These were to:

- add the rural hospital medicine vocational scope of practice (and the associated prescribed qualification of Fellowship of the Division of Rural Hospital Medicine NZ (*New Zealand Gazette*, 29 May 2008, No. 89, page 2455); and
- remove the breast medicine vocational scope of practice (and by implication the associated prescribed qualification) (*New Zealand Gazette*, 5 June 2008, No. 93, page 2530).
- add new, approved New Zealand and Australian university primary medical degrees (*New Zealand Gazette*, 25 October 2007, No. 115, page 3077).

In 2009, the Council consulted on a draft updated notice to incorporate proposed amendments. After considering submissions made during the consultation, the following notice was approved by the Council at its meeting on 8 and 9 December 2009. This notice replaces all previous notices.

Scopes of Practice

Provisional general scope of practice

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

General scope of practice

The practice of medicine (as defined by the Medical Council of New Zealand ("the Council") from time to time).¹

A medical practitioner registered within a general scope of practice must take part in a Continuing Professional Development (CPD) programme approved by Council².

Provisional vocational scope of practice

The practice of a 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).

A medical practitioner registered within a vocational scope must take part in take part in a Continuing Professional Development programme approved by Council (see footnote 2).

Special purpose scopes of practice³

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
- Research
- Working as a locum tenens for up to six months
- Postgraduate training
- 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.

¹ 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.

² See Council's website www.mcnz.org.nz for the CPD requirements

³ The special purpose scope of practice is time-limited and does not lead to any form of permanent registration

Prescribed qualifications

Provisional general scope of practice

A medical practitioner must satisfy one of the following:

- Hold a primary medical degree from a New Zealand or Australian 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 (Pathway 1)⁴;
- 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 (see footnote 4), 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 (see footnote 4), and have passed a medical examination approved by the Council for the purposes of applying to sit the New Zealand Registration Examination (NZREX)⁵ 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 published on the Council's website (see footnote 4), and have worked for 36 months (for at least 30 hours per week) during the 48 months prior to application 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) (see footnote 4), where the applicant also either holds full or general registration or is satisfactorily participating in a training programme recognised by the American Boards or the Canadian specialist colleges. Applicants for this pathway will be required to work in a position for which the medical practitioner has appropriate experience (Pathway 4).

General Scope of Practice

A 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

⁴ Medical schools approved for this and all other pathways will be identified by a combination of lists of approved schools, lists of schools not approved or through links to other websites.

⁵ See Council's website www.mcnz.org.nz for further information about NZREX

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 have one year of general medical experience under the jurisdiction of the competent authority must have:

- (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 Council⁶; 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

⁶ Excludes any United Kingdom or Irish medical graduates who are doing their internships in New Zealand; these medical practitioners will be required to complete a full 12 months under supervision.

OR

- practice in a primary care⁷ 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 36 months' work (for at least 30 hours per week) during the 48 months prior to application, 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 or Canadian colleges⁸).

- (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 a position for which the medical practitioner has appropriate experience, and under the supervision of a medical practitioner approved by the Council.
- (2) 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 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 step may be taken:

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)
 - 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.
 - that has received sign off by the Chief Medical Advisor at the hospital to ensure the role has adequate supervision and assessment.
- (3) 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.

⁷ Medical practitioners required to sit and pass NZREX may apply for an exemption to the policy on a case by case basis as to whether they are required to complete the intern year or are eligible to work under supervision in primary care. To be eligible to apply for an exemption to work in primary care, the applicant must: have completed a general intern year, have 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.

⁸ The medical practitioner's proposed employment in New Zealand must be in the same or similar area of medicine, and at a similar level of responsibility as they have had in the work they have been doing during the previous 36/48 months.

- (4) Been recommended for registration within a general scope by his or her supervisor.

Provisional vocational scope of practice

A 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

A 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 practice

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 relevant special purpose scope of practice) the criteria in one of the following:

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 training⁹

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

⁹ **Night cover** There will be 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).

Period of registration Registration within the special purpose scope of practice postgraduate training pathway is limited to a single registration period, not exceeding two years. Time registered within a special purpose scope of practice will not be counted towards gaining registration within a provisional general, general or vocational scope of practice in New Zealand.

(2) either:

- be sponsored by or on behalf of a country or organisation to which the medical practitioner returns after the proposed period of training¹⁰; 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 plan¹¹.

