



## VEX1: Application for Special Purpose: Visiting Expert Registration

### Teaching as a Visiting Expert

#### PLEASE READ THE FOLLOWING. IT CONTAINS IMPORTANT INFORMATION.

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- All sections of this form must be completed, and appropriate documentation included, before sending to the Council office. Incomplete applications WILL NOT be processed.
- To find out what documents you need to have primary source verified visit this [page on our website](#).
- The host will send an invitation and the supervision arrangements for your intended visit.
- You will need to provide an **original certificate of good standing** from every jurisdiction you have worked under for the previous **5 years (issued within 3 months of your start date in New Zealand)**. This needs to be provided up front with the initial application.
- If you satisfy all the criteria, you will be registered within a special purpose scope of practice for the duration of the appointment. Requirements for registration with a special purpose scope are detailed at [www.mcnz.org.nz](http://www.mcnz.org.nz).
- This is not a pathway to permanent registration.
- Incomplete applications will not be processed. If you need help completing your application please contact the Council office; phone +64 4 384 7635 or 0800 286 801, or email [registration@mcnz.org.nz](mailto:registration@mcnz.org.nz).

#### Confirmation of eligibility for registration

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you hold a primary medical degree from a university medical school listed in the World Directory of Medical School?       |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you been invited to New Zealand in your capacity as a visiting expert to teach or demonstrate a new skill or technique? |

#### Documentation that must be provided with the application by applicant

- |   |  |
|---|--|
| <input type="checkbox"/> VEX1 application form completed  | <input type="checkbox"/> CV, with detailed employment history listed chronologically, and any gaps of 3 months or more explained |
| <input type="checkbox"/> <b>Original certified copy</b> of identity detail page(s) from your passport   |  |
| <input type="checkbox"/> <b>Before submitting your application for registration you must submit your required documents to EPIC for primary source verification (<a href="#">see this link for what documents must be verified</a>). 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.</b> |  |

EPIC ID Number: C- \_\_\_\_\_

#### And if, applicable, original certified copies of:

- |   |  |
|---|--|
| <input type="checkbox"/> Evidence of name change(s) | <input type="checkbox"/> Conviction notice(s)            |
| <input type="checkbox"/> Relevant medical reports   | <input type="checkbox"/> Disciplinary findings/decisions |

#### Documentation that must be provided with the application by host

- |   |  |
|---|--|
| <input type="checkbox"/> Completed VEX2 invitation and supervision form | <input type="checkbox"/> Invitation letter |
|---|--|

**Contact details of employer or applicant's nominated agent**Employer and/or  
nominated agent

Position:

Email:

Phone No:

**SECTION 1 – Personal Identification details**

- (i) **Name** – show given names from your passport or birth certificate, unless your name has been legally changed (eg, by deed poll).

Family name \_\_\_\_\_

Given name \_\_\_\_\_

Other names \_\_\_\_\_

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

☐

marriage

☐

deed poll

☐

common use

☐

other (explain)

- (ii) **Identification**

Date of birth (day/month/year)

/ /

Gender:

☐

male

☐

female

- (iii) **Address** – Section 140 of the Health Practitioners Competence Assurance Act 2003 (HPCAA) requires you to provide Council with your current postal address, residential address and work address. Please nominate the address you want as your registered address. All communications will be sent to your registered address. You may not use more than one address as your registered address. Please make sure you clearly print in BLOCK letters in full. Your phone/email details are not public information and will not be released or published.

**Postal Address**☐

(tick for registered address)

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**Residential address (if different from postal address)**☐

(tick for registered address)

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**Work address**☐

(tick for registered address)

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**Contact Details**

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Other (mobile): \_\_\_\_\_

Email: \_\_\_\_\_

**(iv) Registration History in New Zealand**

Have you been registered as a Visiting Expert with the Medical Council of New Zealand before?

