Medical Council View

Areas of Special Interest (Extended Scopes of Practice)

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July 2012

Outline

- Background
  - Issues
  - Purpose
- Proposed Framework
- Discussion
  - Other issues

Background

- Our 35 ‘Vocational Scopes’ are broad
- Within each scope there may be areas where doctors would be expected to gain additional expertise to practise safely.
- General Practice is possibly the broadest scope.

Background

- Additionally – what is within General Practice and what is within another or overlapping scope?

- Circumcisions? Hernias? Carpal tunnels? Psychotherapy? Chemotherapy?

- These issues are bound to become more prominent as more care and procedures are pushed out into General Practice.

Background

- The Council has been reluctant to regulate specific areas, but has done so in two defined areas:
  - Cosmetic procedures
  - Tumescent liposuction

- Complaints have been received about competence in other areas.

Background

- The Council's principle method for ensuring competence in areas of special interest that may be outside scope is the collegial relationship.

- That is likely to remain the case, but is it adequate and when is it needed?

- The Council is determined to pursue its policy of 'Right Touch Regulation', but has a statutory responsibility to ensure public safety.

Purpose of Framework

- Council's approach to the regulation of extended practice is clear, consistent and transparent.
- Regulation remains at the right touch for each particular circumstance.
- Doctors only perform procedures when they have the skills needed to make the correct treatment decision and to respond to any relevant complications.

Purpose of Framework cont…

- Doctors are encouraged to improve their skills.

- Mechanisms imposed do not impede innovation, or create barriers that prevent competent practitioners from working in their chosen field.

Framework

- Developed by a Working Group of Council staff and Council members.
- External consultation.
- Based on the development of three ‘scenarios’.
- The level and type of regulation dependent on how closely the area of extended practice is related to the doctor’s vocational scope of practice.

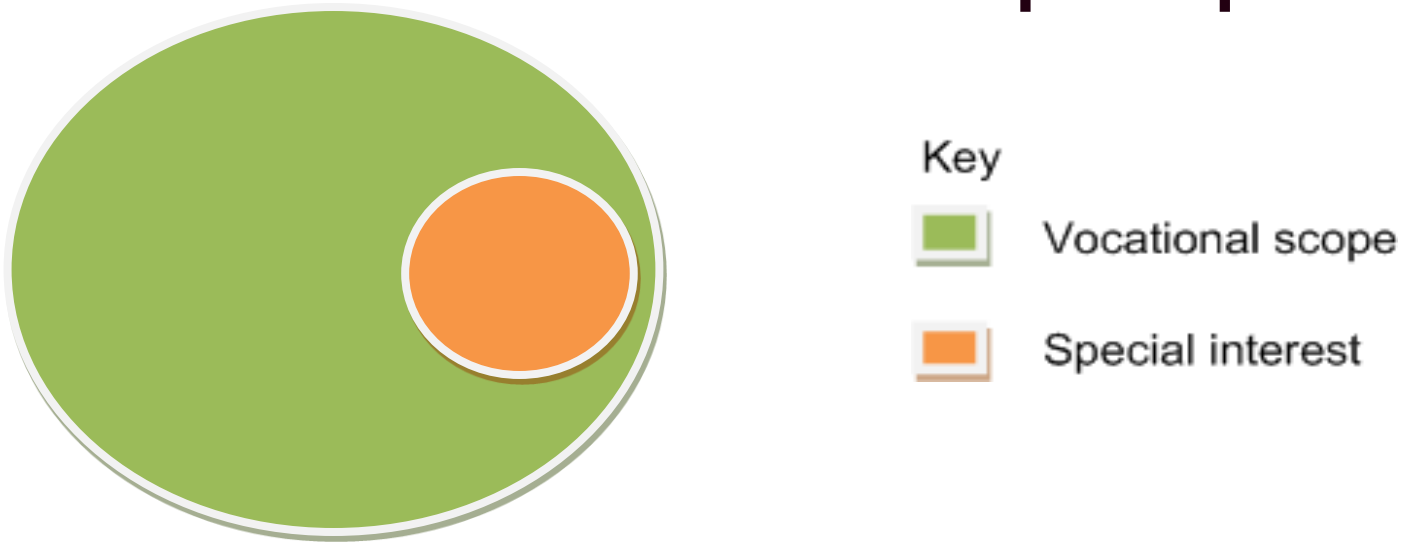
Framework

- At one end of the scale, the area of practice is totally within the vocational scope, and we will rely on existing mechanisms.

- At the other end, it is totally outside a doctor's normal scope, and the doctor will need a collegial relationship and clear ongoing recertification requirements.

Framework

Scenario 1 – the area of extended practice lies within a vocational scope of practice



Scenario 1

- Most (if not all) of the necessary training is provided as part of the vocational training programme.
- Support for the activity, or alternatively a limitation on who may undertake the activity, is provided through an existing and well-recognised third-party mechanism.
- It is expected that the vast majority of areas of extended practice within general practice will fall within scenario 1.

