



November 11, 2009

Medical Council of New Zealand  
PO Box 11649  
Manners Street  
Wellington 6142

**Attention: Michael Thorn**

Kia ora

**Re: Consultation on Amended Scopes of practice and prescribed qualifications.**

The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on this document and the timely proposals it contains. We advise that we had difficulty saving our online submission and were unable to print it. Accordingly, we have rewritten the submission in the current format which we trust is no less convenient. Please note that our encounters with online submissions have invariably been unsuccessful and frustrating. We have found they do not fit well with our consultation or peer review processes, which require communal access and multiple saves. It would assist us if the questions were available in a word document as well as online.

NZNO has consulted its staff and members about this document in particular our Professional Advisory teams and Colleges and Sections. NZNO welcomes the amendments this document proposes particularly the new scope of practice (SOP) *providing tele-radiology services*, which addresses an increasing potential risk to public safety.

## QUESTIONS

### Changes to Scopes of Practice

#### Assisting in a pandemic or disaster

1. Is it desirable for Council to introduce a new scope of practice providing for registration for doctors to assist in a pandemic or disaster?

Yes; our geography and location, and those of our near neighbours, make us susceptible to many natural disasters, and outbreaks of virulent infectious diseases, including Severe Acute Respiratory Syndrome (SARS) and H1N1, illustrate the importance of being thoroughly prepared for what is virtually inevitable. With this SOP, the Medical Council of New Zealand (MCNZ) is continuing the leadership it showed during the 2009 pandemic by providing timely, accessible advice to practitioners. NZNO supports a mechanism to expedite registration in a pandemic or disaster which will avoid delays and ensure the deployment of appropriate medical expertise during such events.

2. Will the proposed new scope of practice protect public health and safety by providing a suitable mechanism to ensure doctors are competent and fit to practice?

A SOP cannot guarantee patient safety, which is dependent on many factors. However, NZNO considers that a new SOP is a practicable solution when managing the demands that occur in disasters or pandemics. We recommend that the MCNZ works closely with the Nursing Council of New Zealand and Midwifery Council of New Zealand and to share this process of rapid registration.

3. What are the risks to the Medical Council in implementing this new proposed scope of practice?

NZNO believes the proposed SOP will *mitigate* risks in the event of a pandemic or disaster because a process will already be in place to quickly identify clinicians who pose the least risk in such circumstances, rather than leaving it to chance. There may be an additional benefit in encouraging some practitioners to maintain a certain level of skill and knowledge for such a SOP, and being able to

assess and respond appropriately to their limitations. i.e. knowing when and how to access help from their colleagues as appropriate.

4. Do you have any other comments for Council to consider regarding this proposed new scope of practice?

NZNO notes the Ministry of Health in 2006 was investigating how health professionals can cross scope boundaries in a pandemic. It would be of benefit to all registered health practitioners that this work is progressed in a coordinated and consistent manner. We also draw your attention to the Joint Centre for Disaster Research, collaboration between Massey University (School of Psychology) and GNS Science, which offers a useful and New Zealand-specific research perspective.

We strongly support developing expertise within Aotearoa, as our geography and demography are substantially different from those countries where we currently draw most of our understanding around disaster management.

### **Providing Tele-radiology Services**

1. Will the proposed new scope of practice protect public health and safety by providing a suitable mechanism to ensure doctors are competent and fit to practice?

Yes. We note the requirement for the health providers to undertake comprehensive credentialling and for a dispute resolution process to facilitate the resolution of complaints and believe that auditing and accreditation requirements are sufficient to protect public safety without being unduly onerous. However we would strongly recommend the development of a national framework against which credentialling standards could be measured, to avoid duplication and inconsistency.

2. What are the risks to the Medical Council in implementing this new proposed scope of practice?

NZNO notes increasing use of overseas services such as the Hawke's Bay DHB's (HBDHB) recent tele-radiology trial<sup>1</sup>. We believe this SOP fills a serious

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<sup>1</sup> *Hawke's Bay DHB Chief Executive Officers Report. 2006. Retrieved November 2009.*  
<http://www.hawkesbaydhb.govt.nz/userfiles/100003133.pdf>

gap in assurance of health practitioners' competence and fitness to practice and therefore mitigates the risk to public safety.

