MINISTRY of Health

Shaping Fiji's Health

FIJI SPECIALISED CLINICAL SERVICES & VISITING TEAM MANUAL 2013

MESSAGE FROM DEPUTY SECRETARY OF HEALTH SERVICES

Visiting Medical Teams have been complementing Health Service Delivery in Fiji for more than 10 years. As a developing nation Fiji continues to face challenges in its human resources and availability of advanced technologies. These challenges have been further aggravated with the revolution of Medicine as it advances into Specialized Areas and tertiary level of care. The Ministry of Health therefore, in these recent years have been relying on these Visiting Medical teams to assist the Ministry in providing such specialized care, up-skilling our staff in knowledge and skills, and complementing the existing services. As Fiji raises its level of care and specialized services there is a need to re- visit our faithful Visiting Teams mission, vision and objectives, and adjust accordingly so they don't create bottlenecks as Fiji expands and introduces new services in its Health System. In addition there is a need to monitor and evaluate the impact of the Visiting Teams especially their cost effectiveness and cost benefits to the Ministry.

In line with this principle MOH in conjunction with SSCIP Program have developed Templates for Visiting Teams as to maximize their Visits, well co-ordinated, well monitored and provide information to the Ministry on its objectives, outcomes and impact on the Health of the people of this nation.

It is my privilege therefore to present these templates to all our colleagues wishing to contribute to the improvement of Health Services in Fiji through Visits as a group or singly to our shore. For those who have been our Health partners in these past years we acknowledge and appreciate your contribution and the templates will assist us to work more closely and to make your Visits more successful and enjoyable.

I wish everyone WELLNESS as we embark into this new direction.

Thank you [Vinaka]

Dr Meciusela Tuicakau
Deputy Secretary Hospital Services

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ACKNOWLEDGEMENTS

The Ministry of Health Fiji wishes to acknowledge and thank the following institutions and organizations which have assisted in the development of this 1st edition Specialized Clinical Services Manual.

In particular the National Clinical Services Network Chairpersons and National Clinical Services Planning Committee of the Ministry of Health Fiji for the provision of technical assistance in guiding the process of creating and finalizing the Specialized Clinical Services /Visiting Team Manual.

We would also like to acknowledge the Fiji Health Sector Support Program for the provision of financial assistance and support in the printing of this manual.

Our appreciation to the Strengthening Specialized Clinical Services in the Pacific Committee (SSCSIP),for the implementation and initiative towards the Manual.

The manual would not have been produced without the expert contribution and endorsement of all the members of the National Health Executive Committee (NHEC).

Thank you for all you technical guidance and valuable contributions , it has facilitated to the production of this Specialized Clinical Services Manual.

Vinaka Vakalevu.

ACRONYMS

CSN	Clinical Service Network
DMO	Divisional Medical Officer
LC	Local Coordinator
NCSN	National Clinic Service Network
NCSPC	National Clinic Service Planning Committee
MS	Medical Superintendent
MoH	Ministry of Health
SCS	Specialised Clinic Services
SCSC	Specialised Clinic Services Coordinator
SSCSiP	Strengthening Specialised Clinic Services in the Pacific
TOR	Terms of Reference
VMT	Visiting Medical Team
VMTFC	Visiting Medical Team Fiji Committee
DSHS	Deputy Secretary Hospital Services
DSPH	Deputy Secretary Public Health
DSAF	Deputy Secretary Administration and Finance
NCSCS	National Coordinator Specialised Clinical Services

INTRODUCTION

Background

A core element of a functional health system is the ability to provide curative health services. While community level primary care is the mainstay of these services, there is a parallel need for secondary and tertiary services to address more complex established or non-preventable conditions, support health care workers in the community, and meet community expectations of effective health care.

Fiji has several factors that have some bearing on the provision of specialised clinical services with the second largest population size with the exception of Papua New Guinea. It has a more developed economy and relatively good infrastructure to support development, and the advantage of being the transit point for many of the PICs. There is a range of specialist clinical services available locally and this is supported by a range of visiting specialist teams. Fiji is able to refer patients overseas for treatment more easily than most of the other Pacific Island neighbours due to its favourable location in relation to overseas referral countries.

For more than two decades, gaps in these services have been filled by visiting individual specialists and teams (funded through government, donors and charitable organisations), and by off-shore referral for treatment in countries able to provide a higher level of care.

A review[1] of clinical services in the Pacific region found that there was a need for:

i) **visiting specialised clinical services** to be demand-driven and planned within each country. This would, in effect, require Pacific Island Ministries of Health to engage more actively in the planning, management and evaluation of visiting teams.

ii) **off-shore referral** for specialised clinical care to be cost-efficient, and consistent with agreed medical and equity guidelines.

In line with the regional effort[2] to strengthen country-level planning and management of specialised clinical services, this operations manual for specialised clinical services is an attempt by the Ministry of Health and Medical Services improve the day to day management of the clinical referral system and visiting teams.

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1 A review of the RACS-PiP and the SSCiP's situational analysis of SCS in each country.

2 coordinated by the Specialised Clinical Services in the Pacific Project & funded by AusAID (www.sscsip.org)

Purpose

This Specialised Clinical Services Operations Manual contains the policies, guidelines, instructions and general information for managing and carrying out the tasks related to visiting teams and referral of patients for clinical diagnosis/treatment offshore.

This operations manual serves to provide clarity and a common understanding on:

i) How activities/tasks related to clinical referrals and visiting teams should be carried out and managed.

ii) The roles and responsibilities of staff involved with referrals and visiting teams.

Given the high mobility of the health workforce, this manual will be critical for maintaining the continuity and will be valuable for any new clinical or senior management staff of the Ministry of Health.

Document layout

The manual is divided into four sections:-

1) Section 1 provides general overview of Ministry of Health - its Vision, Mission and objectives, organisational chart, and health facilities.

2) Section 2 contains the management of visiting team structure and processes and also the templates for better management of teams visiting Fiji.

3) Section 3 covers overseas referrals guidelines and process for overseas referrals.

4) Section 4 contains the various medical registration forms.

