



Application for Scope of Clinical Practice

NB: Information included on this application is for Specialists. The information requested on this application form is additional to information contained within your current Curriculum Vitae (CV).

Type of application				
<input type="checkbox"/> New application	<input type="checkbox"/> Renewal application	<input type="checkbox"/> Additional / Change of SoCP Application		
Hospital and Health Service where SoCP is requested				
<input type="checkbox"/> Torres and Cape	<input type="checkbox"/> South West	<input type="checkbox"/> North West	<input type="checkbox"/> Central West	<input type="checkbox"/> Flying Specialist Service
<input type="checkbox"/> All relevant facilities within the HHS OR state specific facilities:				

Personal details	
Last name:	
First name:	Preferred name:
<i>(Please include your previous name if that appears on certificates and provide evidence of reason of name change)</i>	
Date of birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male

Contact details		
Home address: <input type="checkbox"/> Preferred address for correspondence	Practice address: <input type="checkbox"/> Preferred address for correspondence	
Phone:	Mobile:	Fax:
Email (1):		
Email (2):		

APHRA Registration Details
Registration number:
Registration type/s: <input type="checkbox"/> General <input type="checkbox"/> Specialist (please state below) <input type="checkbox"/> Other (please state below)
Specialty/other registration type:

Qualifications

Qualification	University/College/Organisation	Year obtained

Please refer to CV for supporting information

Training program details

If you are on an approved College training program, please provide details and include a copy of your training agreement with your application:

College/training pathway:

Training provider:

Commencement date:

Planned completion date:

Name of principal supervisor:

Current clinical appointment(s)

List appointments and current SoCP that would continue concurrently at other public and private health care facilities, including period of time.

Appointment	Scope of Clinical Practice	HHS/Organisation

Please refer to CV for supporting information

Continuing education and quality activities

It is a requirement of the Medical and Dental Boards of Australia that all practitioners undertake Continuing Medical Education (CME) / Continuing Professional Development (CPD) activities as a condition of registration. You must provide evidence of participation in CPD programs and activities consistent with the Board approved standards and which is relevant to the SoCP requested.

NB: For applicants who have obtained a fellowship within the past 12 months, the fellowship certificate will be considered to be sufficient evidence of CPD.

Are you undertaking the requirements for continuing education, re-certification, etc required by the Medical / Dental Boards of Australia?

Yes – supporting documentation must be attached to this application ▼

College/Organisation Program	Currently enrolled	Date completed (if applicable)

No – please explain ▼

Clinical Audit / Peer Review Activities

Do you subject your clinical work to quality activity mechanisms including clinical audit, peer review etc?

Yes – please describe ▼

Organisation	Type of activity	Frequency	Reports attached	
<i>e.g. M&M Meeting</i>	<i>e.g. Quality and Clinical Peer Review</i>	<i>e.g. Monthly</i>	Yes	No
			Yes	No
			Yes	No
			Yes	No

No – please explain ▼

References

Please nominate a **minimum of two** professional peer referees, with no conflict of interest, who can attest to your clinical skills and professional performance **within the past 12 months** in the areas for which you have applied for SoCP.

Referee 1 <i>Designation: Current Line Manager / Professional Peer</i>	Name:	
	Current position:	
	Address:	
	Phone (work):	Mobile:
	Email:	
Referee 2	Name:	
	Current position:	
	Address:	
	Phone (work):	Mobile:
	Email:	
Referee 3	Name:	
	Current position:	
	Address:	
	Phone (work):	Mobile:
	Email:	

Applicant's Declaration and Authorisation

I, _____ make the following declarations and authorisations.

I will ensure that my professional registration with AHPRA remains current, and acknowledge that failure to do so will lead to suspension of employment and SoCP until rectified.

I will actively participate in Continuing Professional Development (CPD) relevant to the SoCP to which I have applied.

I understand that, in line with the National Standards, basic details of my credentialing and SoCP status will be accessible to relevant departmental and Hospital and Health Service including staff in relevant patient care areas.

In applying for SoCP I agree to abide by the:

- Code of Conduct for the Queensland Public Service
<https://www.health.qld.gov.au/system-governance/policies-standards/national-code-of-conduct/default.asp>
- QH Health Service Directives
<http://www.health.qld.gov.au/directives/html/c.asp>
- Department of Health Policies and Regulations
<http://www.health.qld.gov.au/ghpolicy/html/index-c.asp>
- Hospital and Health Service Policies
- Terms and conditions which are attached to my SoCP

Please respond to each of the questions below by ticking the appropriate box.	Yes	No
1. Have you ever had an adverse finding/s made against you by a medical/dental registration authority or any other professional, disciplinary or similar bodies, including outside Australia?		
2. Have you ever had conditions or undertakings attached to your registration or had your registration suspended or cancelled by a medical/dental registration authority or similar body, including overseas?		
3. Are you currently under investigation by a medical registration authority, other regulatory authority or health facility in Australia or overseas?		
4. Has your right to practice and/or scope of clinical practice ever been denied, restricted, suspended, terminated or otherwise modified by any health care organisation, health facility, learned college or other official body, including in Australia or overseas?		
5. Has a medical defence insurer of which you have been a member ever applied conditions or refused to renew your cover or membership in Australia or overseas?		
6. Do you have any physical or other medical conditions, including substance abuse, which may limit your ability to exercise the scope of clinical practice for which you have applied?		
7. Do you have any disclosable criminal convictions i.e. convictions as an adult that form part of your criminal history and which have not been rehabilitated under the <i>Criminal Law (Rehabilitation of Offenders) Act 1986</i> ? If you are unsure about the status of any criminal convictions which you have you may wish to seek legal advice in responding to this question.		

★ If you responded 'Yes' to any of the above questions, please attach a statement with details, dates and include any relevant documentation.

