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 Our Ref: PDM:RCC:01-0690886
 Your Ref:


Gilshenan & Luton
 LAWYERS

COPY

Attention: Mr Anthony J H Morris QC
 Commissioner
 Commission of Inquiry No 1 of 2005
 Level 9, Brisbane Magistrates Court Building
 363 George Street
 BRISBANE QLD 4000

22 June 2005

Dear Commissioner

Commission of Inquiry No 1 of 2005- Medical Board of Queensland

We refer to the above matter in which we act on behalf of the Medical Board of Queensland.

We note that the Medical Board of Queensland has previously advised the Commission of Inquiry of a number of changes that have been made in relation to the registration of medical practitioners. Several changes to the application for special purpose registration were implemented in April of 2005. These changes included the requirement that original Certificates of Good Standing were to be provided directly from regulatory bodies of every jurisdiction in which the applicant had been registered.

The Board remains committed to ensuring that its processes are continually improved. To this end, please find **enclosed*** a copy of the latest Application for Registration as a Medical Practitioner for Special Purpose Registration along with a new Special Purpose Employer Form.

We advise that a number of changes are reflected in this latest application form.

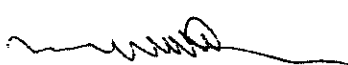
1. Applicants must now advise whether they have attempted any medical qualifying examinations and, if so, the result of that examination.
2. Applicants are asked to provide a summary of their experience including any time undertaking an observership in an Australian or New Zealand health care facility. Hospitals will often complete an assessment report following an observership. The applicant is asked to consent to the Medical Board accessing such assessment reports.
3. Along with the questions in relation to fitness to practise the applicant is asked whether they have undertaken bridging programs which aim to prepare candidates to practise in Australia.
4. The applicant is now asked to consent to further communications between the Medical Board of Queensland and other individuals or entities.
5. Applicants are required to provide a complete curriculum vitae in a standard form. This standard format is found as Appendix A to the Application for Registration as a Medical

Practitioner. The aim of this change is to provide consistency in the presentation of each curriculum vitae.

6. Replacing the previous Form 1 is the new Special Purpose Employer Form. There is a new requirement for employer certification of the applicant. The employer must certify they have assessed the applicant and believes the applicant satisfies the qualifications and experience needed for the position. Further, there is a requirement that verbal reference checks be conducted. To ensure consistency, there are a number of mandatory questions to be asked of referees and these are attached to the Special Purpose Employer Form. Finally, there must be a clinical supervisor appointed for each applicant. The clinical supervisor undertakes to provide the Board with any adverse reports identified and to assess the applicant at the conclusion of their period of registration. This ensures that the employers take responsibility for the employment of applicants and advise the Board when there is a potential problem. The Board's responsibility in carrying out these obligations is subject to sufficient funding and resources being available to the Board.

Please do not hesitate to contact the writer on 3361 0208 should you have any queries.

Yours faithfully
GILSHENAN & LUTON



Paul McCowan
Partner



Medical Board of Queensland

SPECIAL PURPOSE APPLICATION – EMPLOYER FORM

Details of Employer

Employer:

Contact Name:

Contact Phone Number:

Contact Email Address:

Details of Sponsored Doctor:

Surname:

Given Name:

Date of Birth:

Registration Number:

Instructions

1. All sections must be completed
2. The formal position description must be attached
3. For Queensland Health positions a copy of the appointment letter or offer of employment must be attached
4. Reference checks must be undertaken using the Board's mandatory questions as a minimum, and the responses must be attached to this form
5. The reference check is the only item not required to be submitted with a **renewal application**

SERVICE REQUIREMENTS OF THE POSITION	OUTLINE DETAILS INCLUDING PREREQUISITE SKILLS (ATTACH POSTAL LOCATION AND ANNUAL SALARY)
GENERAL PRACTICE - (PROVIDE DETAILS OF CASE- MIX BELOW)	
MEDICAL	
SURGICAL	
OBSTETRICS/GYNAECOLOGY	
ANAESTHETICS	
EMERGENCY	
MENTAL HEALTH	
OTHER DISCIPLINE	
SPECIAL SKILLS REQUIRED	

Employer Certification: Dr _____'s application for employment as _____ has been assessed by the following:

A specialist of the relevant field (not required for junior hospital positions)

The Medical Superintendent/ Executive Director of Medical Services or delegate (public positions only)

The practice/hospital Owner/Director/GP who is a General or Section 138 registrant

Certification

The above practitioner has been assessed by telephone interview or equivalent and through the information obtained during this assessment and also through documentation received, I/we believe he/she:

- has the appropriate experience and capabilities for the position to be filled (**attach** the formal position description personalised for the applicant and the position applied for); and
- possesses the educational and professional requirements specified in the position description for the position to be filled

1.