SECTION 1

OVERVIEW OF MINISTRY OF HEALTH & CLINICAL SERVICES IN FIJI

GENERAL OVERVIEW OF FIJI MoH & CLINICAL SERVICES

Ministry of Health's vision & mission statements

The MoH Fiji endoreses the statement in World Health Organization (WHO) constitution that:-

> *"The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, and political belief, economic and social condition."*

The guiding principles of MoH Fiji are:-

Vision: A healthy population in Fiji that is driven by a Caring Health Care Delivery System.

Mission: To provide a high quality Health Care Delivery System by a caring and committed workforce with strategic partners through good governance, appropriate technology and risk management facilitating a focus on patient safety.

Strategic Goals, Outcomes & Objectives

The MoH Fiji in its 2011-2015 Strategic Plan agreen to focus on 7 Health Outcomes; hence all strategic objectives contained in the plan are grouped under these 7 Health Outcomes:

1) Reduce the burden of Non-Communicable Diseases;
2) Begin to reverse the spread of HIV/AIDS and preventing, controlling or eliminating other communicable diseases;
3) Improved family health and reduced maternal morbidity and mortality;
4) Improved child health and reduced child morbidity and mortality;
5) Improved adolescent health and reduced adolescent morbitity and mortality;
6) Improved mental health; and
7) Improved environmental health through safe water and sanitation.

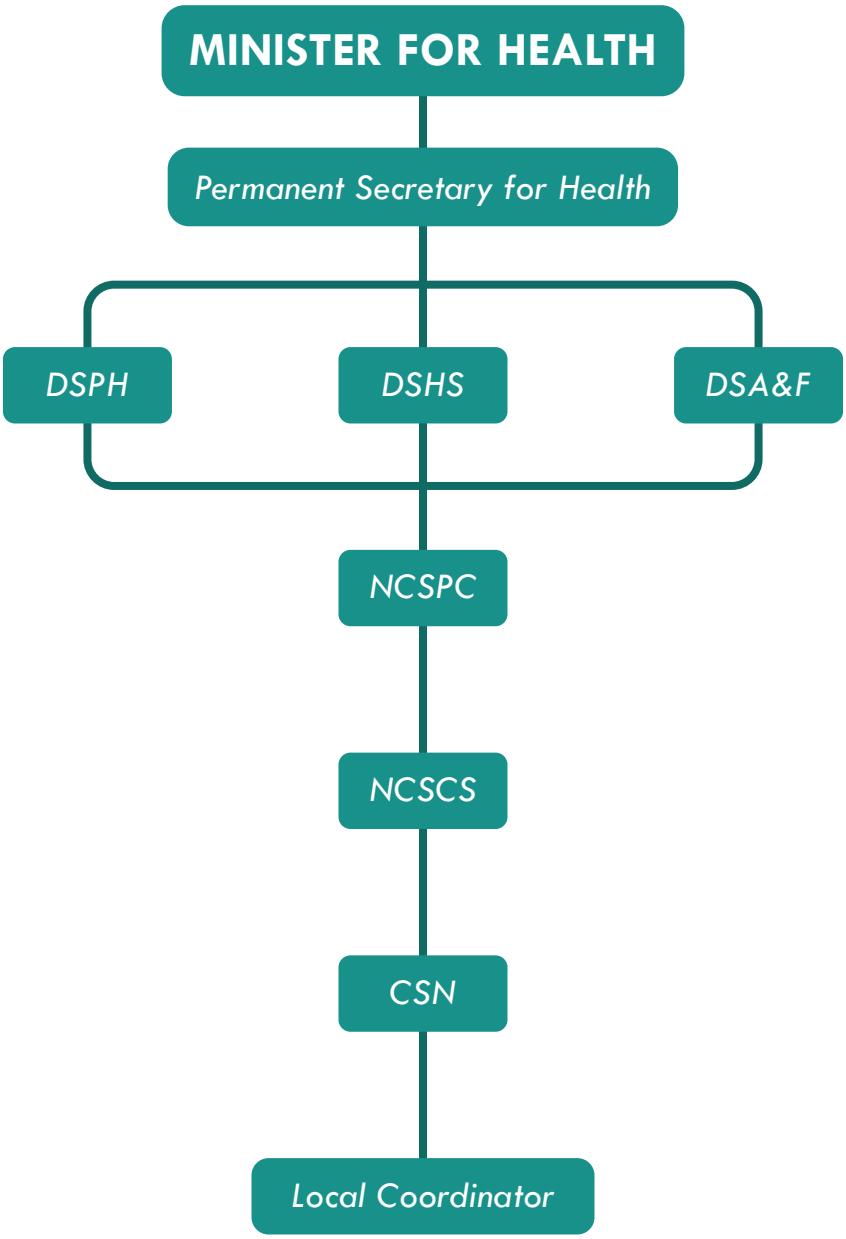
(Ministry of Health, 2011)

Organisational structure of the Ministry of Health

Fiji's health system is based on a three-tier model that provides an integrated health service at the primary, secondary and tertiary levels.

The Minister of Health is a member of Cabinet of the Government of Fiji. The MoH Fiji is headed by a Permanent Secretary of Health (PSH) who is appointed by the Public Service Commission. The PSH is supported by:-

1) Deputy Secretary Public Health (DSPH) Services
2) Deputy Secretary Hospital Services (DSHS)
3) Deputy Secretary of Administration & Finance (DSA&F)



Health services

The Fiji government health services comprises of infrastructures as shown in table 3.

Table 3 –Fiji government health infrastructures

Health Facility	Central/Eastern	Western	Northern	Eastern	Total
Specialised Hospitals/National Referral	3	-	-	--	3
Divisional Hospital	1	1	1	-	3
Sub-divisional Hospitals (Level 1)	-	3	1	5	4
Sub-divisional Hospitals (Level 2)	4	2	2	-	13
Health Centre (Level A)	7	4	1	1	12
Health Centre (Level B)	2	4	3	4	10
Health Centre (Level C)	11	17	16	14	58
Nursing Stations	19	24	18	21	82
Private Hospital	-	1	-	-	1
Total	47	56	42	41	186

(Source: 2010 Annual Report)

Table 4 – Hospital bed distribution by divisions.