Details:

I undertake to immediately notify a medical administrator e.g. EDMS, DMS, DDMS, Clinical Director, Department Head or Medical Manager, Director of Oral Health and the Chair of the Credentialing and SoCP Committee:

1. If I become aware that I have developed a condition which would affect my ability to safely provide care to my patients.
2. Of any changes to my Australian Health Practitioner Regulation Agency (AHPRA) registration.
3. Of any current or new undertakings given or conditions, endorsements, suspensions, reprimands or notations imposed on my registration by AHPRA.
4. If I cease engagement with a Hospital and Health Service/Department of Health division or cease private practice at a Queensland public facility or service.
5. If I experience a restriction, withdrawal or alteration of SoCP at another health care facility or service, whether public or private.
6. Of my annual membership details for personal medical indemnity insurance (if applicable).
7. When any other changes occur to my clinical circumstances that may impact on my granted SoCP.
8. If my contact details e.g. home/business/email/phone change.
9. In accordance with my obligations under the *Public Service Act 2008 QLD* and the Employees to Notify Supervisor if Charged with or Convicted of an Indictable Offence Human Resources Policy E4 (QH-POL-127), employees are to notify supervisor if charged with or convicted of an indictable offense.

I authorise Queensland Health and its officers and/or agencies to:

- Obtain information from the Registration Body, Indemnity Insurance Organisation, Specialist College/s or Societies to which I am associated as nominated in this application, regarding the currency of my registration and/or membership of that body or organisation and regarding any other matter relevant to my application and ongoing SoCP.
- Verify details of this application with relevant individuals, external organisations, previous employer/s and to seek confidential references from nominated referees.

I consent to information regarding my credentialing and SoCP being disclosed by the Department of Health and Hospital and Health Services in the following circumstances:

- for my credentialing and SoCP details to be published in a register on the Queensland Health Electronic Publishing Service (QHEPS)
- for my credentialing and SoCP information to be disclosed between differing Hospital and Health Services and the Department of Health for a purpose associated with the approval, amendment or refusal of my credentials and SoCP, including, for example, as part of the mutual recognition process of my credentials and SoCP.

I declare that the facts and my response to this Application are accurate at time of application.

I fully understand that providing false information or documents may result in my SoCP not being granted, and may further result in my being subject to criminal charges and/or disciplinary action. (Electronic signatures will not be accepted.)

Print applicant name:	Print witness name:
Applicant signature:	Witness signature:
Date:	Date:

Application Document Checklist	New	Renewal	Additional/Change
Current CV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current CME/CPD evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (relevant to new SoCP requested)
Base degree and specialist qualifications/Fellowship	<input type="checkbox"/>	<input type="checkbox"/> (new qualifications only)	<input type="checkbox"/> (relevant to new SoCP requested)
Two referee reports provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 forms of identification (including at least 1 form of photo ID)	<input type="checkbox"/>	N/A	N/A

Scope of Clinical Practice Requested

- This list was compiled using current College reference sources, AHPRA specialties and Hospital Clinical Services Capability Frameworks.
- Evidence of fellowship, training and currency of practice in the requested SoCP must be provided with the application.

Addiction Medicine

- Specialist Addiction Medicine

Anaesthesia

- Specialist Anaesthesia

Dermatology

- Specialist Dermatology

Emergency Medicine

- Specialist Emergency Medicine

Medical Administration

- Specialist Medical Administration

Obstetrics and Gynaecology

- Specialist Obstetrics and Gynaecology (excluding Transvaginal Mesh related procedures)
 - Diagnostic Endoscopic Procedures (Level 1) (included in training)
 - Operative Endoscopic Procedures (Level 2 and 3) (included in training)
 - Advanced Operative Endoscopic Procedures (Level 4) (subject to facility CSCF)
 - Advanced Operative Endoscopic Procedures (Level 5) (subject to facility CSCF)
 - Advanced Operative Endoscopic Procedures (Level 6) (subject to facility CSCF)

Ophthalmology

- Specialist Ophthalmology
 - Use of Class 4 laser (provide current Queensland Use Licence)

Paediatrics and Child Health

- Specialist General Paediatrics and Child Health

Palliative Medicine

- Specialist Palliative Medicine

Physician

- Specialist Physician - General Medicine
 - Echocardiography
 - Gastroscopy
 - Colonoscopy
- Specialist Cardiology
 - Echocardiography
 - Transthoracic Echocardiography
- Specialist Endocrinology
- Specialist Gastroenterology and Hepatology
 - Gastroscopy
 - Colonoscopy
- Specialist Geriatric Medicine
- Specialist Haematology
- Specialist Infectious Diseases
- Specialist Medical Oncology
- Specialist Nephrology
- Specialist Respiratory and Sleep Medicine

Psychiatry

- Specialist Psychiatry

Public Health Medicine

- Specialist Public Health Medicine

Radiology

- Specialist Diagnostic Radiology
 - Plain Radiographs
 - Ultrasound
 - CT
- MRI (North West HHS only)
- Tier A Procedures (North West HHS only)

Rehabilitation Medicine

- Specialist Rehabilitation Medicine

Sexual Health Medicine

- Specialist Sexual Health Medicine

Surgery

- Specialist General Surgery
 - Gastroscopy
 - Colonoscopy
- Specialist Oral and Maxillofacial Surgery
- Specialist Orthopaedic Surgery
- Specialist Otolaryngology – Head and Neck Surgery
- Specialist Paediatric Surgery
- Specialist Urology
- Specialist Vascular Surgery

Other specialty not listed (please state):

- Specialist _____

Applicants without specialist registration (please state):

Practitioners working in specialist areas but without the relevant specialist qualification or registration.

- Non Specialist _____
- Supervised _____