



Request for advice on eligibility for medical registration in New Zealand

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For office use only
Reference No:

PLEASE READ THE FOLLOWING, IT CONTAINS IMPORTANT INFORMATION.

- Please complete all sections of this form and attach all documentation, and then send to the Council office.
- This is not an application for registration. The information on this form is to enable Council to advise you whether you might qualify for registration in New Zealand. This is advisory only; you will need to make a full application for a final assessment of eligibility for registration to be made.
- The quality of the advice you receive will be linked to the amount of information provided by you. Please complete the entire form.

SECTION 1 - Personal identification details

(i) Name - Show given names from your passport or birth certificate, unless your name has been legally changed (eg, by deed poll)

Family name _____

Given names _____

Other names (unmarried name, name change, alias etc) _____

(ii) Identification - Please enclose a certified copy of the relevant pages from your passport/travel documents.

Date of birth (day, month, year) / /

Gender

Male

Female

(iii) Contact details – Please print clearly.

Contact address

Phone

Fax

Other (*mobile*)

Email address

(iv) Qualifications – a) qualification obtained on completion of a primary medical degree course and
b) postgraduate medical qualification obtained on completion of postgraduate training (if relevant).

a) Name of primary medical qualification

Abbreviation

Year graduated

Graduating university

Country

b) Name of postgraduate medical qualification

Abbreviation

Year awarded

Conferring authority

Country

(v) Examinations

Within the last five years have you passed:

- Australian Medical Council MCQ
- PLAB Part 1
- USMLE Step 1 and Step 2 Clinical Knowledge

SECTION 2 – Medical training and work experience

(i) Did you complete a supervised rotating internship* in the first 12 months since graduating from medical school?

*Internship is the term used in New Zealand to describe the first year of medical work and education, under supervision, immediately after graduation

Yes, please provide details below

No

Dates (from – to)	Level of appointment	Branch of medicine	Employer	Country

(ii) Other medical work or training since graduation

Dates (from – to)	Level of appointment	Branch of medicine	Employer	Country

(iii) Advanced specialist training (accredited training programme where performance is assessed and qualification is awarded after final examination)

Dates (from – to)	Level of appointment	Branch of medicine	Employer	Country

(iv) Specialist or consultant practice/experience (independent practice after completing vocational training)

Dates (from – to)	Level of appointment	Branch of medicine	Employer	Country

SECTION 3 – Employment

Employment in New Zealand

Have you been appointed to a position as a medical practitioner in New Zealand?

Yes, please provide details below, and attach a letter of appointment

No

Place of work

Contact person

Section 4 – Fitness for registration

This information is required (Section 16 of HPCAA) to ensure that no person is registered as a doctor in New Zealand who has not met the required standards of effective communication or English competency or whose previous or current health or conduct may pose a risk to public health and safety.

(i) English communication and comprehension

All applicants for registration must satisfy Council that they are able to comprehend and communicate effectively in English by meeting one of the requirements listed below. Please tick the box below that applies.