Hospital	Number of Beds	Hospital	Number of Beds
Central Divisions		Northern Division	
CWM Hospital	442	Labasa	161
Navua	12	Savusavu	58
Vunidawa	21	Waiyevo	33
Korovou	17	Nabouwalu	32
Nausori	15	NorthernSub-total	284
Wainibokasi	14	Eastern Division	
Central Sub-total	521	Levuka	40
Western Division		Vunisea	22
Lautoka	341	Lakeba	12
Nadi	85	Lomaloma	16
Sigatoka	58	Matuku	5
Ba	55	Rotuma	14
Tavua	29	Eastern Sub-total	109
Rakiraki	24		
Western Sub-total	592	TOTAL	1,749

(Ministry of Health, 2010a)

SECTION 2

MANAGEMENT OF VISITING TEAMS

This section indicates the necessary information in regards to Visiting Medical Teams

Section 2 Documents

1) *Organisation structure of Visiting Medical Team Fiji (VMTF) committee* is a subgroup of the National Clinical Services Planning Committee (NCSPC).

2) *Terms of Reference of VMTF.*

3) *Flowchart of key events prior, during and after clinical visit* describes the chain of events/reports leading to, during and post visiting team.

4) *Terms of Reference of visiting medical teams* outlines the visit objectives and activities which is to be discussed and agreed upon before the visit with the local Clinical Services Network (CSN) group (e.g. Surgical SCN (CWMH); Internal Medicine CSN, etc.)

5) *Criteria for clearance of medical supplies* - checklist for teams bringing in medical supplies and equipment.

6) *Task list* - activity task list for local CSN group to prepare for the visiting team 2-3 weeks prior to visit; areview of the task list is undertaken 1 week before visit.

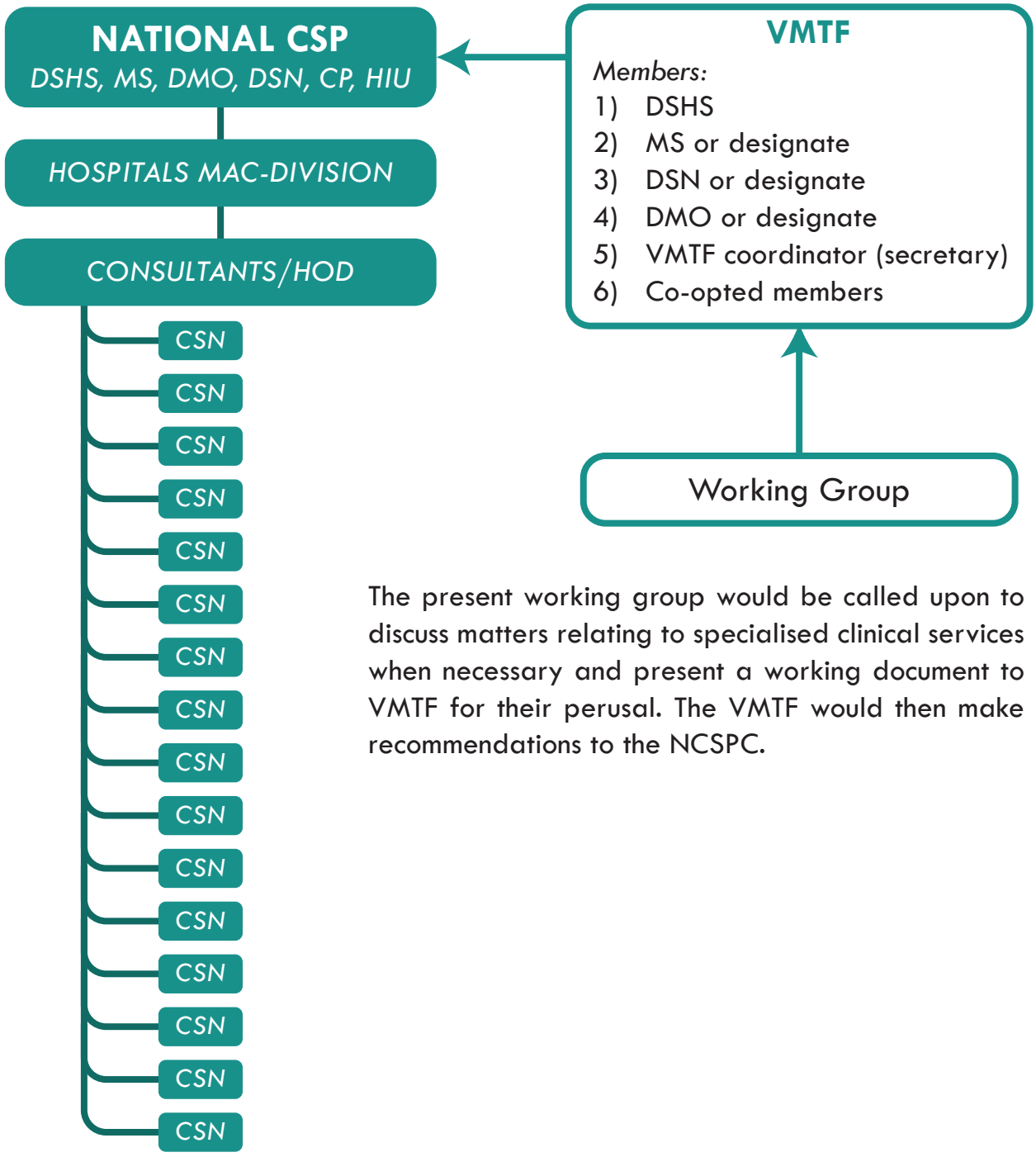
7) *Debriefing Report* - to be compiled by Local Coordinator (appointed team leader in Fiji to directly liaise with the Visiting Team Leader) within 2 weeks post visit and submitted to MS and SCSC.

8) *Visiting Team Exit report* - to be given to visiting team leader to complete and to be submitted to SCSC, who will file and also distribute copies of the report to the relevant people.

