



CHKL21: Special purpose teleradiology (re-applying applicants)

Part A: Checklist for registration in New Zealand

- This form is for doctors who are currently registered in the special purpose teleradiology scope of practice and are re-applying for a further period of up to 12 months for the same health provider. For doctors who are not currently registered in this scope, use the CHKL20 form.
- An application for registration in this scope of practice consists of three parts:
 - (a) Special purpose teleradiology checklist (CHKL21)
 - (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.
- 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.

SECTION 1 – Confirmation of eligibility

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Do you continue to have a postgraduate qualification approved by Council ¹ 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.

¹ See <https://www.mcnz.org.nz/teleradiology>

SECTION 2 – Documentation to be provided with the application

To be provided *by the applicant*:

- Part A (CHKL21) completed
- Part B (REG1 application) completed
 - Sections 1, 3, 6 and 7 should be completed in full
 - Section 2(ii), 2(iii), and 2(iv) should be completed in full
 - Section 4 should be completed with your work history since the last application for registration in the special purpose scope of radiology was received
 - Section 2(i) and section 5 can be left blank.
- Current curriculum vitae:
 - provide your employment in a chronological order with the start and end date of each position in month/year format
 - clearly identify any periods worked for less than 30 hours a week as part-time
 - explain all gaps in employment of 3 months or more
- Certificates of professional status² from every jurisdiction you have worked under since you were last *granted* registration in the special purpose scope of practice:
 - these should be sent directly by the relevant jurisdiction to cgs@mcnz.org.nz
 - they must be dated within 3 months of your intended start date practising under this scope of practice
- Evidence of continuing professional development, accepted by the relevant professional body, during the last 12 months, which should include peer review and audit.
- Evidence of active clinical practice (20 hours per week) as a diagnostic radiologist, for at least 24 out of the past 36 months
- Supervision reports for the period of practice to date under the special purpose teleradiology scope of practice:
 - these should be provided through Council's online supervision report portal

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

- 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
- if you have answered 'yes' to any questions in section 2 (ii), (iii) or (iv) of the REG1 form, and this relates to a new matter not previously disclosed, the requested documentation:
 - explanation from you
 - relevant medical reports
 - conviction notice(s)
 - disciplinary/conduct/competence investigations or findings.
 - For medical disciplinary, conduct and competence disclosures, a certificate of professional status from the jurisdiction where the event took place

If the answer of 'yes' relates to a previously disclosed matter, provide a brief statement to this effect.

² See <https://www.mcnz.org.nz/cops>

To be provided by the New Zealand service provider:

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| <input type="checkbox"/> REG3 form – Approval of position and supervisor: <ul style="list-style-type: none">• Sections 1, 2 and 3 should be completed in full.• Section 4 can be left blank. | <input type="checkbox"/> Certificate of accreditation issued by the relevant accreditation authority that has accredited the overseas facility the doctor works for. |
| <input type="checkbox"/> Audit of 30 consecutive cases by the supervisor: <ul style="list-style-type: none">• this should be provided at the end of the first 3-month period of the doctor’s current period of practice | |

To be provided by the New Zealand service provider, if the documents have changed since the previously provided versions:

If the documents remain the same, provide a brief statement to this effect.

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| <input type="checkbox"/> Credentialling policy | <input type="checkbox"/> A supervision plan, signed by the applicant and the supervisor ³ |
| <input type="checkbox"/> Credentialling report | <input type="checkbox"/> Position description |
| <input type="checkbox"/> Contract between the practitioner and New Zealand-based health provider, signed by both parties | <input type="checkbox"/> Evidence of documented complaints and dispute resolution procedures |
| <input type="checkbox"/> Undertakings: <ul style="list-style-type: none">• to credential CPD throughout the period of registration• 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 | |

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

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

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			