- (a) Did you complete your primary medical qualification in New Zealand? Yes
- (b) Is English your first language and do you have an acceptable primary medical qualification from Australia, the United Kingdom, the Republic of Ireland, the United States, Canada or a South African medical school where English is the sole language of instruction? Yes
- (c) Have you completed at least 24 months full time equivalent of a health-related postgraduate qualification (diploma, masters or PhD) at an accredited New Zealand university within the 5 years immediately prior to application and have you provided references from two professors from an accredited New Zealand university who are registered as doctors in New Zealand and who speak English as a first language. The referees must be able to attest to your ability to read, write, speak and understand spoken English. Yes
- (d) Have you worked continuously as a registered medical practitioner in an institution where English was the first and prime language for a period of at least 2 years within the 5 years immediately prior to submitting this application and have you provided referees who are suitable senior medical practitioners who speak English as a first language, and who can attest to your ability to comprehend and communicate effectively in English in a clinical setting with both patients and professional colleagues? Referees will be contacted for confirmation directly by the Council, or by an employer or recruitment agent. Yes
- (e) Were you registered with the Medical Council of New Zealand on or after 18 September 2004 and was your registration cancelled for administrative reasons (and not as a result of an order of the Health Practitioners Disciplinary Tribunal or a direction by the Council under section 146 or 147 of the HPCAA) and have you provided references from suitable senior medical practitioners registered in New Zealand who can attest to your ability to comprehend and communicate effectively in English in a clinical setting with both patients and professional colleagues? Referees will be contacted for confirmation directly by the Council, or by an employer or recruitment agent. Yes
- (f) Have you passed the Academic Module of the International English Language Testing System (IELTS) by achieving a minimum of the following within the same result (must be dated within 2 years of your application being submitted to the Medical Council of New Zealand*):
- | | | | |
|----------|-----|-----------|-----|
| Speaking | 7.5 | Listening | 7.5 |
| Writing | 7.0 | Reading | 7.0 |
- Yes
- (g) Have you passed the Medical Module of the Occupational English Test (OET) by achieving a minimum of 'A' or 'B' in each of the four components (reading, writing, listening and speaking) within one result (must be dated within 2 years of your application being submitted to the Medical Council of New Zealand*): Yes

If you answer 'yes' to any question in sections (ii) to (iv), it is very likely that there will be a delay to your application while we investigate your disclosure. If you wish to have your disclosures considered as part of this advice for eligibility, please indicate below and a Medical Council staff member will contact you. Yes No

(ii) Mental and physical condition

Have you ever been, or are you now, affected by a mental or physical condition with the capacity to affect your ability to perform the functions required for the practice of medicine? These include neurological, psychiatric or addictive (drug or alcohol) conditions, including physical deterioration due to injury, disease or degeneration.

Yes No (go to question (iii) below)

(iii) Character/conduct

Convictions – Has any court in New Zealand or elsewhere convicted you of any offence punishable by imprisonment for a period of three months or longer? [not including any concealed under the Criminal Records (Clean Slate) Act 2004. Further information is available on the website www.justice.govt.nz. If you are unsure you should consult your legal adviser before responding to the question.]

Yes No

Professional conduct –

- (a) Did you, for any reason, have any time when you were not participating in your medical degree programme for more than two months?
 Yes No
- (b) Are you now, or have you ever been, the subject of university disciplinary proceedings?
 Yes No
- (c) Are you currently, or have you ever been, the subject of an investigation, in New Zealand or in another country, in respect of any matter that may be the subject of professional disciplinary proceedings?
 Yes No
- (d) Are you currently, or have you ever been, the subject of civil proceedings related to competence or negligence issues?
 Yes No
- (e) Have you ever been refused medical indemnity insurance cover or had your premiums raised because of professional conduct, competence or negligence related claims?
 Yes No
- (f) Have you ever breached any code of ethics relating to boundary issues regarding patient relationships?
 Yes No
- (g) Are you currently (or have you ever been) the subject of an order of any of the following (relating to conduct):
- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| New Zealand Health Practitioners Disciplinary Tribunal? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Overseas medical disciplinary tribunal or similar tribunal? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Medical Council of New Zealand or similar registration authority overseas? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

(iv) Professional competence –

- (a) Are you currently (or have you ever been) the subject of a competence inquiry with a registration authority or employer?
 Yes No
- (b) Have you ever had your employment as a doctor terminated on the grounds of poor performance or had your practising privileges restricted?
 Yes No
- (c) Have you ever had your medical licence, certificate of registration or permit to practise medicine suspended, restricted or revoked?
 Yes No
- (d) Have you ever voluntarily surrendered your medical licence, certificate of registration or permit to practise medicine for any reason other than avoidance of a renewal fee?

Yes

No

(e) Have you ever had conditions imposed on your registration?

Yes

No

(f) Have you ever had conditions imposed on your licence/practising certificate or equivalent?

Yes

No

(g) Have you ever had an application for registration declined or been refused a licence/practising certificate or equivalent?

Yes

No

SECTION 5 – Signature of applicant

Applicant's signature _____ Date _____

Print name _____