Organisational structure of VMTF committee

The name of the group to manage visiting teams that was agreed upon was *Visiting Medical Team Fiji (VMTF)*, and it would be a sub-group of the National Clinical Service Planning Committee (NCSPC).

Of the two organisational structures that were developed at the NCSN meeting, it was decided that structure 1 (shown as Figure 1) was more appropriate in describing the role of VMTF in relation to NCSPC.



The present working group would be called upon to discuss matters relating to specialised clinical services when necessary and present a working document to VMTF for their perusal. The VMTF would then make recommendations to the NCSPC.

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Reference: MD: *Date:*

Terms of Reference

Visiting Medical Teams Fiji (VMTF)

INTRODUCTION

To ensure that a well coordinated, participatory and transparent planning structure and system for Visiting Medical Teams (VMT) exist Fiji and to support the National Clinical Service Planning Committee (NCSPC).

OBJECTIVE

The overall role of the VMTF is to ensure that clinical services provided by visiting medical teams are appropriate, well planned and coordinated. To achieve this VMTF will work closely with NCSPC and service providers.

ROLES INCLUDE:

a) To deliberate and make decisions on submissions for visiting teams on the following:-
   - complementary and adjunct[1] services needs
   - endorse identified capacity building needs of the MoH

b) To formulate annual plans for visiting medical teams

c) To review and endorse the templates and checklists for readiness of visit

d) To analyze the reports of visiting teams and patient outcomes, and make recommendations to NCSPC

e) To evaluate the services provided by visiting teams annually and make recommendation to NCSPC

f) To ensure a functional information system that captures the required specialised clinical services data

g) To provide an annual report to NCSPC

h) To develop and/or review MOU with service providers

i) To undertake cost benefit analysis of selected VMT's

j) To facilitate professional registration for frequent service providers

STRUCTURE

- The VMTF is a sub-committee of the NCSPC

MEMBERSHIP

- Deputy Secretary Health Services (Chair)
- Medical Superintendents of the 3 divisional hospitals or Designates
- Director Nursing Services or Designate
- Divisional Medical Officers or Designate
- Specialised Clinical Service Coordinator (Secretary)
- Co-opt members (as required)

MEETINGS

The VMTF will meet quarterly and scheduled one month before the NCSPC meeting.

A quorum for a meeting will be "*fifty percent plus one"*

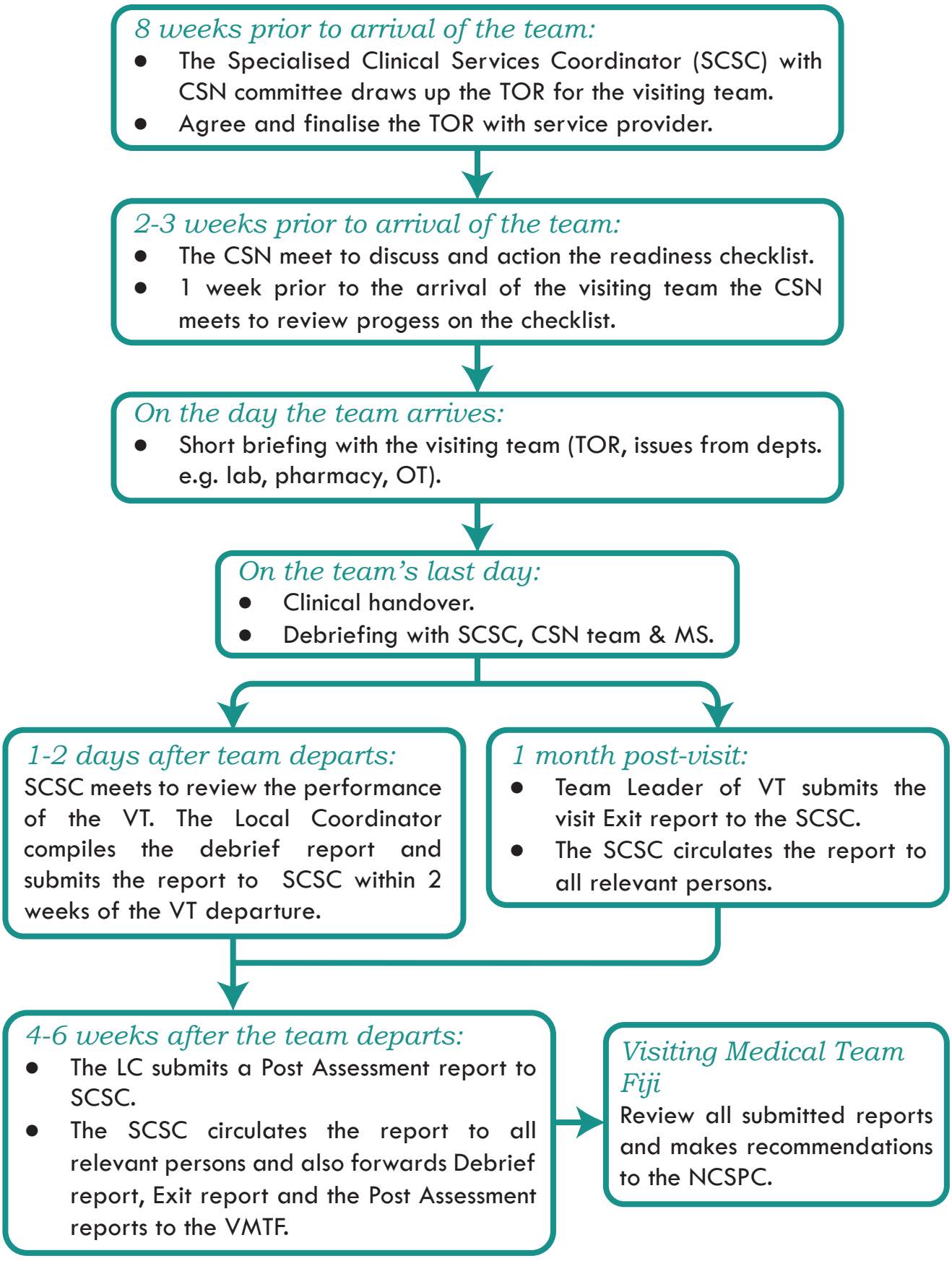
The Specialised Clinical Services Coordinator is the appointed secretary and shall forward an agreed minute of each meeting to the NCSPC within two weeks of each VMTF meeting.

