Application for approval of invitation and supervision:

Special Purpose: Visiting Expert

VEX2 –October 2014
For office use only
Reference No:

PO Box 10 509, The Terrace, Wellington, 6143, New Zealand
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This form provides invitation details, the nature of patient contact, ethics committee requirements, and the supervision arrangements for the duration of the visit. It also includes declaration sections that must be completed by the New Zealand host institution, nominated supervisor, and chief medical officer or practice principal.

SECTION 1 – Invitation from Institution (to be completed by agent/host)

i. Visiting Expert

Family Name: _____ Given Name(s): _____

Area of medicine: _____ __

Proposed workplace(s) in New Zealand:

_____

Date of proposed visit:
(dd.mm.yy – dd.mm.yy) _____/_____/_____ to _____/_____/_____

SECTION 2 – Nature of patient contact and informed patient consent

Please give a description of the procedure or technique being performed and an overview of the nature of patient contact:

Patient consent obtained (or will be obtained) : ❒ Yes

SECTION 3 – Ethics committee approval

If a new or innovative technique to New Zealand medical practice is to be demonstrated or taught by a visiting specialist, then ethics committee approval will be required.

Ethics committee approval

❒ Not required - Not a new procedure being taught or demonstrated.

❒ Obtained - A new procedure to New Zealand *(please provide ethics committee application and evidence of approval)*

SECTION 4 – Supervision details (to be completed by supervisor)

Supervisor's details

Name: _____ Registration No: _____

Position: _____

Place(s) of work: _____

Do you have a current practising certificate? ❒ Yes ❒ No

Are you currently registered in a Vocational Scope? ❒ Yes ❒ No

Scope of practice: _____ Date Registered: _____

Signature of Supervisor

I have read the council's pamphlet *'induction and supervision for newly registered doctors'* and understand what is required of me.

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 and confirm that:

- As the supervisor I will have primary responsibility for the applicants visit and will ensure the applicant meets the requirements of safe medical practise in New Zealand.
- Patient consent will be obtained in the appropriate way prior to the procedure/technique taking place.
- The registration period for the applicant is time limited and will not lead to permanent registration in New Zealand.

Signature: _____ Date: _____/_____/_____

Print Name: _____

SECTION 5 – Host institution declaration (to be completed by CMO or Practice Principal)

For a visiting expert in a DHB environment, the signature of the CMO/CMA or their delegate must be present. In the primary care environment or other external environment (such as conferences) the signature of the practice manager/practice principal or their delegate is needed.

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 the applicant is coming to New Zealand for the purposes of teaching new and/or advanced techniques
- That registration for the applicant in a special purpose scope is time limited and will not lead to permanent registration in New Zealand
- The nature of the procedure taking place and the supervision arrangements noted above

In my capacity as CMO/Practice Principal I herby invite the named visiting expert for the purposes of teaching or demonstrating new and/or advanced procedures.

Signature: _____ Date: _____/_____/_____

Print Name: _____

SECTION 6 – Signature of employer or applicant's nominated agent

- I acknowledge 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 (the Council).
- 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 the Council as soon as is practicable.
- I consent to the disclosure of relevant information to agencies outside Council where such disclosure may be necessary to safeguard the health and safety of the public.

Employer and/or nominated agent		Date	
Print name			