



## CHKL20: Special purpose teleradiology (new applicants)

### Part A: Checklist for registration in New Zealand

- This form is for doctors who are not currently registered in the special purpose teleradiology scope of practice. For doctors currently registered in this scope and reapplying, use the CHKL21 form.
- An application for registration in this scope of practice consists of three parts:
  - (a) Special purpose teleradiology checklist (CHKL20)
  - (b) Application for registration form (REG1)
  - (c) Application for approval of position & supervision arrangements form (REG3)
- Please complete your section of this checklist and the REG1 form and send both forms with all the documents listed below to the New Zealand-based health provider that your employer is contracted to.
- The New Zealand-based health provider will complete the application and send it to the Council office for processing.
- To find out what documents you need to have primary source verified visit <https://www.mcnz.org.nz/epic>
- If you satisfy all the criteria for registration, you will be registered within the special purpose teleradiology scope of practice.
- This registration will be for a maximum of 12 months, and is not a pathway to permanent registration. You will need to reapply for registration for every 12 month period (or part thereof).
- We are not able to process incomplete applications. If you need help completing your application please contact the Council office; phone +64 4 384 7635, or email [registration@mcnz.org.nz](mailto:registration@mcnz.org.nz).

#### SECTION 1 – Confirmation of eligibility

- |                          |     |                          |    |   |
|--------------------------|-----|--------------------------|----|---|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Do you hold an acceptable primary medical qualification <sup>1</sup> ?  |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Do you meet one of the requirements of Council’s English language policy as outlined in section 2 of the REG1 form?                   |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Do you have a postgraduate qualification approved by Council <sup>2</sup> to work in diagnostic radiology?                            |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Are you registered to practise in Australia, the UK, Canada, South Africa, or the USA?  |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Have you been in active clinical practice (20 hours per week) as a diagnostic radiologist, for at least 24 out of the past 36 months? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Will you be providing radiology services under contract to a health provider located in New Zealand?                                  |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Have you been fully credentialed by that provider?  |

**If you have answered “No” to any of the questions above, you are not eligible for registration in the special purpose teleradiology scope of practice.**

<sup>1</sup> See <https://www.mcnz.org.nz/registration/getting-registered/how-to-register/acceptable-primary-medical-qualifications/>

<sup>2</sup> See <https://www.mcnz.org.nz/teleradiology>

## SECTION 2 – Documentation to be provided with the application

### To be provided *by the applicant*:

- |   |   |
|---|---|
| <input type="checkbox"/> Part A (CHKL20) completed  | <input type="checkbox"/> Part B (REG1 application) completed  |
| <input type="checkbox"/> Passport – copy of identity page(s)  | <input type="checkbox"/> Evidence of active clinical practice (20 hours per week) as a diagnostic radiologist, for at least 24 out of the past 36 months  |
| <input type="checkbox"/> Current curriculum vitae: <ul style="list-style-type: none"><li>• provide your employment in a chronological order with the start and end date of each position in month/year format</li><li>• explain all gaps in employment of 3 months or more</li><li>• clearly identify any periods worked for less than 30 hours a week as part-time</li></ul> | <input type="checkbox"/> Certificates of professional status <sup>3</sup> from every jurisdiction you have worked under for the previous 5 years: <ul style="list-style-type: none"><li>• these should be sent directly by the relevant jurisdiction to <a href="mailto:cgs@mcnz.org.nz">cgs@mcnz.org.nz</a></li><li>• they must be dated within 3 months of your intended start date practising under this scope of practice</li></ul> |
| <input type="checkbox"/> Evidence of continuing professional development during the last 12 months.   |   |
| <input type="checkbox"/> <b>You must upload your required documents to EPIC for primary source verification <i>before</i> submitting your application for registration.</b>   |   |

#### You need to have the following qualifications verified through EPIC:

- your primary medical qualification
- your specialist postgraduate qualification in diagnostic radiology, from the UK, Canada, South Africa, or the USA
- if you have trained in the UK, you need to upload both your Fellowship of the Royal College of Radiologists and your CCST or CCT in diagnostic radiology.