Name: Position:

Signature: Date:

2.

Name: Position:

Signature: Date:

3.

Name: Position:

Signature: Date:

Reference Checks (name, position, relationship etc. of two referees contacted):

The **mandatory** reference questions are attached to this form.

1.

Name: Position:

Relationship: (ie. supervisor, coworker, etc)

Year Referee worked with applicant Date Referee contacted

2.

Name: Position:

Relationship: (ie. supervisor, coworker, etc)

Year Referee worked with applicant Date Referee contacted

I have conducted detailed and probing reference checks with the above referees to verify:

(i) the experience and capabilities of the individual for the position; and

(ii) to the referees knowledge the accuracy and completeness of any information supplied by the individual in relation to the individual's previous employment history and experience during the previous five years.

Name: Position:

Signature: Date:

Reference check responses to be included

Name: Position:

Location: Registration number.....

- The supervisor must have current General, Specialist or Section 138 Registration, current and allowing them to practise
- The supervisor must be a clinician
- For a hospital setting the Director of Clinical Training is acceptable for junior doctor positions (Intern, Junior or Senior House Officers). For senior doctors (Principal House Officer, Registrar, Senior Medical Officer or higher) a Visiting Medical Officer, Staff Specialist or Director of the Specialty Department (must have an Australian qualification) is an appropriate supervisor.
- For any other setting a supervisor must be nominated and details provided on how the supervision will be undertaken.

I Dr _____ agree to supervise the applicant and provide the Board any adverse reports as they are identified, and to provide an assessment form at the end of the applicants approved period of registration. I intend to undertake the supervision in the manner set out below:

Date _____

Signature

MANDATORY REFERENCE CHECK QUESTIONS

The person providing the reference should be a medical practitioner, or medically trained with recent professional experience. The referee must make a declaration that he/she has no personal or professional connection with the applicant for whom the reference is being obtained that may prejudice the way in which the reference is provided.

Persons providing a reference should be advised that when applying for registration, **an applicant** is required to respond to the following questions:-

1. Do you suffer from any ongoing medical condition, mental or physical, (including substance abuse or dependence) of which you are aware, and that you know or ought reasonably to know, adversely affects your ability to competently and safely practise medicine?
2. Do you have a criminal history?
3. Have you been registered under the *Medical Practitioners Registration Act 2001* or the *Medical Act 1939* (repealed), or have you been registered under a corresponding law applying, or that applied, in another State, or Territory, or a foreign country, **and** the registration was affected either by an undertaking, the imposition of a condition, suspension or cancellation, or in any other way?
4. Has your registration as a **health practitioner** ever been cancelled or suspended or is your registration currently cancelled or suspended as a result of disciplinary action in any State or Territory or in another country?
5. Have you ever been refused registration as a **health practitioner** in any Australian State or Territory, or in another country?
6. Are you currently under investigation by any authority in any Australian State or Territory or in any other country?
7. Do you have a reasonable command of the English language?

When undertaking a verbal reference check, it may be useful to make the referee aware the applicant has been required to make statements in relation to the above questions.

Questions must include, but are not limited to, the following:-

1. Dr _____ is applying for a position to practise in _____ .
Approximately how long have you known Dr _____ and in what capacity?
When was your most recent professional contact?
2. How would you rate his/her overall clinical skills and knowledge base?
3. Can you comment on the nature of the practice and patient population (e.g. gender, age, range of presentations) encountered in the applicant's professional practice.
4. Are you aware what steps he/she has taken to stay abreast of new developments in the field of professional practice? (e.g. participates in continuing medical education.)
5. How would you describe his/her work ethics/reliability/punctuality?
6. How would you describe his/her interpersonal and communication skills with patients and ancillary staff?
7. Are you aware whether he/she suffers from any ongoing medical condition, mental or physical, (including substance abuse or dependence) of which you are aware, and which you believe may adversely affect his/her ability to competently and safely practise medicine?
8. Are you aware of any complaints, disciplinary, or legal action?
9. How would you feel about hiring him/her as a locum?
10. How comfortable would you feel having him/her treat a member of your family?
11. What procedural skills are you aware that he/she possesses?