☐

Yes

☐

No

If yes, what was your Medical Council Registration # \_\_\_\_\_

**(v) Qualifications**

- a) Qualification obtained on completion of a primary medical degree course and
- b) Postgraduate medical qualification obtained on completion of postgraduate training (if relevant)

a) Name of Primary medical qualification:

Abbreviation:

\_\_\_\_\_

\_\_\_\_\_

Graduating University:

Year Graduated:

\_\_\_\_\_

\_\_\_\_\_

b) Name of postgraduate medical qualification:

Abbreviation:

\_\_\_\_\_

\_\_\_\_\_

Graduating University:

Year Graduated:

\_\_\_\_\_

\_\_\_\_\_

**SECTION 2 – 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. You are not eligible for registration unless you are able to meet one of the requirements.

- a) Did you complete your primary medical qualification in New Zealand ☐ Yes
- 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
- c) Have you completed at least 24 months full-time equivalent of a postgraduate qualification (diploma, masters or PHD) at the University of Otago or the University of Auckland **and** have you provided references from two professors from the University of Otago or the University of Auckland 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
- 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
- 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 ☐ Yes

**(ii) 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

☐ Yes ☐ 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

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.

☐ Yes ☐ No

**(iii) Conduct/character**

**Convictions** – Has any court in New Zealand or elsewhere convicted you of any offence punishable by imprisonment of 3 months or longer? If yes, please attach a certified copy of your conviction notice(s)

☐ Yes ☐ No

**(iv) Professional Competence** – if you answer yes to any of the questions below, please provide the following with your application:

- A description of event(s) on a separate sheet (include claimants name, date of incident, place of incident, date of claim and incident summary, outcome and date of outcome)
- Any documentation available (court documents, legal correspondence, correspondence from your insurance company, correspondence from the university or regulatory body(ies))
- **Certificates of good standing** from every jurisdiction where you have worked for the previous 5 years, and from any jurisdiction(s) where the investigation(s) or proceeding(s) occurred (even if this was 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 had conditions imposed on your registration?

☐ Yes ☐ No

(g) Have you ever had an application for registration declined, or been refused a licence/practising certificate or equivalent?

☐ Yes ☐ No

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

### SECTION 3 – Current Employment

#### (i) Work History

Please provide your work history below following the conferral of your primary medical degree. It must be provided in chronological order beginning with your completion of medical school. Any employment gaps of **3 months or more** must be explained. You can use more than one sheet if necessary.

Please note that your CV **must include all employment history** listed in chronological order and an explanation of any employment gaps of 3 months or more.

Dates of employment (mm.yy – mm.yy)	Level of appointment	Branch of medicine	Employer	Registration Authority	Country

### SECTION 4 – Professional Reference

**Please have a senior medical colleague (specialist level) from your current place of employment sign the following reference declaration.**

I, Dr \_\_\_\_\_ have worked with Dr \_\_\_\_\_ in a professional capacity since \_\_\_\_\_ and hereby attest to their professional conduct and character and their ability to communicate in English. I fully support their application for special purpose visiting expert registration in New Zealand.

Reference name: \_\_\_\_\_ Signed: \_\_\_\_\_

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

## SECTION 5 – Declaration and signature of applicant

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 understand that the information provided in this application form will be used for the purpose of performing the Council's functions under the Health Practitioners Competence Assurance Act 2003.
- I authorise the Council to disclose information about me (within the provisions of the Privacy Act 2020) to another agency or agencies, if the Council believes on reasonable grounds that the disclosure is necessary (including employers, NZ Immigration Service, or medical colleges).
- 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.

By signing below, I declare that I have read the *policy on registration within a special purpose scope of practice*. I understand the policy and its implications. In particular I understand that:

- I am coming to New Zealand for a limited period of time for the purposes of teaching or demonstrating new and advanced techniques
- My registration period will not be extended past the dates specified by the host or employer
- My special purpose registration will not lead to registration as a specialist in New Zealand

I understand that registration within a special purpose scope is not a pathway to permanent registration in New Zealand and agree to my registration being cancelled when my appointment in New Zealand ends.

Applicant's signature

Date

Print name