



# Application for registration within a vocational scope of practice

VOC2  
Aug 2017

For doctors who hold the prescribed Australasian postgraduate medical qualification and are not registered within a general scope of practice

PO Box 10 509, The Terrace, Wellington, 6143, New Zealand

Contact: +64 4 384 7635 – 0800 286 801 – [registration@mcnz.org.nz](mailto:registration@mcnz.org.nz)

Vocational scope of practice being applied for:

## Section 1 – Personal details

Family name:

First name(s):

Other names (if names differ on passport and qualifications):

Reason names differ:

☐

Marriage

☐

Deed poll

☐

Common use

☐ Other (explain):

Date of birth:

/ /  
Day Month Year

☐

Male

☐

Female

## Contact details:

Postal address:

Postcode:

Country:

Residential address:

Postcode:

Country:

Home:

Mobile:

Work:

Email:

## Section 2 – Qualifications

Primary medical qualification:

Abbreviation:

Year awarded:

Institution:

Country:

Australasian postgraduate medical qualification:

Abbreviation:

Year awarded:

### Section 3 – Registration/licensing history

Country/state:	Date registered/licensed (from-to):		Current status:
	<i>mm/yy</i>	<i>mm/yy</i>	

### Section 4 – New Zealand employment details

You do not need to have an offer of employment in New Zealand to apply for vocational registration. However, if you do have an offer of employment, please provide the relevant details now.

Job title:							
Name & address of employer:							
Start date:	/	/	End date (if applicable):		/	/	
	Day	Month	Year		Day	Month	Year

☐ I have notified my NZ employer of any disclosures made within section 2 (iii & iv) with regards to conduct/character and professional competence.

### Section 5 – Professional referees

Please nominate three referees who are specialists in the same area of medicine in which you are applying for vocational registration and who have worked with you for a minimum of 6 months within the last 3 years, with at least one referee from your current workplace. We will contact your referees and provide them with a referee report form to complete.

#### Referee 1:

Title and name:					
Place of employment:					
Professional relationship to you:					
Phone:			Email:		

#### Referee 2:

Title and name:					
Place of employment:					
Professional relationship to you:					
Phone:			Email:		

#### Referee 3:

Title and name:					
Place of employment:					

Professional relationship to you:			
Phone:		Email:	

## Section 6 – 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 | <input type="checkbox"/> |
| (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 | <input type="checkbox"/> |
| (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 | <input type="checkbox"/> |
| (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 | <input type="checkbox"/> |
| (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 | <input type="checkbox"/> |
| (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*):<br>Speaking            7.5<br>Listening           7.5<br>Writing              7.0<br>Reading             7.0   | Yes | <input type="checkbox"/> |
| (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 | <input type="checkbox"/> |

**(ii) Mental and physical condition**

Have you ever been diagnosed with, or assessed as having 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)

If yes, please provide full details of condition(s), duration of any treatment, name and contact details of treating practitioner(s), involvement of university/medical school/regulatory authority. If information is not provided, a Council staff member will contact you.

If yes, can Council staff contact your treating practitioner(s) for further information? ☐ Yes ☐ No

If information about your condition(s) has not been provided or you answer 'No', your application for registration may be delayed.

**(iii) Character/conduct**

**Convictions or investigations** – Have you ever been the subject of a police investigation, and/or a criminal charge being laid by the police, and/or a guilty finding in a criminal proceeding including traffic offences involving alcohol or illegal substances. Disclosure is required even if the criminal proceedings resulted in discharge without conviction or a similar finding. (For NZ applicants, please note your rights under the Criminal Records (Clean Slate) Act 2004 before providing details of any criminal record).

☐ Yes (If yes, please attach relevant documents, eg a certified copy of your conviction notice(s)). ☐ No

**Professional conduct** – If you answer yes to any of the questions below, please provide the following with your application:

- a description of event(s) (include claimant's name, date of incident, place of incident, date of claim and incident summary, outcome and date of outcome)
- any documentation available (court documents and/or correspondence from your lawyer, insurance company or regulatory authority)
- certificates of professional status (good standing) from every jurisdiction in which you have worked in the last 5 years and from any jurisdiction(s) in which the investigation(s) or proceedings occurred, if more than 5 years ago.