APPLICATION FOR REGISTRATION
AS A MEDICAL PRACTITIONER
IN QUEENSLAND
(SPECIAL PURPOSE REGISTRATION)

Sections 42 and 139 Medical Practitioners Registration Act 2001

Medical Board of Queensland

**Please read the Accompanying Information Sheet
before completing this form.**

**Complete Form and Return with Accompanying Documents
to the address below.**

**Special Purpose Applications must only be submitted within 3 months
of the expected start date.**



Mailing Address:

Special Purpose Assessment Unit
Medical Board of Queensland
GPO Box 2438
BRISBANE QLD 4001



Enquiries:

Telephone: (07) 3234 0009
Facsimile: (07) 3225 2522
Monday to Friday 9.00 am – 4.00 pm
E-mail
medical.registrations@healthregboards.qld.gov.au
Website www.medicalboard.qld.gov.au

NOTE:

**YOUR APPLICATION CANNOT BE
PROCESSED UNLESS YOU PROVIDE
ALL THE REQUIRED
DOCUMENTATION, THE APPLICATION
FEE AND THE REGISTRATION FEE.**



Location:

19th Floor, Forestry House
160 Mary Street
BRISBANE QLD 4000

ABN: 35 789 357 327

APPLICATION DETAILS - Please ✓ Appropriate Box and Print Complete Information Requested as per Accompanying Guidelines. **ALL SECTIONS OF THIS FORM MUST BE COMPLETED.**

TITLE: MR MRS MS MISS DR OTHER _____
 (circle preferred title) (please specify)

FAMILY NAME _____ **GIVEN NAMES (in full)** _____

PREVIOUS NAME(S) (if applicable) _____

LANGUAGES SPOKEN FLUENTLY(other than English) _____

Date of Birth _____	Place of Birth _____ Country of Birth _____	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
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REGISTRATION/POSTAL ADDRESS (For inclusion in the public register) All Changes must be notified to the Board State _____ Postcode _____ Is this your residential address? YES <input type="checkbox"/> NO <input type="checkbox"/> If "Yes" do you agree that it be available for inspection on the Register? YES <input type="checkbox"/> NO <input type="checkbox"/>	PROFESSIONAL / BUSINESS ADDRESS (if different from Registration address) State _____ Postcode _____	RESIDENTIAL ADDRESS (if different from Registration address) State _____ Postcode _____
---	--	--

CONTACT TELEPHONE NUMBERS: Day _____ After Hours _____ Mobile _____

EMAIL ADDRESS: _____

CATEGORY OF REGISTRATION APPLIED FOR:
 Please ensure that the correct category is nominated, as this will be the category the Board must consider when deciding your application. (Australian, New Zealand Graduates or AMC Certificate holders) – Please use **Application Form M1**

SPECIAL PURPOSE (Identify Special Purpose category, see information sheet for details) _____

QUALIFICATIONS ON WHICH APPLICATION IS BASED: (earliest qualification first)		
Degree/Diploma/Certificate	University/College/Examining Body	Year Conferred
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

QUALIFYING EXAMINATIONS:
 Have you ever attempted any medical qualifying examinations other than for primary qualifications (ie PLAB, USMLE, LMCC, NZREX, AMC) YES ☐ NO ☐
 If you have answered yes, please list each exam undertaken

Examination	Result	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SUMMARY OF THE NATURE AND EXTENT OF EXPERIENCE SINCE QUALIFYING AS A MEDICAL PRACTITIONER

(If insufficient space set out on separate page)

This must also include any period in which you have undertaken a period of observership in any Australian or New Zealand health care facility

Practice Name/Employer	Address	Period of Practice/ Observership

REGISTRATION:

1. State/Territory/Country where first registered as a **medical practitioner** _____ and year _____
2. Are you currently registered as a **medical practitioner** elsewhere? YES ☐ NO ☐
If yes, give State/Territory/Country _____
3. Please list all licensing authorities that you have been registered with: _____
4. Have you ever been registered as a **health practitioner** in another State or Territory of Australia, or another country? YES ☐ NO ☐
If yes, give State/Territory/Country and indicate profession _____
5. Have you ever been registered as a **health practitioner** in Queensland? YES ☐ NO ☐ _____
Profession and Year registered _____

FITNESS TO PRACTISE:

If you answer "Yes" to any of questions 1 – 6, please provide full details on a separate sheet.

