



Te Kaunihera
Rata o
Aotearoa

**Medical
Council of
New Zealand**

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VOC2: Application for registration within a vocational scope

For doctors who hold the prescribed Australasian postgraduate medical qualification and are not registered within a general scope of practice

PLEASE READ THE FOLLOWING. IT CONTAINS IMPORTANT INFORMATION.

Vocational scope of practice being applied for:

Section 1 – Personal details

Family name:			
First name(s):			
Other names (if names differ on passport and qualifications):			
Reason names differ:	<input type="checkbox"/> Marriage	<input type="checkbox"/> Deed poll	<input type="checkbox"/> Common use
<input type="checkbox"/> Other (explain):			
Date of birth:	/ /	<input type="checkbox"/> Male	<input type="checkbox"/> Female
	Day Month Year		

Contact details:

Postal address:		Residential address:	
Postcode:		Postcode:	
Country:		Country:	
Home:		Mobile:	
Work:		Email:	

Section 2 – Qualifications			
Primary medical qualification:			
Abbreviation:		Year awarded:	
Institution:		Country:	
Australasian postgraduate medical qualification:			
Abbreviation:		Year awarded:	
Section 3 – Registration/licensing history			
Country/state:	Date registered/licensed (from-to):		Current status:
	<i>mm/yy</i>	<i>mm/yy</i>	
Section 4 – New Zealand employment details			
You do not need to have an offer of employment in New Zealand to apply for vocational registration. However, if you do have an offer of employment, please provide the relevant details now.			
Job title:			
Name & address of employer:			
Start date:	<div> <div>/</div> <div>/</div> <div></div> </div> <div> Day Month Year </div>	End date (if applicable):	<div> <div>/</div> <div>/</div> <div></div> </div> <div> Day Month Year </div>

Section 5 – Professional referees

Please nominate three referees who are specialists in the same area of medicine in which you are applying for vocational registration and who have worked with you for a minimum of 6 months within the last 3 years, with at least one referee from your current workplace. We will contact your referees and provide them with a referee report form to complete.

Referee 1:

Title and name:			
Place of employment:			
Professional relationship to you:			
Phone:		Email:	

Referee 2:

Title and name:			
Place of employment:			
Professional relationship to you:			
Phone:		Email:	

Referee 3:

Title and name:			
Place of employment:			
Professional relationship to you:			
Phone:		Email:	

Section 6 – 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.

- (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 health-related postgraduate qualification (diploma, masters or PhD) at an accredited New Zealand university within the 5 years immediately prior to application and have you provided references from two professors from an accredited New Zealand university 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 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? Yes ☐
- i. Does this include a period of 6 months continuous work at one workplace? or Yes ☐

ii.	Have you been participating in a recognised formal vocational training programme ¹ in Australia, the United Kingdom, the Republic of Ireland, the United States, Canada, or South Africa for a period of 6 months? or	Yes	<input type="checkbox"/>
iii.	completion of a recognised formal vocational training programme ¹ in Australia, the United Kingdom, the Republic of Ireland, the United States, Canada, or South Africa? and	Yes	<input type="checkbox"/>
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 will be contacted for confirmation directly by the Council, or by an employer or recruitment agent.	Yes	<input type="checkbox"/>
(f)	Have you passed the Academic Module of the International English Language Testing System (IELTS) by achieving a minimum of the following within the same result (must be dated within 2 years of your application being submitted to the Medical Council of New Zealand ²):	Yes	<input type="checkbox"/>
	<ul style="list-style-type: none"> • Speaking 7.0 • Listening 7.0 • Writing 7.0 • Reading 7.0 		
(g)	Have you passed the Medical Module of the Occupational English Test (OET) by achieving a minimum score of 350 in each of the four components (reading, writing, listening and speaking) within one result (must be dated within 2 years of your application being submitted to the Medical Council of New Zealand ²).	Yes	<input type="checkbox"/>

(ii) Mental and physical condition

Have you ever been diagnosed with, or assessed as having a mental or physical condition 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 (go to question (iii) below)

If yes, please provide full details of condition(s), duration of any treatment, name and contact details of treating practitioner(s), involvement of university/medical school/regulatory authority. If information is not provided, a Council staff member will contact you.

If yes, can Council staff contact your treating practitioner(s) for further information? ☐ Yes ☐ No

If information about your condition(s) has not been provided or you answer 'No', your application for registration may be delayed.

¹Recognised formal vocational training programmes are: Fellowship of one of the Australian or Australasian medical colleges in Australia; the Membership or Fellowship of a Royal College in the United Kingdom or Ireland accompanied by a Certificate of Completion of Training in the United Kingdom or Completion of Specialist Training in Ireland; Fellowship of the Royal College of Physicians and Surgeons of Canada accompanied by a Specialist Certificate; the Certificate of the American Boards in the United States of America; and Fellowship of a Medical College in South Africa

²Candidates who pass the NZREX Clinical will not be required to meet the English language requirements again for the purposes of registration, provided the NZREX Clinical pass is still valid (valid for 5 years of the date of the examination passed).

