

Medical Council of New Zealand PO Box 10509 The Terrace Wellington 6143 New Zealand +64 4384 7635 0800 286 801 registration@mcnz.org.nz www.mcnz.org.nz

CHKL5/6: Worked in a comparable health system

If you are applying for registration within the provisional general scope of practice via the <u>comparable health system pathway</u>, you must complete a practice profile for **each** of your workplaces covering the last 48 months immediately prior to application.

Name of current or previous workplace:					
Start date of employment:	dd / mm /	′ уууу	End date:	dd / mm	/ уууу
If you worked at more than one location during this employment, please list names and dates worked at each location					
1. List the number of hours per week you practise(d) clinically.					
Note: if including on-call hours, this	must he time spent	in active clinic	cal practice		
2. List the clinical duties and range of services undertaken in this position.					
3. List the patient age groups you treated in this position.					
4. List your formal continuing medical education and professional development activities.					
Is this practice profile for:					
if General practice:					
Is the practice:	☐ urban	☐ rural			
What distance (kms) is the practice from the nearest major (secondary or tertiary) hospital?					
How many patients did you see in a typical working week?					
How many doctors are in the practice?					
Do/did you treat a wide range of illnesses including: ☐ Minor surgery ☐ Obstetrics ☐ Urgent care work					
if Hospital-based practice:					
Is the hospital:		☐ provinc	ial	□ city	
Is the hospital a secondary or t	ertiary hospital?	□ yes		□no	
If no, how far (kms) is the hospital from the nearest major (secondary or tertiary) hospital?					
How many beds are there in the hospital?					
Does/did the hospital serve a population size of less than 25 000?					