(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** – If you answer yes to any of the questions below, please provide the following with your application:
- a description of the event(s) on a separate sheet (date of incident, place of incident, incident summary, outcome and date of outcome)
  - any documentation available (court documents, legal correspondence, correspondence from your insurance company, correspondence from the regulatory authority)
  - certificates of professional status (good standing) from every jurisdiction in which you have worked in the last 5 years and from any jurisdiction(s) in which the investigation(s) or proceedings occurred, if more than 5 years ago.
- (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 7 – Information to provide with your application

- ☐ Copy of passport photo page.
- ☐ Evidence of name change or name variations, if names differ on passport and qualifications (e.g. certified copy of marriage certificate/divorce decree or original statutory declaration/affidavit) (if applicable).
- ☐ Copy of Australasian postgraduate medical qualification certificate. We will contact your specialist training college to obtain confirmation of your postgraduate medical qualification, professional status (good standing) and enrolment and participation in their recertification programme.
- ☐ Up to date curriculum vitae (CV), showing appointments in chronological order and month/year format, and explanations of all employment gaps.
- ☐ Copy of offer of employment in New Zealand (if applicable).
- ☐ Certified copy of IELTS results (if applicable).
- ☐ If you have answered 'Yes' to any questions in section 6 (ii), provide information as requested above.
- ☐ If you have answered 'Yes' to any questions in section 6 (iii and iv), please provide information as requested above.

☐ Before submitting your application for registration you must submit your required documents to EPIC for primary source verification ([see this link for what documents must be verified](#)). As you upload each document to EPIC, please ensure you select the Medical Council of New Zealand to receive a notification that the document has been submitted for verification. If you have already had your documents verified by EPIC, please make the report available to the Medical Council of New Zealand.

EPIC ID Number: \_\_\_\_\_

## Section 8 – Declaration

In making the following declaration, I confirm that I am aware that Council will make a decision on my registration in reliance on the information I have provided in my application and that the provision of false, misleading, or intentionally incomplete information may result in the cancellation of my registration and other penalties. I understand this includes:

**Section 146 of the HPCAA** allows the Council to cancel a person's registration if satisfied that they obtained registration by making a false or misleading representation or declaration; or that they were not entitled to be registered.

**Section 172 of the HPCAA** makes it an offence for a person to make false or misleading declarations and representations in relation to any information that is relevant to the Council, the Health Practitioners Disciplinary Tribunal or a Professional Conduct Committee. A person may be liable on summary conviction to a fine not exceeding \$10,000.

- I certify that I am the person who is applying for registration as a medical practitioner in New Zealand, that I am the person named in the qualifications listed on this application, and that the information I have given above and in support of this application is true and correct.
- I understand that the information that I have provided is to be used by the Council and its agents for the purposes of considering my application, and may be disclosed to agents of the Council for these purposes.
- I understand that the Council is authorised under the HPCAA to obtain further information from me or any other person or organisation concerning this application and I consent to the collection of such information by the Council or its agents subject to the Council notifying me of the person who will be contacted and of the questions that will be asked of them. I further understand that although the provision of any information by me is voluntary, refusal to provide any information may affect the Council's consideration of my application.
- I authorise the Council to disclose information about me (within the provisions of the Privacy Act 1993) to another agency(ies), if the Council believes on reasonable grounds that the disclosure is necessary (eg DHBs / employers, NZ Immigration Service, medical colleges, etc).
- I understand that I am entitled to access the information held by the Council regarding this application by a request in writing and that I may request amendment of any information that is not correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## VOC2 – Fee

**A non-refundable application fee applies.**

For a current list of Medical Council fees please visit our website [here](#).

☐

Credit card: Once your application has been received payment details will be emailed to the email address you have provided on this form.

☐

Cheque enclosed: (NZ\$), please print your full name on the back of the cheque

### For office use only:

Applicant's name: \_\_\_\_\_

Workflow ID: \_\_\_\_\_

Reference/registration No: \_\_\_\_\_