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: C-\_\_\_\_\_

### To be provided *by the applicant, if applicable*:

- |   |  |
|---|--|
| <input type="checkbox"/> Evidence of name change(s) – marriage certificate, deed poll or a statutory declaration / affidavit signed by a solicitor, notary public or justice of the peace | <input type="checkbox"/> if you have answered ‘yes’ to any questions in section 2 (ii), (iii) or (iv) of the REG1 form, the requested documentation: <ul style="list-style-type: none"><li>• explanation from you</li><li>• relevant medical reports</li><li>• conviction notice(s)</li><li>• disciplinary/conduct/competence investigations or findings</li><li>• for medical disciplinary, conduct and competence disclosures, a certificate of professional status from the jurisdiction where the event took place</li></ul> |
| <input type="checkbox"/> IELTS or OET results   |  |

<sup>3</sup> See <https://www.mcnz.org.nz/cops>

**To be provided by the New Zealand service provider:**

- |   |  |
|---|--|
| <input type="checkbox"/> Comprehensive orientation, induction and supervision plan, signed by the applicant and the supervisor <sup>4</sup>   | <input type="checkbox"/> Evidence of documented complaints and dispute resolution procedures, including: <ul style="list-style-type: none"><li>• the process for automatic notification of the relevant regulatory authorities</li><li>• agreement to fund the applicant to come to New Zealand if an investigation is necessary</li></ul> |
| <input type="checkbox"/> Position description – this should include details of the level of responsibility delegated to the doctor  | <input type="checkbox"/> Credentiaing policy   |
| <input type="checkbox"/> REG3 form – Approval of position and supervisor  | <input type="checkbox"/> Credentiaing report   |
| <input type="checkbox"/> Contract between the practitioner and New Zealand-based health provider, signed by both parties  | <input type="checkbox"/> Three recent references that meet Council’s reference requirements <sup>5</sup> and have been verified  |
| <input type="checkbox"/> Undertakings: <ul style="list-style-type: none"><li>• to credential CPD throughout the period of registration</li><li>• for the supervisor to carry out, and provide to Council (appropriately anonymised) an audit of 30 consecutive cases reported by the applicant that coincides with the first three-month supervision report</li></ul> | <input type="checkbox"/> Certificate of accreditation issued by the relevant accreditation authority that has accredited the overseas facility the doctor works for  |

**SECTION 3 – Declaration and signature of applicant**

I understand that registration within the special purpose teleradiology scope of practice is not a pathway to permanent registration in New Zealand. I request (under section 142 of the Health Practitioners Competence Assurance Act 2003) that my registration in this scope is cancelled after 12 months, or earlier if my employment with the contracted overseas facility ends, or if the overseas facility’s contract with the New Zealand-based health provider ends.

Applicant’s signature

Date

Print name

**SECTION 4 – Signature of clinical director (or equivalent) of the NZ-based healthcare provider**

- I confirm that all information relevant to the question of registration collected and retained by the applicant and/or the applicant’s nominated agent has been disclosed to the Medical Council of New Zealand (Council).
- I confirm that, to my knowledge, all the information I have provided is accurate and complete. I understand that providing falsified, inaccurate or misrepresentative information can result in the applicant’s registration being terminated with immediate effect (within the provisions of the HPCAA).
- I further confirm that should any information that may be relevant to the question of registration come into the possession of the applicant and/or the applicant’s nominated agent, such information will be disclosed to Council as soon as is practicable.
- I consent to the disclosure of relevant information to agencies outside Council where such disclosure is necessary in the Council’s opinion to safeguard the health and safety of the public.

Signature

Date

Print name

<sup>4</sup> See <https://www.mcnz.org.nz/supervision>

<sup>5</sup> See <https://www.mcnz.org.nz/reference-requirements>