Scenario 1 Examples:

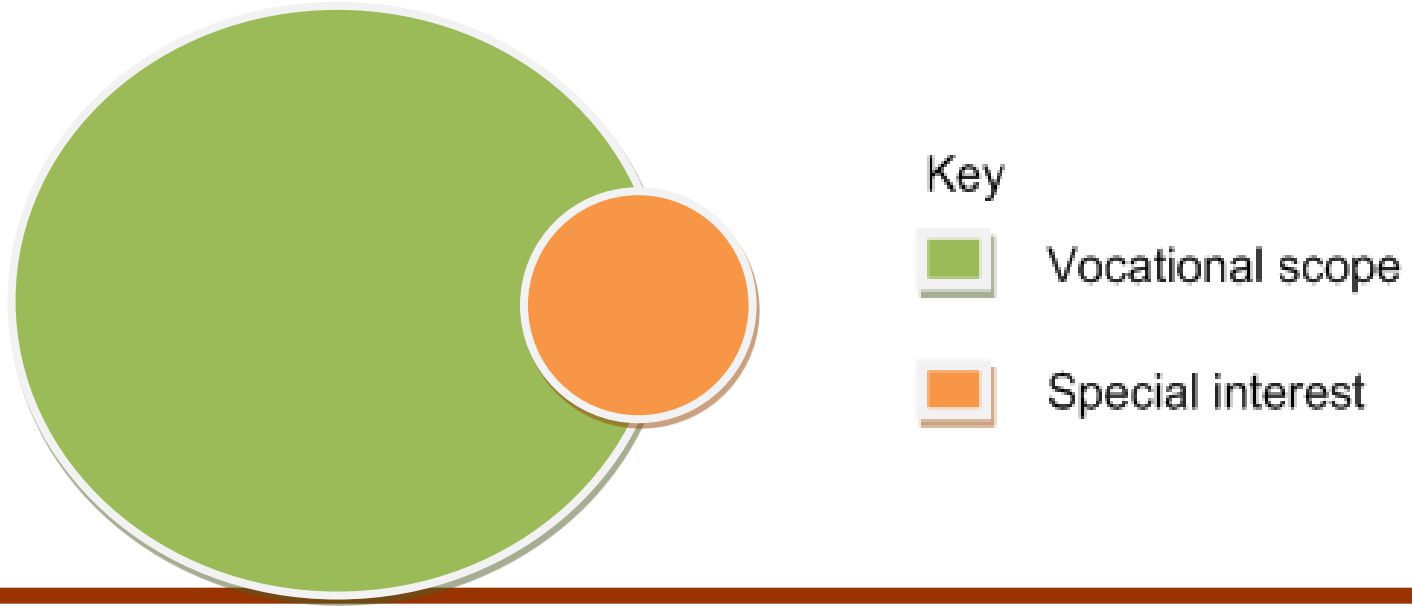
- Where the specific area of practice is covered by an existing branch advisory body (BAB) continuing professional development (CPD) / Recertification programme;
- Procedures where a credentialing mechanism is in place and this mechanism provides assurance that it can be performed safely;
- Advanced competences in general practice.

Scenario 1 – Council Expectations:

- In these circumstances, the practitioner will be expected to be registered in a relevant vocational scope of practice – and the third-party mechanism will be relied upon to assure that the doctor has the necessary relevant skills, knowledge, expertise and experience to perform a specific procedure.
- Council does not propose to take any steps to assess qualification or recertification above those currently taken as part of the vocational registration and recertification processes.
- There would be no change to a doctor's registration, scope of practice or conditions of practice.

Framework

Scenario 2 – the area of extended practice lies mostly within a vocational scope of practice, but additional knowledge is needed



Scenario 2

- Additional recertification requirements may need to be met.
- A doctor will be expected to be registered in a relevant vocational scope of practice and to meet additional standards specified by Council with advice from the relevant BAB.
- The Council will consider the following in deciding what additional standards should be applied:
  - The risk of harm.
  - Whether doctors working in this field practise independently or as part of a team.
  - The number of practitioners who work in the extended area of practice.

Scenario 2 Examples:

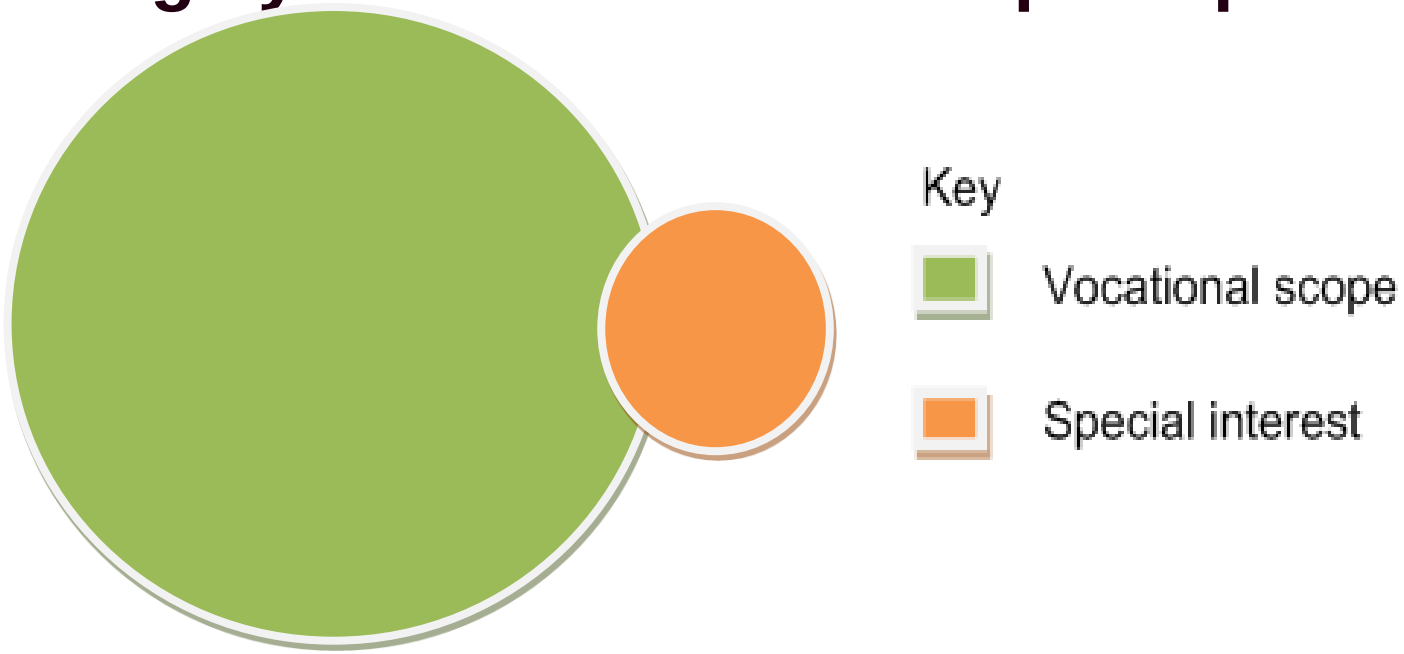
- Appearance medicine.

Scenario 2, Council Expectations

- The relevant BAB will develop/approve training and recertification programmes.
- Doctors who wish to practise within the area of extended practice will be required to meet the BAB's recertification requirements. To meet these requirements a doctor will usually be expected to be able to demonstrate maintenance of ongoing competence, but in some circumstances they might also be expected to have completed a specified training programme.
- Recertification should include clinical audit covering the procedures involved, with results reported to the BAB or a training body.
- There would be no change to a doctor's registration, scope of practice or conditions of practice.

Framework

Scenario 3 – the area of extended practice largely lies outside the scope of practice



Scenario 3

- Builds on the core competencies of a scope of practice – but largely lies outside
- Sometimes the extended area of practice might lie within another vocational scope, and in other situations it may lie outside of traditional medicine altogether. In addition, existing systems do not – and cannot – provide an assurance that the doctor is practising safely and competently.

Scenario 3 cont…….

- We cannot rely on a “collegial relationship”.

- Where collegial relationships are not appropriate, and where there is a critical mass of doctors, then Council’s preference is for there to be an accredited training programme in place that has been developed with input from other relevant BABs.

Scenario 3 cont…..

- Where no such programme has been developed, then Council will consider introducing an interim policy that will allow it to act as the “colleague” in a collegial relationship until a programme has been implemented. In these circumstances, a doctor will be expected to apply to Council for a special authorisation before he or she will be permitted to practise in the area of extended practice. An applicant will need to provide Council with evidence of their skills, knowledge and experience – and will also need to meet specified recertification requirements

Scenario 3 Example:

- The Council's *Interim policy for doctors registered in a vocational scope of general practice who wish to perform tumescent liposuction.* Under this policy a doctor holding vocational registration in general practice may apply to Council for an authorisation that allows him or her to perform tumescent liposuction. Council intends rescinding this policy once an accredited training programme for tumescent liposuction has been developed.

Scenario 3 Council Expectations

- In usual circumstances a doctor will be expected to have a collegial relationship with a colleague registered in a relevant vocational scope of practice.
- In certain circumstances (primarily where there is sufficient demand, collegial relationships are not viable and there is no accredited training programme), Council will introduce a specific policy

Scenario 3: Council Expectations

- . Under this policy:
  - A doctor will be able to apply to Council for an authorisation of scope of practice under s.22 of the HPCAA. Council will consider the application and, if it is satisfied that the applicant has the appropriate skills, knowledge and expertise, will grant an authorisation to a practitioner's scope of practice that specifies that the doctor is permitted to practice within the area of extended practice.
  - Council may also expect doctors to meet s.41 recertification requirements as outlined under scenario 2.

Scenario 3b?

- Alternative and complementary medicine.

- The practitioner will be expected to comply with any obligations in the alternative area of practice and with the Council's statement on Alternative and Complementary Medicine.

- **Obligations as a doctor are primary.**

Discussion

- Areas of Extended Practice

- Other current areas of Council activity:
  - Pre-vocational training
  - Recertification for General Registrants