REVIEW

The date of the next review will be scheduled in 2015

[1] Adjunct – includes Biomedical, Laboratory, Pharmacy, Organ imaging, Stores, Dietician, Physiotherapy, CSSD and General services- plumbing, electrical, mechanical, carpentry, air condition, laborers', boiler, Laundry and Security- temporary visitor's ID/pass

Flowchart showing key events prior, during and after a clinical visit



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TERMS OF REFERENCE
for
VISITING MEDICAL TEAMS

Service provider:	
Clinical specialty:	
Planned date of visit:	
Visit Location :	
Name of Service Provider Coordinator:-	
Name of Local Counterpart :-	

All Visiting Teams are subject to rules, regulations and policies of the Ministry of Health and the Government of Fiji.

All medical personnel need to be registered with the relevant professional registration authorities- Fiji Medical Council and Fiji Dental Council (http://www.fijimdc.com) and the Fiji Nursing Council (http://health.gov.fj/forms.html)

For further enquiries contact the ***Specialised Clinical Service Coordinator (SCSC):-***
Email*: - isoa.bakani@govnet.gov.fj*
Telephone: *(679) 3306177 or 3215781.*
Fax-*3306163*

1. Program details:

Name of person completing this report: (Team Leader)		
Team members		
Name	Role in Team *(please indicate if this function can be performed by another team member or local counterpart)*	Location of current practice

2. Visit Objectives:-

(As discussed with the MoH/Hospital Counterpart/CSN; Targets or goals - where visit outcomes can be measured against, when possible)

i)	
ii)	
iii)	
iv)	
v)	
vi)	

3. Capacity building

(Visiting teams will have a dual focus on providing specialised clinical care and development of local capacity. Capacity buildings needs as requested by MOH Fiji)

i)	
ii)	
iii)	
iv)	
v)	

4. Reporting

i. The visiting team will conduct a debriefing with senior staff in-country prior to departure. Debriefing will encompass clinical 'handover'; and a report covering training needs, infrastructure needs etc.

ii. *Within 1 month of completion of the visit, an **Exit report** should be submitted by the **Visiting Team Leader**[1] to the **SCSC***

iii. *The visiting team will support the in-country health staff to compile data for the debrief report and patient outcome assessment*

iv. *The **Local Coordinator**[2] will submit the debrief report no later than 2 weeks, and post assessment report by 4– 6 weeks*[3]

5. Support for patients treated by the team.

i. *The visiting team will ensure that the post-operative care of patients is not compromised when they leave the country.*

6. Patient outcome assessment

i. *Where appropriate, the visiting teams will support activities geared at assessing patient outcomes. This includes making a list of all patients treated by the visiting team and documenting clinical outcomes for each patient before the team leaves the country (where benefits of clinical interventions are instant).*

7. Agreement

The Visiting Team agrees to the Terms of Reference put forward in the document:

Signature of Visiting Team Leader: ……..

Contact Details: …….

Date: ……

The recipient country agrees to the Terms of Reference put forward in the document:

Signature of Ministry of Health Representative …….

Contact Details: ……...

Date: ……

[1] *Visiting Team Leader – completes Exit report within 1 month of visit.*
[2] *Local Coordinator – is the nominated local counterpart of the CNS group, within the specialty of the proposed visit of overseas team.*
[3] *Local Coordinator – completes the Debrief report within 2 weeks of the Visiting Team departure, and also a Post Assessment report 4-6 weeks after visit.*

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TASK LIST

Service Provider: -
Specialty: -
Visit dates: -
Visit location:

Visitation Schedule/program

Date	Program

Activity	What/where	Issue	Who	Task	Budget
Accommodation					
Transport					
Meals					
Clinic					
Equipment					
Records					
Departments					

	SOPD				
	PARU				
	MINOR OT				
	MAJOR OT				
	ICU				
	TRAUMA WARD				
	CSSD				
Auxiliary support					
	Biomedical				
	Laboratory				
	Organ imaging				
	Physiotherapy				
	Dietician				
	Pharmacy				
	Stores				
	Laundry				
General services	Plumbing				
	Electrical				
	Mechanical				
	Carpentry				
	Labourers				
	Security				

Organisational support	Doctors				
	Nurses				
	Ward Assistants				
	OT Attendants				
Media Release					
Training					

Form endorsed by:-
Signature:-
Date:-

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DEBRIEFING REPORT

for

VISITING MEDICAL TEAMS TO LOCAL FACILITY

1. Program details

Service Provider:	
Clinical Specialty:	
Visit Dates:	
Visit Location :	
Name of person completing this report (Local Coordinator)	

This report is only for Visiting Medical Team Fiji (VMTF). The form is to be sent to Local Coordinator (LC) by SCS Coordinator.

Program details continued

Team members			
Name	Role in Team	Duration of service at health facility	Location of current practice

(Insert extra rows into table as required)

2. Visit Objectives (as per agreed TOR for Visiting Team)

Overall, how satisfied is Health Facility with the team's performance in achieving the objectives of the visit?

Objective as listed in ToR (as listed in VMT ToR- to be filled by SCSC)	**Comment(s)**
i)	
ii)	
iii)	
iv)	
v)	

3. Capacity building

Overall, how satisfied is the Health Facility with the team's performance in meeting the local staff's capacity building needs

Capacity building Needs (as listed in VMT ToR- to be filled by SCSC)	**Comment(s)**
i)	
ii)	
iii)	
iv)	
v)	

Overall Comments: ……...

……

……

.