1. Do you suffer from any ongoing medical condition, mental or physical, (including substance abuse or dependence) of which you are aware, and that you know or ought reasonably to know, adversely affects your ability to competently and safely practise medicine? Yes No
☐ ☐
2. Do you have a criminal history? Yes No
(see accompanying information sheet for an explanation of 'criminal history'). ☐ ☐
3. Have you been registered under the *Medical Practitioners Registration Act 2001* or the *Medical Act 1939* (repealed), or have you been registered under a corresponding law applying, or that applied, in another State, or Territory, or a foreign country, and the registration was affected either by an undertaking, the imposition of a condition, suspension or cancellation, or in any other way? Yes No
☐ ☐
4. Has your registration as a **health practitioner** ever been cancelled or suspended or is your registration currently cancelled or suspended as a result of disciplinary action in any State or Territory or in another country? Yes No
☐ ☐
5. Have you ever been refused registration as a **health practitioner** in any Australian State or Territory, or in another country? Yes No
☐ ☐
6. Are you currently under investigation by any authority in any Australian State or Territory or in any other country? Yes No
☐ ☐
7. Have you undertaken any bridging programs aimed at preparing candidates for Australian medical practise? Yes No
☐ ☐
8. Do you have a reasonable command of the English language? Yes No
☐ ☐

IMPORTANT NOTES:

- For questions 1-6, if you answer "Yes" to any of the questions you must attach a full explanation of the circumstances and detail any condition or current disciplinary or other orders to which you are subject. (Please attach in a sealed envelope).
- If you answered yes to question 7, please give full details of nature of program, name of institution conducting program, dates undertaken and results.
- The term '**health practitioner**' includes any registered provider of services directed at maintaining, improving or restoring people's health and wellbeing.
- Please note that if you are granted registration, you must notify the Board of the following matters:
 - a change in your name
 - a change in your address (and email address)
 - for a special purpose registrant, a change in the way that you undertake the special purpose activity for which you are registered
 - the withdrawal or cancellation of your qualification for registration
 - before carrying on a business providing professional services under a business name other than your own name, you must give the Board notice of the business name. If there is a change to the information in the notice, you must give the board notice of the change within 14 days
 - conviction for an indictable offence in Queensland or under a corresponding law (please use form MHPPS385A).
 - if you are party to proceedings in court claiming damages or compensation for alleged negligence by you in the practice of your profession and in which either a judgement has been delivered or in respect of which there has been a settlement of the proceedings or part of the proceedings (please use form MHPPS385B).
 - if you are registered under a corresponding law and your registration, licence or certification under that law is affected by disciplinary action or is otherwise cancelled, suspended or made subject to a condition or an undertaking (please use form MHPPS385C).
- The Board may enquire with relevant authorities regarding an applicant's criminal history.
- The Board will cooperate with authorities of other States, territories or countries in providing information on undertakings agreed to or conditions imposed on a registration.

ADDITIONAL COMMENTS OR INFORMATION FROM APPLICANT IN SUPPORT OF REQUEST FOR REGISTRATION AS A MEDICAL PRACTITIONER (if insufficient space set out on separate page) Please provide details of your sponsor/employer/recruiter.

I consent to the Medical Board of Queensland making enquiries of, and exchanging information with, the authorities of any Australian State or Territory or any other country regarding my practice as a medical or health practitioner, or otherwise regarding matters relevant to this application.

I consent to the Medical Board of Queensland seeking assessment reports relating to my practice of medicine, periods of observership, or bridging programs in any Australian or New Zealand health care facilities. I consent to the Medical Board of Queensland making enquiries of, and exchanging information with, my sponsor, employer or recruiter regarding matters relevant to this application. I also consent to the Medical Board of Queensland notifying the Principal Medical Advisor of Queensland Health of the outcome of an application to practise in an Area of Need and where this includes specialty practice, the relevant specialty college and the Australian Medical Council.

I also consent to the Medical Board of Queensland notifying the Department of Immigration of the status of my registration in Queensland, such notification to include my Date of Birth.

I declare that the above statements are true and correct, that I am the person named in the attached documents, that I am the person in the attached photographs which bear my signature and are a recent likeness, and that all documents and supporting material lodged with this application are true and correct.

I acknowledge that making a materially false or misleading representation or declaration in my application for registration is a ground for cancellation of such registration, and I am further aware that giving materially false information or a document to the Medical Board in connection with an application for registration is an offence, punishable with a maximum penalty of A\$150000 or 3 years imprisonment.

