



Vocational scope of practice

Australasian postgraduate qualification who do not hold registration within a general scope of practice

VOC2 – February 2011
For office use only

REGISTRATION NO.

Level 13 Mid City Tower, 139-143 Willis Street, PO Box 11-649, Wellington, New Zealand
Telephone 64-4-384 7635, 0800 286 801, Fax 64-4-385 8902

PLEASE READ THE FOLLOWING, IT CONTAINS IMPORTANT INFORMATION.

- All sections of this form are to be completed, and appropriate documentation and application fee included, before sending to the Council office. If you need help completing your application contact the Vocational Registration Administrator on 64 4 381 6767, 0800 286 801 or registration@mcnz.org.nz. Incomplete application will not be processed.

SECTION 1 – Applicant's details

Vocational scope applied for:
in which registration is requested

Names(s) show given names on your passport or birth certificate, unless your name has been legally changed (eg: by deed poll)

Family name(s):

First name(s):

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

If names differ from those on your medical qualifications, passport and documents, please tick box to show reason:

marriage

deed poll

common use

other (explain)

Contact details

Postal address:

Area Code
Country

Residential address

Area Code
Country

Work address:

Home / work

Mobile

Email

Area Code
Country

Fax

Other

SECTION 2 - Qualifications

Qualifications –

- (i) Primary qualification obtained on completion of a primary medical degree course and
(ii) Postgraduate qualification obtained on completion of postgraduate vocational training.

(i) Name of primary medical qualification (certified copy included with application)

Abbreviation

Year graduated

Graduating university

Country

(ii) Postgraduate medical qualification (certified copy included with application)		Abbreviation
Year awarded	Awarding university/college	Country

SECTION 3 – Vocational training, work experience and registration history

General questions

Did you complete an accredited training programme where performance is assessed and qualification awarded?
 Yes No

Did you complete any clinical examinations? Yes No

Did you complete an exit examination? Yes No

Basic medical training and/or experience (1st and 2nd years out of medical school until starting your vocational training)

Dates (month & year) (from – to)	Role	Branch of medicine	Hospital / practice	City & Country

Vocational or Advanced Specialist Training

Dates (month & year) (from – to)	Role	Branch of Medicine	Hospital / practice	City & Country

Explanation of gaps in your basic and advanced training of 3 months or more

Assessment undertaken during advanced training
If relevant, please tick which type you undertook and when. (Further details are required in your application)

Please confirm the type of examination that you undertook and its form e.g. MCQ (multiple choice questions)

Entry	<input type="checkbox"/> Clinical	<input type="checkbox"/> Written	<input type="checkbox"/> Oral	<input type="checkbox"/> MCQ	<input type="checkbox"/> Other (provide explanation)
During	<input type="checkbox"/> Clinical	<input type="checkbox"/> Written	<input type="checkbox"/> Oral	<input type="checkbox"/> MCQ	<input type="checkbox"/> Other (provide explanation)
Exit	<input type="checkbox"/> Clinical	<input type="checkbox"/> Written	<input type="checkbox"/> Oral	<input type="checkbox"/> MCQ	<input type="checkbox"/> Other (provide explanation)
Other:	<input type="checkbox"/> Clinical	<input type="checkbox"/> Written	<input type="checkbox"/> Oral	<input type="checkbox"/> MCQ	<input type="checkbox"/> Other (provide explanation)

Workplace based assessment

Other:

Experience (since you were awarded your postgraduate qualification)

Dates (month & year) (from – to)	Role	Branch of Medicine	Hospital / practice	City & Country

Academic practice/experience (e.g. working at a University as a Fellow)

Dates (month & year) (from – to)	Role	Branch of medicine	Hospital / practice	City & Country

Explanation of gaps in your employment experience of 3 months or more

Registration or licensing history

Country/State	Date registered/licensed (from-to)	Current status

SECTION 4 – Referees

Professional referees – Council will contact your referees to obtain references

Please note: Referees must be working in the branch of medicine you are applying in. If a referee you nominate is not considered suitable, you may be asked to provide a further referee and the processing of your application may be delayed.

Title and name				
Address				
Relationship to you				
Branch of medicine referee is a specialist in:				
Phone		Fax		Email
Title and name				
Address				
Relationship to you				
Branch of medicine referee is a specialist in:				
Phone		Fax		Email
Title and name				
Address				
Relationship to you				
Branch of medicine referee is a specialist in:				
Phone		Fax		Email

SECTION 5 – Fitness for registration

This information is required (Section 16 of HPCAA) to ensure that no person is registered as a doctor in New Zealand whose previous or current competence, health or conduct may risk public health or safety.