4. Checklist of Activities

Activity	Yes / No	Comments
i) The visiting team conducted a debriefing with senior staff in-country prior to departure.		
ii)Debriefing included clinical 'handover'; a report covering future training needs, and infrastructure needs etc.		
iii) The visiting team supported health staff to compile data required for patient outcome assessment.		
iv)The visiting team were involved in patient screening and clinics prior to clinical interventions		
v) The visiting team provided peri-operative care as required		
vii) There was adequate support given to local counterpart for continuing patient care		
viii) The logistics regarding the visiting medical teams was well coordinated		
ix) Registration of visiting medical team was completed prior to medical team visit		

5. Issues

(Please report any issues relating to the team members and their performances)

……

……

……

……

……

……

6. Recommendations

(Please make recommendations on how the visits and service delivery could be improved in the future)

……

……

……

……

……

……

……

Name of Head of Department:-	
Signature	**Date**
Name of Medical Superintendent/ Divisional Medical Officer :-	
Signature	**Date**

Form endorsed by:-
Signature:-
Date:-

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VISITING TEAM EXIT REPORT

1. Program details

Service Provider:	
Specialty:	
Visit Dates:	
Visit Location :	
Name of person completing this report (Visiting Team Leader)	

Project Details continued

Team members		
Name	Role in Team	Location of current practice

Participating local staff and KEY CONTACTS *Details of key local staff who participate in the team's activities. Please record names, sex, roles, and health facility*			
Name	Sex	Role	Health Facility

2. Visit Objectives:-

(As listed in the ToR)

i)	
ii)	
iii)	
iv)	
v)	
vi)	

3. Summary of Clinical Services

Note: Records of Patient data

Patient records including gender and age MUST be provided for both consultations and operations performed. Data should be completed electronically or by clear hand-written notes and returned with the visit report. Consultation Record and Operations Record templates are provided prior to departure.

Age (Yrs)	0 - 5			6-18			19 - 59			60+			TOTAL		
Sex	**M**	**F**	**?**	**M**	**F**	**?**	**M**	**F**	**?**	**M**	**F**	**?**	**M**	**F**	**?**
No. of pt Screened															
Consultations															
Intervention															

**? Details not found or unknown*

4. Summary of Intervention

Type of Intervention	Total Number of Cases	Immediate Outcome

Please provide a detailed summary of clinical services provided during this visit including;

1. **Screening**

a. Level of pre-screening conducted by local staff

2. **Perioperative care**

5. Capacity Building and Training Activities

Please provide detailed summary of capacity building and training activities delivered during the visit including;

1. **Informal Training**

a. Details of scenarios i.e. mentoring, on-the-job skills training, supervision etc
b. Details of local staff involved

2. **Formal Training**

a. Type of training
b. Topics covered
c. Details of local staff/students involved ie undergrad/postgrad
d. Resources provided.
e. Feedback from Participants

3. **Training for the future**

a. Suggested training opportunities for future visits
b. Identify local staff who should be targeted for future training

6. Equipment and Supplies

Please provide information on the following;

1. Availability and condition of medical equipment in-country
2. Availability of supplies in-country
3. Supplies left with hospital
4. Recommended procurement for future trips

7. Issues

Please report on any issues relating to the visit

8. Recommendations

Team members are invited to make recommendations. Consider including recommendations on:

Frequency of visits
Clinical needs & priorities
Training needs & priorities

9. Debrief

Note: It is imperative that visiting teams be involved in a debriefing session, preferably towards the end of each visit. The debrief should involve the visiting team, local counterparts, a representative from the Ministry of Health, hospital clinical services, AusAID post and other relevant parties. The purpose of the debriefing is to promote linkages and

sharing of information. This is an opportunity to discuss visit outcomes, recommendations regarding staffing, training, equipment and hospital operation.

Please provide the following details;

a. Participants including name, gender, role and organisation
b. Meeting place and time
c. Major issues reported/discussed
d. Outcomes and recommendations
e. Any attempt made to contact AusAID to arrange a meeting

10. General/Other Comments on any aspects of this visit

Signature	
Name	
Position	
Date	

SECTION 3

OVERSEAS MEDICAL REFERRALS

This section indicates the necessary requirements for Overseas Medical Referrals.

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GUIDELINES FOR THE UTILISATION OF THE FUNDS APPROPRIATED BY GOVERNMENT TO PROVIDE FINANCIAL ASSISTANCE TO FIJI CITIZENS REQUIRING MEDICAL TREATMENT OVERSEAS

1. <u>The fund should be considered only for patients where</u> :-

- The diagnostic and or treatment intervention is not available in Fiji.
- The diagnostics and or treatment intervention cannot be delivered by a visiting team or specialist.
- There is a good prognosis for the patient having a healthy life for at least 3 to 5 years following treatment.

2. <u>The fund could cover for</u> :-

a. Any of the following options
   i. Cost of return airfares only
   ii. Costs of return airfares and treatment only (especially for patients seeking outpatient treatment modalities where accommodation costs are not covered)
   iii. Costs of return airfares, accommodation, and treatment.

   Funding should as far as possible be on a shared costs basis so as to increase opportunities for men, women and children to access medical treatment not normally available in the country. The shared funding arrangement as outlined in the 3 support options above is determined on the basis of financial status of the patient and his/her family.

b. Where deemed appropriate Airfares for patients only if he/she is 15 years of age or over.

c. Where deemed appropriate Airfares for patients plus one parent/ guardian to accompany if the patient is under 15 years of age.

d. Where deemed appropriate an Accompanying Doctor.

e. Transport to and from medical appointment and the airport in the country providing the overseas treatment. **Internal travel (from Suva to Nadi) and any pre-departure costs such as passports, visas etc. will not be covered by the fund.**

f. Fund will be considered on a "first come first serve" basis irrespective of race, age, religion or types of disease. Treatment will be based on need, not on quota system.

3. FUNDING COVERAGE DOES NOT INCLUDE PEOPLE :

- Whose conditions are covered by Health Insurance Company.
- With access to personal fund or any other funding agency.
- This fund should, as far as possible, cover those patients who require "one-off" treatment only.
- Referred for diagnostic workup unless there is a strong potential for therapeutic impact.

4. Diseases excluded from referral overseas

The following conditions are excluded from financial support by the referral overseas:-

a. Chronic conditions including renal failure, cardiac failure, respiratory disease and neurological condition. The only exception is where the treatment sought has a strong possibility of cure.
b. Advanced cancer unless it is well established that the prognosis is good with the recommended treatment e.g. Testicular tumours, lymphomas, and childhood leukemia
c. Patients who have significant medical conditions other than that for which they are being referred for may also be excluded.