I undertake to comply with all relevant legislation, codes of practice, and Medical Board of Queensland policies.

.....
Printed Name of Applicant

.....
Signature of Applicant

.....
Printed Name of Witness

.....
Signature of Witness

Date: day of200.....

ACCOMPANYING ITEMS

THE FOLLOWING SHOULD BE ATTACHED AND FORM PART OF THE APPLICATION.

ALL PHOTOCOPIES MUST BE CERTIFIED AS TRUE COPIES BY A JUSTICE OF THE PEACE, A COMMISSIONER FOR DECLARATIONS, OR A NOTARY - (PRODUCTION OF ORIGINAL DOCUMENTS MAY BE REQUIRED FOR SIGHTING)

IF NOT CURRENTLY REGISTERED WITH THE BOARD

1. **APPLICATION AND REGISTRATION FEES.** THIS IS A TAX INVOICE.
(please see accompanying Information Sheet for details)
2. **PROOF OF IDENTITY:**
 - passport, drivers licence, or other official identification document which includes a photograph
 - marriage certificate or other document evidencing change of name (if applicable)
 - statutory declaration for any name changes
3. **RECENT PASSPORT TYPE PHOTOGRAPH/S WITH SIGNATURE ON THE BACK AND CERTIFIED AS A TRUE LIKENESS**
4. **PROOF OF QUALIFICATIONS** (Original or certified copies of relevant documents) including:
 - any specialist qualifications obtained overseas
 - current registration/practising certificate
 - **TRANSLATIONS** (please see accompanying Information Sheet for details)
5. **A FULL CURRICULUM VITAE IN THE STANDARD FORMAT INDICATED IN THE INFORMATION SHEET.** Gaps in practice must be explained.
6. **AN ORIGINAL CERTIFICATE OF GOOD STANDING (COGS):**
 - from each registration authority where you HAVE been registered.
 - a COGS is only valid for 3 months. You will require a new COGS if it is not current at both the Board approval date and the commencement date.
 - All Certificates of Good Standing must be original and sent directly from the Licensing Authority to the Medical Board of Queensland.
 - Faxes are not acceptable regardless of where they originate.
 - If the COGS is in a different language, the Board must receive the original as above and the licensing authority must provide a certified copy to the applicant to be translated. The original translation attached to the certified copy of the COGS is to be forwarded to the Board.
7. **EVIDENCE OF ENGLISH LANGUAGE PROFICIENCY**
8. **SPECIAL PURPOSE APPLICATION - EMPLOYER FORM (SPE Form)**
9. **CREDENTIAL VERIFICATION** - effective from 1 October 2005
(please see accompanying Information Sheet for details)
10. **ADDITIONAL DOCUMENTS REQUIRED FOR SPECIAL PURPOSE REGISTRATION** as outlined in the Information Sheet.

IF CURRENTLY REGISTERED WITH THE BOARD

1. **APPLICATION AND REGISTRATION FEES**
(please see accompanying Information Sheet for details)
2. **PROOF OF IDENTITY:**
 - passport, drivers licence, or other official identification document which includes a photograph
 - marriage certificate or other document evidencing change of name (if applicable)
 - statutory declaration for any name changes
3. **AN ORIGINAL CERTIFICATE OF GOOD STANDING (COGS):**
 - For an application for registration to change a current special purpose activity, a COGS from the last foreign licensing authority.
 - If COGS is in a different language, the Board must receive the original as above and the licensing authority must provide a certified copy to the applicant to be translated. The original translation attached to the certified copy of the COGS is to be forwarded to the Board.
4. **SPECIAL PURPOSE – EMPLOYER FORM (SPE FORM)**
5. **INTERNATIONAL MEDICAL GRADUATES (IMG) ASSESSMENT FORM**
6. **ADDITIONAL DOCUMENTS REQUIRED FOR SPECIAL PURPOSE REGISTRATION** as outlined in the Information Sheet.
7. **A FULL CURRICULUM VITAE IN THE STANDARD FORMAT INDICATED IN THE INFORMATION SHEET.** Gaps in practice must be explained.

PLEASE DO NOT DETACH

Credit Card Payments (Visa, Mastercard or Bankcard through mail or over counter only).

To assist with credit card processing, please provide a daytime contact no:- _____

For this payment to be accepted you must complete all sections below.