(iii) Character/conduct

Convictions or investigations – Have you ever been the subject of a police investigation, and/or a criminal charge being laid by the police, and/or a guilty finding in a criminal proceeding including traffic offences involving alcohol or illegal substances. Disclosure is required even if the criminal proceedings resulted in discharge without conviction or a similar finding. (For NZ applicants, please note your rights under the Criminal Records (Clean Slate) Act 2004 before providing details of any criminal record).

☐ Yes (If yes, please attach relevant documents, eg a copy of your conviction notice(s)). ☐ No

Professional conduct – If you answer yes to any of the questions below, please provide the following with your application:

- a description of event(s) (include claimant's name, date of incident, place of incident, date of claim and incident summary, outcome and date of outcome)
 - any documentation available (court documents and/or correspondence from your lawyer, insurance company or regulatory authority)
 - certificates of professional status (good standing) from every jurisdiction in which you have worked in the last 5 years and from any jurisdiction(s) in which the investigation(s) or proceedings occurred, if 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 breached any code of ethics relating to boundary issues regarding patient relationships?
- ☐ Yes ☐ No
- (g) Are you currently (or have you ever been) the subject of an order of any of the following (relating to conduct):
- | | | |
|--|------------------------------|-----------------------------|
| New Zealand Health Practitioners Disciplinary Tribunal? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Overseas medical disciplinary tribunal or similar tribunal? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Medical Council of New Zealand or similar registration authority overseas? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- (iv) **Professional competence** – If you answer yes to any of the questions below, please provide the following with your application:
- a description of the event(s) on a separate sheet (date of incident, place of incident, incident summary, outcome and date of outcome)
 - any documentation available (court documents, legal correspondence, correspondence from your insurance company, correspondence from the regulatory authority)
 - certificates of professional status (good standing) from every jurisdiction in which you have worked in the last 5 years and from any jurisdiction(s) in which the investigation(s) or proceedings occurred, if more than 5 years ago.
- (a) Are you currently (or have you ever been) the subject of a competence inquiry with a registration authority or employer?
- ☐ Yes ☐ No
- (b) Have you ever had your employment as a doctor terminated on the grounds of poor performance or had your practising privileges restricted?
- ☐ Yes ☐ No
- (c) Have you ever had your medical licence, certificate of registration or permit to practise medicine suspended, restricted or revoked?
- ☐ Yes ☐ No
- (d) Have you ever voluntarily surrendered your medical licence, certificate of registration or permit to practise medicine for any reason other than avoidance of a renewal fee?
- ☐ Yes ☐ No
- (e) Have you ever had conditions imposed on your registration?
- ☐ Yes ☐ No
- (f) Have you ever had conditions imposed on your licence/practising certificate or equivalent?
- ☐ Yes ☐ No
- (g) Have you ever had an application for registration declined or been refused a licence/practising certificate or equivalent?
- ☐ Yes ☐ No

Section 7 – Information to provide with your application

- ☐ Copy of passport photo page.
- ☐ Evidence of name change or name variations, if names differ on passport and qualifications (e.g. certified copy of marriage certificate/divorce decree or original statutory declaration/affidavit) (if applicable).
- ☐ Copy of Australasian postgraduate medical qualification certificate. We will contact your specialist training college to obtain confirmation of your postgraduate medical qualification, professional status (good standing) and enrolment and participation in their recertification programme.
- ☐ Up to date curriculum vitae (CV), showing appointments in chronological order and month/year format, and explanations of all employment gaps.
- ☐ Copy of offer of employment in New Zealand (if applicable).
- ☐ Certified copy of IELTS results (if applicable).
- ☐ If you have answered 'Yes' to any questions in section 6 (ii), provide information as requested above.
- ☐ If you have answered 'Yes' to any questions in section 6 (iii and iv), please provide information as requested above.
- ☐ **Before submitting your application for registration you must submit your required documents to EPIC for primary source verification ([see this link for what documents must be verified](#)). 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-_____

Section 8 – Declaration

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, medical colleges, etc).
- I authorise the Council to share with the relevant medical college that I have been granted registration in the vocational scope of practice.
- I authorise Council to disclose information to the Education Commission of Foreign Medical Graduates (ECFMG) for the purposes of completing the primary-source verification process with the Electronic Portfolio of International Credentials (EPIC).
- 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

Signature:		Date:	
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VOC2 – Fee

A non-refundable application fee applies.

For a current list of Medical Council fees please visit our website [here](#).