It is possible that, in spite of the straight forward process outlined, registration may be delayed and interrupt services; and it will require extra MCNZ resourcing. However, since tele-radiology and other internet provided services, are fast becoming ubiquitous across several disciplines, NZNO suggests developing shared principles and processes across all responsible authorities (RA). This would not only spread costs and avoid duplication, but may widen access to such services and better support the multi-disciplinary team environment.

With the high numbers of overseas-trained practitioners practising (sometimes for quite short periods) in Aotearoa, the proposed SOP may increase the risk of practises which are not reflective of accepted New Zealand cultural and clinical practice. Clinicians have a high degree of autonomy and, once registration of an overseas tele-radiologist is gained, some practitioners and, indeed, some District Health Boards (DHBs) may be less prepared to use New Zealand services and clinicians, especially if they are perceived as better and cheaper.

It will always be cheaper (or "cost neutral" as Hawke's Bay DHB reports) in the short term and at a local level to hire expensive expertise and equipment, rather than invest in training and purchases. However in the long term, facilitating pathways for registration of overseas practitioners providing tele-radiology services may encourage the use of such services to the detriment of supporting training and expertise in our own workforce. High resolution imaging is a key diagnostic tool in modern medicine and it is essential that we maintain capacity in this area of the health workforce.

3. Do you have any other comments for council to consider regarding this proposed new scope of practice?

As noted in previous submissions, the value of tele-radiology is highly dependent on the quality of the imaging which, in Aotearoa, can be constricted because of limited infrastructure and unequal access to ultrahighspeed broadband networks. Without connectivity such services cannot be accessed even nationally and it is broadly true that the regions with poor connectivity are the same regions with the greatest health disparities. NZNO also notes that unlike many countries, New Zealand does not have a Health Network, though the capacity through the Kiwi Advanced Research and Education Network (KAREN) is available and has been

proposed. We also note that few hospitals are linked to KAREN, though many employ appreciable numbers of research scientists who are thus unable to access this key resource.

NZNO strongly recommends that in addition to this SOP, the MCNZ (in collaboration with other RAs and relevant health organisations and agencies) investigates ways in which tele-radiology services can be linked and shared nationally to maximize the use of resources and expertise within our own country, reduce disparities and improve patient outcomes. We draw your attention to the e-DiaMoND (Digital Mammography National Database) project in the United Kingdom which successfully piloted a health grid to support the National Health Service Breast Screening Programme and suggest that innovative, collaborative models such as this, need to be actively championed by the sector.

NZNO notes that the recent Ministerial Review Group Report identified the urgent need for shared services, including shared electronic records, agreed with the “SMO Commission that national demonstration projects are needed to support more widespread innovation in workforce models.”<sup>2</sup>

#### Sponsored Training (Special Purpose) Scope of Practice.

Do you have any comments on the proposed merging of the sponsored training (special purpose scope of practice, and the post graduate training and experience scope of practice?

It seems sensible to merge similar pathways and reduce duplicate SOPs.

### **Proposed changes to Prescribed Qualifications**

#### *Locum tenens (Special Purpose) Scope of Practice*

Do you have any comments on the proposed removal of the Master of Medicine (Radiology) South Africa from the list of approved qualifications for registration in a special purpose scope of practice, locum tenens?

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<sup>2</sup> *Report of the Director-General of Health's Commission on Competitive and Sustainable Terms and Conditions of Employment for Senior Medical and Dental Officers Employed by District Health Boards. (2009). Senior Doctors in New Zealand: Securing the Future.*

NZNO supports the MCNZ acting on the advice of the Royal Australian and New Zealand College of Radiologists, but trusts that for those already registered and working in this capacity, appropriate pathways will be found for upskilling.

*General Scope of Practice*

We have no comments on the proposed changes to the list of prescribed qualifications.

Once again, thank you for this opportunity to comment.

Yours faithfully



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**NEW ZEALAND NURSES ORGANISATION**

*The New Zealand Nurses Organisation (NZNO) is the leading professional body of nurses and nursing union in Aotearoa New Zealand, representing over 43 000 nurses, midwives and allied health workers.*

*Te Runanga o Aotearoa is the arm through which our Te Tiriti o Waitangi partnership is articulated. Our members include nurses, midwives, students, kaimahi hauora, health care workers and allied health professionals.*

*The NZNO vision is “Freed to care, Proud to nurse”. Our members enhance the health and wellbeing of all people of Aotearoa New Zealand and are united in their professional and industrial aspirations to achieve a safe, sustainable health system for all New Zealanders.*