VISA

☐

MASTERCARD

☐

BANKCARD

☐

CARD NUMBER _____

EXPIRY DATE

CARD HOLDERS NAME (print)

CARD HOLDERS SIGNATURE

AMOUNT \$

Medical Practitioners Information Sheet

Special Purpose Registration as a Medical Practitioner

The following is provided to assist in completing an Application for Special Purpose Registration as a medical practitioner in Queensland.

Please note that it is the applicant's responsibility to ensure that any information required from the employer is provided in support of the application.

Special Purpose Registration

An applicant who does not hold a primary medical qualification obtained in Australia or New Zealand or has not passed the examination set by the Australian Medical Council for the purpose of qualifying for general registration may be granted registration for the following purposes: -

- **S132, Postgraduate study or training** – to enable a person to undertake postgraduate study or training, in medicine, approved by the Board.
- **S133, Supervised training to prepare for clinical examination** – to enable a person to undertake supervised training, approved by the Board, to prepare for the clinical examination conducted by the Australian Medical Council.
- **S134, Medical teaching or research** – to enable a person to engage in medical teaching or research.
- **S135, Practice in area of need** – to enable a person to practise in an area the Minister for Health has decided is an area of need for a medical service.
- **S135 & 143A, Practice in area of need (deemed specialist)** - to enable a person to practise in an area the Minister for Health has decided is an area of need for a medical service, but in a specialist capacity.
- **S136, Study or training to obtain a qualification in a specialty** – to enable a person with a specialist qualification obtained overseas to undertake study or training to obtain a prescribed qualification in a specialty.
- **S137, Practice in the public interest** – to enable a person to practise the profession for a particular purpose.
- **S138, Practice in general practice** - to enable a person to practise medicine in general practice (must be a Fellow of the Royal Australian College of General Practitioners).

Documents Required For Special Purpose Registration

Section 132 – Postgraduate study or training

1. Letter of Support from sponsor / employer detailing:
 - the purpose of the training
 - the anticipated duration of the program or course
 - all institutions or locations where applicant would be required to undertake training
 - an undertaking to provide reports on the registrant, as required by the Board (generally yearly, or at the end of the training program)
 - whether the applicant is an accredited trainee, either basic or advanced, of the relevant College or Specialist Society
2. A Postgraduate Training Program which meets the Boards requirements:
 - full details of the training program or course structure including the objectives and sub-specialties

- the name and qualifications of the nominated supervisor
 - whether limited private practice is intended and how this would relate to the training objective
3. Letter of support from the relevant Australian College or Society confirming the doctor's status as an accredited trainee or as an occupational trainee on an appropriate program

Section 133 – Supervised training to prepare for clinical examination

1. Letter of Support from sponsor / employer
2. A personalised training programme addressing any deficiencies identified from the AMC MCQ results
3. a certified copy of the full AMC MCQ Results

Section 134 – Medical teaching or research

Letter of support from sponsor / employer detailing the period of time required or length of the appointment to the research project or teaching commitment, where, when and for how long

Section 135 - Practice in area of need

Evidence that the Minister for Health has decided an area of need exists for a medical service which the applicant may be qualified to fill in accordance with Section 135 of the *Medical Practitioners Registration Act 2001*

Section 135 & 143A - Practice in area of need (deemed specialist)

1. Evidence that the Minister for Health has decided an area of need exists for a medical service which the applicant may be qualified to fill in accordance with Section 135 of the *Medical Practitioners Registration Act 2001*
2. Support from the relevant Australian specialty college to practise as a specialist in the identified Area of Need

Section 136 - Study or training to obtain a qualification in a specialty

1. Letter of Support from sponsor / employer detailing:
 - the purpose of the training
 - the anticipated duration of the program or course
 - all the institutions or locations at which registration will be required
 - an undertaking to provide reports on the registrant, as required by the Board (generally yearly, or at the end of the training program)
 - whether the applicant is an accredited trainee of the relevant College or Specialist Society
2. A Postgraduate Training Program which meets the Boards requirements:
 - full details of the training program or course structure including the objectives and sub-specialties;
 - the name and qualifications of the nominated supervisor;
 - whether limited private practice is intended and how this would relate to the training objective
3. Letter of support from the relevant Australian College or Society confirming the doctor would become eligible for Fellowship within 2 years.
4. Certified copy of overseas specialist qualifications

Section 137 – Practice in the public interest

Request from sponsor / employer detailing why registration is in the public interest.

