

## Statement re scopes of practice, competence, and responding to COVID-19

- It is a common misperception that it is primarily scopes of practice that limit the activities that a health practitioner can carry out.
- Scopes do limit a practitioner's activity but – in most instances – only minimally because they have been intentionally very broadly and permissively worded.
- The main bar to a health practitioner performing an activity (other than [activities restricted under s 9 of the HPCA Act](#)) is *competence*.
- That is, **a health practitioner should not perform a particular task unless he or she is personally competent to do so** (or does so with appropriate supervision or in an emergency<sup>1</sup>).
- So an important part of the solution to broadening what practitioners can do to assist with the response to COVID-19 is simply permitting and encouraging practitioners to work only to the limits of their competence and (if required) providing adequate training and/or supervision.

Most responsible authorities in New Zealand have recently provided advice to their practitioners on practice issues created by COVID-19. Many have chosen to adapt and include advice given by the Health and Care Professions Council in the United Kingdom. This is a congregated example that touches on competence, professional judgement, and safe practise:

*During the COVID-19 pandemic you are expected to continue to apply the key values and principles as set out in the Board's Code of Ethical Conduct policy, including the need to work cooperatively with colleagues to keep people safe, to practise in line with the best available evidence, and to work within the limits of your competence.*

*The Board recognises that in highly challenging circumstances you may be required to depart from established procedures in order to care/provide the best services for patients. We still expect you to use your professional judgement to assess what is safe and effective practise in the context in which you are working.*

*If concerns are raised about your decisions and actions the Board will always take into account the factors relevant to the environment, resources, guidelines, and protocols in place at the time.*

On April 14<sup>th</sup>, 2020 the Medical Council of New Zealand [released a statement](#) that is also consistent with the advice above. An excerpt:

*The Medical Council's scopes of practice are broad and enabling. Most doctors practising in New Zealand are registered in a general scope of practice. However, some doctors with general registration have specific limitations e.g. to one type of medicine, or to hospital-based practice.*

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<sup>1</sup> The emergency exception (refer s 8(3) of the HPCA Act) should not be considered a blanket permission. A practitioner still must exercise due caution and keep his or her actions proportional to the situation.

*Given the need to provide flexibility during the pandemic, the Medical Council has decided that until 30 November 2020, doctors who hold a general scope of practice with limitations, and those who hold vocational registration only (with no general scope) are authorised to work outside their scope of practice to provide health services related to COVID-19. This includes providing necessary cover to relieve other doctors providing COVID-19 related services.*

*We recognise that doctors have a responsibility to take into account their own limits and their level of competence in their daily work. This duty of care is of particular significance given the authorisation we have made around scope of practice during the COVID-19 response until 30 November 2020.*

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