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 in a specialist post

A medical practitioner who may be registered to work in as a specialist for up to six months¹². The 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 (20 hours per week) relevant to the vocational scope that the medical practitioner will be working in, for at least 24 out of the past 36 months.

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 practicing certificate; or
- (2) have completed at least five years of study at a recognised New Zealand medical school; or

¹⁰ 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.

¹¹

- 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, the application must be approved by the Chief Medical Adviser of the District Health Board, confirming that the position is part of a formal, recognised scholarship programme of that institution.
- Within an organisation other than a District Health Board, 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.

¹² Registration may be extended if the medical practitioner applies for a registration within a vocational scope.

- (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

A medical practitioner who may be registered to provide teleradiology services for up to 12 months¹³. The medical practitioner must:

- (1) have a postgraduate qualification in radiology, approved by 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 credentialled by the health provider¹⁴; 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.

¹³ Practitioner may reapply for registration after 12 months.

¹⁴

- 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 accredited body recognised by International Accreditation New Zealand (IANZ).
- 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
Accident and medical practice 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)
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 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)

<p>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.</p>	<p>Fellowship of the Australasian College for Emergency Medicine (FACEM)</p>
<p>Family planning/reproductive health The treatment of, and health provision to, patients in relation to contraception, reproductive health and associated primary sexual health issues.</p>	<p>Diploma in Sexual and Reproductive Health (Dip SRH)</p>
<p>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.</p>	<p>Fellowship of the Royal New Zealand College of General Practitioners (FRNZCGP)</p>
<p>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 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 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 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 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 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>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.</p>	<p>Fellowship of the Royal Australasian College of Surgeons (FRACS)</p>
<p>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.</p>	<p>Fellowship of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (FRANZCOG)</p>
<p>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.</p>	<p>Fellowship of the Australasian Faculty of Occupational Medicine, Royal Australasian College of Physicians (FAFOM) (RACP)</p>
<p>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.</p>	<p>Fellowship of the Royal Australian and New Zealand College of Ophthalmologists (FRANZCO)</p>

<p>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.</p>	<p>Fellowship of the Royal Australasian College of Dental Surgeons (Oral and Maxillofacial Surgery) (FRACDS [OMS])</p>
<p>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.</p>	<p>Fellowship of the Royal Australasian College of Surgeons (FRACS)</p>
<p>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.</p>	<p>Fellowship of the Royal Australasian College of Surgeons (FRACS)</p>
<p>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.</p>	<p>Fellowship of the Royal Australasian College of Surgeons (FRACS)</p>
<p>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, by education and by research.</p>	<p>Fellowship of the Royal Australasian College of Physicians (FRACP)</p>
<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.</p>	<p>Fellowship of the Australasian Chapter of Palliative Medicine (FACHPM)</p>

<p>Pathology</p> <p>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).</p>	<p>Fellowship of the Royal College of Pathologists of Australasia (FRCPA)</p>
<p>Plastic and reconstructive surgery</p> <p>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.</p>	<p>Fellowship of the Royal Australasian College of Surgeons (FRACS)</p>
<p>Psychiatry</p> <p>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.</p>	<p>Fellowship of the Royal Australian and New Zealand College of Psychiatrists (FRANZCP)</p>
<p>Public health medicine</p> <p>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.</p>	<p>Fellowship of the Australasian Faculty of Public Health Medicine, Royal Australasian College of Physicians (FAFPHM [RACP])</p> <p>Fellowship of the New Zealand College of Public Health Medicine (FNZCPHM)</p>
<p>Radiation oncology</p> <p>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.</p>	<p>Fellowship of the Royal Australian and New Zealand College of Radiologists (FRANZCR)</p>
<p>Rehabilitation medicine</p> <p>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 view point</p>	<p>Fellowship of the Australasian Faculty of Rehabilitation Medicine, Royal Australasian College of Physicians (FAFRM [RACP])</p>

<p>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.</p>	<p>Fellowship of the Division of Rural Hospital Medicine NZ (FDRHMNZ)</p>
<p>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).</p>	<p>Fellowship of the Australasian Chapter of Sexual Health Physicians (FACSHIP)</p>
<p>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.</p>	<p>Fellowship of the Australasian College of Sports Physicians (FACSP)</p>
<p>Urology The diagnosis and treatment (operative and non-operative) of patients with disorders of: 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.</p>	<p>Fellowship of the Royal Australasian College of Surgeons (FRACS)</p>
<p>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.</p>	<p>Fellowship of the Royal Australasian College of Surgeons (FRACS)</p>