Section 138 – Practice in general practice

Certified copy of Fellowship Certificate of the Royal Australian College of General Practitioners

Special Purpose Application - Employer Form

This form is required to be completed by the applicant's employer and will give the Board details about;

- Formal position description
- Service requirements of the position
- Employer certification
- Reference checks
- Nominated clinical supervisor, including a declaration to provide the Board with any adverse assessments as they are identified.

International Medical Graduates (IMG) Assessment Form

IMG Assessment Form must be completed by the registrant's nominated clinical supervisor at the conclusion of the current period of the registration and will provide the Board with an indication of the standards of the registrant's practice. It will also contain a brief description how the assessment was undertaken.

English Language Proficiency – Special Purpose Registration Only

Medical practitioners seeking special purpose registration are required to have passed an English Language Proficiency Test. This provides an objective measure to determine whether the applicant's language skills are appropriate to the professional requirements of medical practice in Queensland, and also assists the Board to meet its legislative responsibilities.

All applicants for special purpose registration must provide evidence of their English language proficiency with their application, to be eligible for approval.

Applicants must have completed and passed, at their own expense, the Board's designated test of English proficiency – namely, the International English Language Testing System (IELTS) examination at an overall band score of 7 or higher in the Academic module, within the two years preceding the application, or be eligible for an exemption from the requirement.

Pass results in each component of either the IELTS or Occupational English Test (OET) must be obtained at the one sitting i.e. pass results in a module from a previous attempt at either examination can not be carried forward to a subsequent sitting which, when combined, would give an overall pass in the examination.

For further information regarding the Board's requirements or for instances where the Board can grant an exemption, please refer to the *Policy on English Language Proficiency – Overseas Trained Doctors* located on the Board's website at www.medicalboard.qld.gov.au.

Certified Copies of Documents

All copies of documents required to be submitted with the application must be certified copies, that is, copies certified by a Justice of the Peace, Commissioner for Declarations, Notary or another authorised person as true copies of the original documents.

Special purpose registrants who are currently registered and are applying for a new period of registration do not need to resubmit documentation submitted in respect to their initial application.

Translation

- Translations must be from an original or notarised photocopy of the document (source text) which must be clearly legible
- Translations must be undertaken by a qualified professional translator accredited for the language of the source text
- Translations must contain a certificate by the translator attesting to the accuracy of the translation from the source text, and be bound to an original or notarised copy of the source document
- The certified translation and source text must be sealed with the translators seal. Translations undertaken in Australia must indicate the translators' NAATI accreditation number, if relevant
- The original translation must be submitted to the Board with the application.

Qualifications

The following must be included with the application form as proof of qualifications:

- certified copy of the academic qualifications nominated in the application. If qualifications documents are not in English, an English translation by a certified translator must be attached.

Verification of Credentials

Effective 1 October 2005, the qualifications of international medical graduates (IMGs) will be required to have been verified through the Educational Commission for Foreign Medical Graduates which provides an International Credentials Service (EICS). Information relating to the EICS application process can be obtained at www.ecfmq.org/eics.

The EICS application for Verification of Credentials is available from the Board's website, www.medicalboard.qld.gov.au/registration/registration1.

Proof of Registration and Standing

An applicant who is currently registered elsewhere, or has recently been registered elsewhere, must present the following as proof of registration and standing:

- an original Certificate of Good Standing (COGS) from each registration authority where the applicant has been registered.
- a COGS is only valid for 3 months from date of issue. Applicant will require a new COGS if it is not current at both the Board approval date and the commencement date.
- all Certificates of Good Standing must be original and sent directly from the Licensing Authority to the Medical Board of Queensland.
- Faxes are not acceptable regardless of where they originate.
- If the COGS is in a different language, the Board must receive the original as above and the licensing authority must provide a certified copy to the applicant to be translated. The original translation attached to the certified copy of the COGS is to be forwarded to the Board.
- for an application for registration to change a current special purpose activity, a COGS from the last foreign licensing authority is required.

Fitness to Practice

In the section titled *Fitness to Practise*, the term "Criminal history" means:

- every conviction for an offence, in Queensland or elsewhere;
- every charge made against the applicant for an offence in Queensland or elsewhere.

