



## Practice intentions

To be completed by doctors applying for an APC to return to work after an absence of three or more years

Nov 2005  
For office use only  
Registration No:

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

- In accordance with the Health Practitioners Competence Assurance Act 2003 the Registrar must refer to Council any application for an annual practising certificate from a doctor who has not practised medicine in the previous three years.
- If the application is approved, conditions will be placed on the doctor's scope of practice which will require the doctor to work in an agreed position under supervision for a period of time.
- Applications are considered on a case by case basis. To assist in the decision making please complete all sections of this form and return it with your application for your annual practising certificate.

### SECTION 1 – Registration details

|  |  |
|--|--|
| Name and registration number   |  |
| Previous position<br>- please also attach a detailed CV  |  |
| Last date of medical practice  |  |
| Reason(s) for not practising   |  |
| Continuing medical education<br>- please provide details of what, if anything, you have done to maintain your medical skills and knowledge since you stopped medical practice) |  |

### SECTION 2 – Proposed employment

|  |  |
|--|--|
| Proposed workplace   |  |
| Proposed work role<br>- eg GP, house officer   |  |
| Proposed scope of practice<br>- eg general practice, rotating runs, general surgery          |  |
| Duration of employment<br>- minimum of six months  |  |
| Hours of work  |  |
| Proposed supervisor<br>- must be registered in the same vocational scope as you will work in |  |
| Proposed CME<br>- eg recertification, vocational training                                    |  |

**SECTION 3 – Practice profile (complete this section only if you are working as a general practitioner)**

Details of all general practitioners working in the practice

| MCNZ Number | Name | Registration Status, ie  |
|-------------|------|--|
|             |      | <ul style="list-style-type: none"> <li>• vocational</li> <li>• general</li> <li>• provisional vocational</li> <li>• provisional general</li> </ul> |
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|             |      |  |

After hours/on call arrangements:

Supervision arrangements while principal supervisor is on leave or not available:

**SECTION 4 – Attachments (to be provided by employer)**

- Induction plan (which must include time [up to one week] to be spent as an observer in the practice)
- Supervision plan

**SECTION 5 – Supervisor’s declaration**

- I am familiar with the attached supervision and induction plans, and have read the Council's booklet “*Guidance for doctors working in supervised practise and their supervisors*” and I understand what is required of me.
- I agree to supervise the above named doctor and to report promptly to the Medical Council when asked to do so.

|                        |  |
|------------------------|--|
| Supervisor's signature | Date                    /                    / |
| Print name             | MCNZ number                                    |