5. Application Documentation Required

a. A Specialist or Consultant doctor must assess the patient. The assessment report should include:-
   i. Name, Date of Birth, Gender, Ethnicity, Home Address.
   ii. Provisional Diagnosis.
   iii. Relevant past medical history, current medication and allergies.
   iv. Investigations and treatment report.
   v. Detailed description of Socio-economic status that justifies access to the overseas treatment fund
   vi. The type of overseas treatment sought and if possible the prognosis after the proposed treatment
   vii. The Medical Report should rate the patient to be referred as high or low priority with justifications.
   viii. Contact Details of patient or relative that the secretariat can use to communicate.

b. Details of justification for access to the referral fund based on indicators of limited access to personnel financial support together with supportive documentary evidence. This will include
   i. Employment details of family breadwinners – this may be provided in the specialists referral letter or be outlined in a separate patient application letter
   ii. Supportive documents of stated family breadwinners employment details
   iii. Details and supportive documentation of major impediments to access to family finances e.g. Property and educational loans and bank statements that support the existence of such loans

6. Recommendations for Outpatient Treatment Abroad

The government is not responsible for accommodation costs of patients or their relatives for cases receiving treatment (e.g radiotherapy) on an outpatient basis. For this reason patients should identify relatives or close acquaintances abroad (especially for referrals to Australia or New Zealand) with whom they could stay with during the period that they are managed as "outpatients".

7. Reasons for Referral that may be considered appropriate

a. Patient's conditions is considered treatable

b. Confidence of the clinician that the patient(s) after treatment can effectively contribute to the economic development of the country.

c. Patients require access to complex investigations and or second opinion that cannot be provided locally. This secondary assessment must have the potential to indicate the need for a treatment plan that fulfils conditions 7a and 7b.

8. Process for Overseas Evacuation

a. Patients must be assessed by a Registered Specialist who provides a Medical Report. The medical report must document the specialist's specific recommendation for the patient to access the overseas treatment fund to support the recommended treatment. **General**

Medical Reports with no specific intention to access the overseas treatment fund for a specific recommended treatment will not be considered valid.

b. Apart from the medical report, the following documents would be very helpful in in processing the application:
   i. Documents supporting the patient's socioeconomic status such as bank statements, District officer approval for fund raising, Documents supporting outstanding loan, Employer confirmation of current employment.
   ii. Documents supporting acceptance for treatment and associated costs by an acceptable overseas health facility

c. All application documents are to be forwarded to the secretariat (Manager Registration) which comes under the Office of the Director of Curative Services.

d. The secretariat after compiling the necessary information refers the report to the Overseas Medical Treatment Committee (OMTC), chaired by the Director Curative Health Services. Other members include the director Primary Health Services and General Manager, CWM Hospital. The committee may co-opt members (e.g. Welfare Department) as deemed necessary. The committee meets once a week. Whenever required the services of the *Medical Advisory Committee* of CWM Hospital would be utilized.

e. Upon approval the secretariat refers the report to overseas service provider in countries such as Australia, New Zealand and India for estimate of cost and appointment date for acceptance of the patient.

f. A letter that stipulates acceptance for overseas treatment support is to be provided to the patient and copied to the referring specialist within 6 weeks of receipt of application documents.

g. The treatment and travel arrangements are notified to the patients/ relatives as soon as possible by the secretariat together with a support letter issued to appropriate the High Commission to facilitate visa approval.

h. Unsuccessful applicants are also to be appropriately acknowledged. Those aggrieved by OMTC decisions may appeal to the Permanent Secretary for Health, Women and Social Walfare.

i. The secretariat shall ensure that appropriate travel arrangements are made and details of final travel itinerary are faxed to the overseas treatment facility to ensure transportation for pick up on arrival at international airport.

j. Upon receipt of treatment details and costs, arrangements made to pay off the bills.

9. Specific Guidelines For Specific Medical Conditions

a. Emergency referrals requiring immediate action may be facilitated at the discretion of the Director of Curative Services

b. For all referrals it is the referring specialist's responsibility to ensure that the patient is aware of what the recommended treatment entails and their associated risks.

c. All referrals for Coronary Vascular disease must be accompanied by a Exercise stress test result except in the presence of specific contraindications which must be documented in the specialist medical report.

d. For all chronic progressive diseases referral such as cancer the patient must leave country within 8 weeks of the date of referral. Failing this the patient must be revaluated by the treating physician.

e. For Neurological Tumors a CT scan must accompany the referral

f. An Echocardiogram assessment is essential for all Valvular and Congenital cardiac disease

g. Where necessary Pathology slides may be required to accompany the referral package.

h. For all Cancer patients:

1. The referral letter must specify:
   a. the prognosis for the patient with and without treatment and specialists must be prepared to provide appropriate evidence to support their recommendations, and
   b. the timeframe within which treatment should be provided from the date in the specialist's referral letter. In the absence of a stated timeframe, a time line of 6 weeks from the date on the letter of referral will be applied
2. A failure to institute travel within the timeline dictated by the specialist will require that the patient is clinically examined by an appropriate specialist to assess if treatment recommended is still relevant.
3. Radiotherapy referrals are preferred. For chemotherapy patient's specific reasons must be indicated as why this treatment cannot be provided locally.
4. Treatment modalities sought must be curative and/or have a long term benefit rather then a palliative benefit

i. For Severe Congenital or Rheumatic Heart Disease the referring specialist must specifically indicate whether or not the patient will tolerate a flight of more then 6 hours.

10. Guidelines For Cases That Require Review By The Clinical Advisory Board

a. Cases with multiple medical conditions
b. Where recommended treatment is not well known
c. Advanced Cancer cases
d. Where it is specified by the referring specialist that the opinion of the clinical advisory board is requested
e. At the discretion of Director of Curative Services

11. Monitoring and Evaluation

The primary performance measure is the referral turn around time from the date of the referral letter to the date of patient travel. The following information will documented in the monitoring and evaluation spread sheet:

a. Date on Specialist referral letter
b. Date of receipt of referral letter by secretariat
c. Date of letter of reply to patient and referring specialist
d. Date of patient travel for accepted cases
e. Reasons for delay in turn around

Secondary primary measures center around patient feedback on treatment received by the secretariat.