1. English language

Do you meet Council's English language requirements for registration? You must tick at least one criterion from the list below to meet Council's requirements and provide evidence where required.

a) Do you have a primary medical qualification from a NZ medical school; or	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Is English your first language and you have a primary medical qualification from Australia, the UK, the Republic of Ireland, the USA, Canada or a South African medical school where English is the sole language of instruction (evidence required); or	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Have you completed at least 24 months full time equivalent of a postgraduate qualification at the University of Otago or the University of Auckland AND Have you provided references from two professors from the University who are registered as doctors in NZ and who speak English as a first language (evidence required); or	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Have you provided evidence of continuous work 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 last 5 years prior to application AND Have you provided the names and contact details of two referees who are suitable senior medical practitioners who speak English as a first language and can attest to your ability to communicate effectively in English in a clinical setting (evidence required); or	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) Have you previously held registration with the Council, which was granted after 18 September 2004 and was not cancelled 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 the names and contact details of at least two referees who are suitable senior medical practitioners registered in New Zealand, and who can attest to your ability to communicate effectively in English in a clinical setting (evidence required); or	<input type="checkbox"/> Yes <input type="checkbox"/> No
g) Did you sit the Academic Module of IELTS within the last two years and did you achieve a minimum of 7.0 in the components of Reading and Writing and a minimum of 7.5 in the components of Listening and Speaking (evidence required)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Mental and physical condition

Have you ever been or are you now affected by any mental or physical condition or impairment 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide full details of condition(s), duration of any treatment, name and contact details of treating practitioner, involvement of university/medical school.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, can the Council's Registrar contact your treating practitioner(s) for further information? Please note that if you answer 'No' your application for registration may be delayed while advice is obtained from Council's Health Committee.	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Conduct/character	
Convictions - Has any court in New Zealand or elsewhere convicted you of any offence punishable by imprisonment of three months or longer? If yes, please attach a certified copy of your conviction notice(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Professional conduct - If you answer yes to either question (i), (ii) or (iii) please provide full details on a separate sheet.	
(i) Did you, for any reason, have any time when you were not participating in your medical degree programme for more than two months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) Are you now (or have you ever been) the subject of university disciplinary proceedings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iii) Are you 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iv) Are you currently (or have you ever been) the subject of civil proceedings related to competence or negligence issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(v) Have you ever been refused medical indemnity insurance cover or had your premiums raised because of professional conduct, competence or negligence related claims?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(vi) Have you ever breached any code of ethics relating to boundary issues regarding patient relationships?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(vii) Are you currently (or have you ever been) the subject of an order of any of the following: New Zealand Health Practitioners Disciplinary Tribunal? Overseas medical disciplinary tribunal or similar tribunal? Medical Council of New Zealand or similar registration authority overseas?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

4. Professional competence	
If you answer yes to any of the following questions please provide full details on a separate sheet.	
a) Are you currently (or have you ever been) the subject of a competence enquiry with a registration / licensing authority or employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Have you ever had your employment as a doctor terminated on the grounds of poor performance or had your practising privileges restricted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Have you ever had your medical licence, certificate of registration or permit to practise medicine suspended, restricted or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Have you ever voluntarily surrendered your medical licence, certificate or registration or permit to practise medicine for any reason other than avoidance of a renewal fee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Have you ever had conditions imposed on your registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) Have you ever had conditions imposed on your licence/practising certificate or equivalent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g) Have you ever been denied registration, or been refused a licence/practising certificate or equivalent?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 6 – EMPLOYMENT	
Have you been appointed to a position as a medical practitioner in New Zealand? <input type="checkbox"/> Yes, please provide details below, and attach a letter of appointment <input type="checkbox"/> No – please go to Section 10	
Employer	

Place of work	
Contact person	
Level of position	
Supervisor	
Proposed length of employment	From / / to / / day month year day month year

SECTION 7 - Declaration

- I hereby 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 above qualifications, and that the information I have given above is true and correct.
- I understand that the information that I have provided is to be used by 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 Council is authorised to obtain further information from me or any other person or organisation concerning this application under the HPCAA and consent to the collection of such information by the Council or its agents subject to 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 Council's consideration of my application.
- I understand that I am entitled to access the information held by Council regarding this application by a request in writing and that I may request correction of any information which is not correct.
- I undertake to inform myself of my responsibilities as a registered medical practitioner in New Zealand and to abide by established codes of professional ethics or conduct and patients' rights.

Section 172 of the HPCAA, for your information.

Section 172 states that it is an offence for a person to make false or misleading declarations and representations in relation to any information that is relevant to Council, the Tribunal or a Professional Conduct Committee. A person

Applicant's		Date	
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SECTION 8 – Documents and fee

Checklist – Please use the checklist below to make sure you have completed all sections of the application form and enclosed all the documents and fees required, as **incomplete applications will not be processed.**

- Application form, all sections completed Fee
- Original certified copy of relevant primary and postgraduate qualification (certified copies are photocopies of the original document sighted and certified by a Justice of the Peace, Solicitor, Notary Public or Officer of the District Court)
- Original certified translations of your qualifications if they are not in English.
- Confirmation from the organisation that College/Faculty that awarded your postgraduate qualification that you are in good standing and are up to date with your continuing medical education activities.
- CV including the following details where possible:
 - Level of appointments, including clinical responsibility to patients;
 - Details of continuing medical education and/or maintenance of professional standards programmes taken since completion of postgraduate training.

Fee payable: <input type="checkbox"/> Non-refundable application fee - NZ\$434.45 (Must be paid on application)	<input type="checkbox"/>	Cheque enclosed	<input type="checkbox"/>	Credit card option
	<input type="checkbox"/>	Mastercard	<input type="checkbox"/>	Visa

Card number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiry date:
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Name on card	
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Cardholder's signature		Date	
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