The Board may have regard to an applicant's criminal history in deciding whether an applicant is fit to practise the profession. In considering an applicant's criminal history, the Board must have particular regard to any conviction that an applicant has:

- for an indictable offence;
- for an offence against:
 - the *Medical Act 1939* (repealed);
 - the *Medical Practitioners Registration Act 2001*;
 - the *Health Practitioners (Professional Standards) Act 1999*; or
 - a law providing for the same matter in another State, the Commonwealth or another country.
- for an offence, relating to the practice of the profession, against:
 - the *Health Act 1937*;
 - the *Fair Trading Act 1989*;
 - another law in Queensland, the Commonwealth, another State or another country.

Where an applicant answers YES to questions on the application form pertaining to fitness or suitability to practise, a full explanation of the circumstances must be provided with the application.

Proof of Identity

The following must be presented with the application as proof of identity:

- Certified copy of Passport, Driver's Licence or other official identification that includes a photograph.
- Two recent passport-type photographs of the applicant endorsed on the back by a witness as follows:
 - "I (witness) certify this photograph to be a true likeness of (applicant's name)" and signed and dated on the back by the witness and the applicant.
- If a name change is applicable, a certified copy of marriage certificate or deed poll to verify the present name against the name under which the applicant qualified.

Summary of the Nature, Extent and Period of Experience since Qualifying

Section 45(1)(g) of the *Medical Practitioners Registration Act 2001* provides that in deciding whether an applicant for General Registration is fit to practise the profession, the Board may have regard to the nature, extent and period of any practice of the profession by the applicant since the qualification day – i.e. the day the qualification relied upon by the applicant to obtain registration was confirmed or awarded – if the qualification day is more than 3 years before the date of application.

All applicants for Special Purpose Registration must provide a Curriculum Vitae with their application, describing the nature, extent and period of any practice since qualifying as a medical practitioner. Details of the nature of practice, e.g. clinical, continuing education,

research, study, teaching or administration should be provided.

The Curriculum Vitae is required to be in the Board's standard format, as indicated in Attachment (A). The Curriculum Vitae will be returned to be re-completed if not submitted in this format.

Prescribed Application and Registration Fees

Special Purpose Registration may be granted for the duration of an approved activity up to a period of 12 months.

For **Special Purpose Registration** the current fees (in Australian dollars) to be submitted with an application for registration for 12 months are \$433.00 (\$129.00 non-refundable application fee and \$304.00 annual registration fee). Any pro-rata portion of the annual registration fee will be refunded, if applicable, on receipt of notification that the registrant has ceased the special purpose activity.

Forms

All forms required with an application can be found on the Board's website www.medicalboard.qld.gov.au/registration/registration1.html.

If these guidelines are not followed and all of the requested supporting documentation provided, delays may occur in processing the application.

All applications for registration must be approved by the full Medical Board.

Applicants should ensure that they allow sufficient time for completion of all registration requirements before any intended date of commencement of practice to which they are committed. (AT LEAST 6 WEEKS)

Should further information be needed please contact a staff member of the Office of Health Practitioner Registration Boards on:
(07) 3234 0009, or e-mail: medical.registrations@healthregboards.qld.gov.au

PRIVACY STATEMENT

The Medical Board of Queensland respects your privacy. The Medical Board is collecting the information on this form in order to consider your application for registration as a Medical Practitioner and carry out other functions relevant to the administration of the *Medical Practitioners Registration Act 2001*. (The fully shaded sections of the form may not be specifically or generally mandated by the Act, but have been included in order to confirm your identity and credentials and to expedite the processing of your application).

Your name, registration address, qualifications, type of registration and any conditions of registration will be entered on the Register, which is available to the public for inspection (with the exception that your residential address will only be available if you have given notice to the Board that you agree to the details being able to be inspected).



Appendix A

Special Purpose Curriculum Vitae Template

Personal Information:

Qualifications Obtained:

Bridging programs:

- Dates
- Facility
- City
- State
- Results

Clinical/Procedural Skills:

- Competent
- Observed

Detailed Practicing History (must provide a continuous practicing history, including internship, rotations completed and any observerships completed in an Australian Hospital):

- Current:
 - Dates
 - Position Title
 - Responsibilities
 - Facility
 - City
 - State
 - Country
- List previous:
 - Dates
 - Position Title
 - Responsibilities
 - Facility
 - City
 - State
 - Country

Current Licensing Authorities:

- _____
 - Registration Number _____
- _____
 - Registration Number _____

Etc

Previous Licensing Authorities:

- _____
 - Registration Number _____
- _____
 - Registration Number _____

Please note: you must attach certified copies of any results or performance reports from Bridging Courses or Observerships undertaken that have been stated in this Curriculum Vitae