The OMTC will meet every 3 months facilitate this evaluation and monitoring process.

12. Guideline Review Process

The above guidelines will reviewed annually or earlier at the discretion of the Director of Curative Services

OVERSEAS MEDICAL TREATMENT REFERRAL CHECKLIST

Process for overseas treatment:

1) Interview patients
2) Obtain details
3) Obtain quotations from India
4) Submt to Overseas/MAC committee
5) Make submissions to PSH for approval
6) Upon approval/not approved
7) Inform patients
8) Issue of appropriate letters (Visa, Passport, FNPF)
9) Upon visa approval and confirmation of patient departure
10) Patients are issued with confirmation letter
11) Arrangements are made for patients pick up
12) Appropriate letters are issued to patients (medical report, quotations, itinerary)
13) Upon discharge bill is forwarded to Ministry for payment
14) Submission is made to SMF with relevant documents attached (PSH approval, Bill)
15) Upon payments t/t slips is forwarded to hospital and filed in patients' file.

Checklist for overseas treatment:

1) Upon receipt of Consultants Reports
2) Written letter from Patient
3) Conduct interview with Patients
4) FNPF Statement
5) Bank Statement
6) Insurance Statement
7) Passport number
8) Passport date of expiry

} if any

9) Telephone number
10) Address
11) Scan reports and send to hospitals in India
12) Quotations received, Print, File, costing and submit to Committee
13) In case of difficult decision making it is submitted to Medical Advisory Council and CWM Hospital
14) Committee's decision
15) Approved/Not approved

16) Make submissions to PSH with patient details and recommendation for approval
17) Approved/Not approved by PSH
18) Inform Patients i.e. through email, calls
19) Issue appropriate letters i.e. FNPF partial withdrawal, Fiji Sixes, Visa

Checklist for patients:

1) Report from the consultant
2) Written letter from Patient
3) FNPF Statement
4) Bank Statement
5) Insurance Statement
6) Passport number
7) Passport date of expiry

} if any

8) Telephone number
9) Address

Visa requirements checklist:

1) 2 passport sized photos each (patient, attendant)
2) Passport to be valid for 6 or more months
3) Itinerary
4) Bank Statement of $5,000.00 each (patient, attendant)
5) Lodgment fees $115.00
6) Ministry's letter regarding funding
7) Consultant's report
8) Name and address of hospital to be visited
9) Contact person
10) Fill visa application form

Medical clearance form

- Patients are advised to get medical clearance form from airlines
- Doctors to fill and return to patient
- Patient to return these filled form to airlines
- Takes 10 working days for clearance
- Airline confirmation

Checklist for departure to India:

1) Itinerary
2) Passport size photos (for sim, registration)
3) Driver's license (if any)
4) Medical report
5) Confirmation from the Ministry
6) Contact details with hospital
7) Arrange for patients' pick up, email with letter from MoH, ticket details and calls

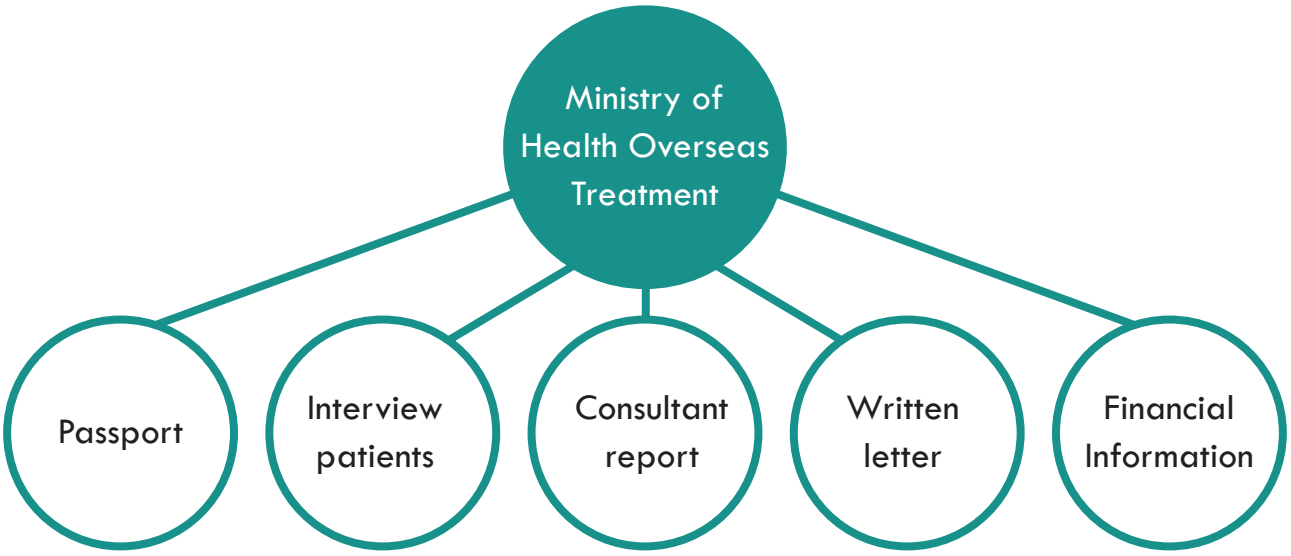
Checklist for departure from India:

1) Medical clearance forms
2) Clearance from airlines obtained prior to departure
3) Fit to Fly Certificate from Doctors in India
4) Transportation to Airport arranged
5) Confirmation from airlines

Checklist for Escorting Doctor:

1) Letter from Hospital
2) PSH approval
3) PSC release
4) Airline booking/ticketing
5) Perdiem
6) Airfares
7) Visa lodgment forms
8) Passport
9) Passport size photos
9) Visa application forms

PHASE 1: APPLICATION FOR OVERSEAS REFERRALS

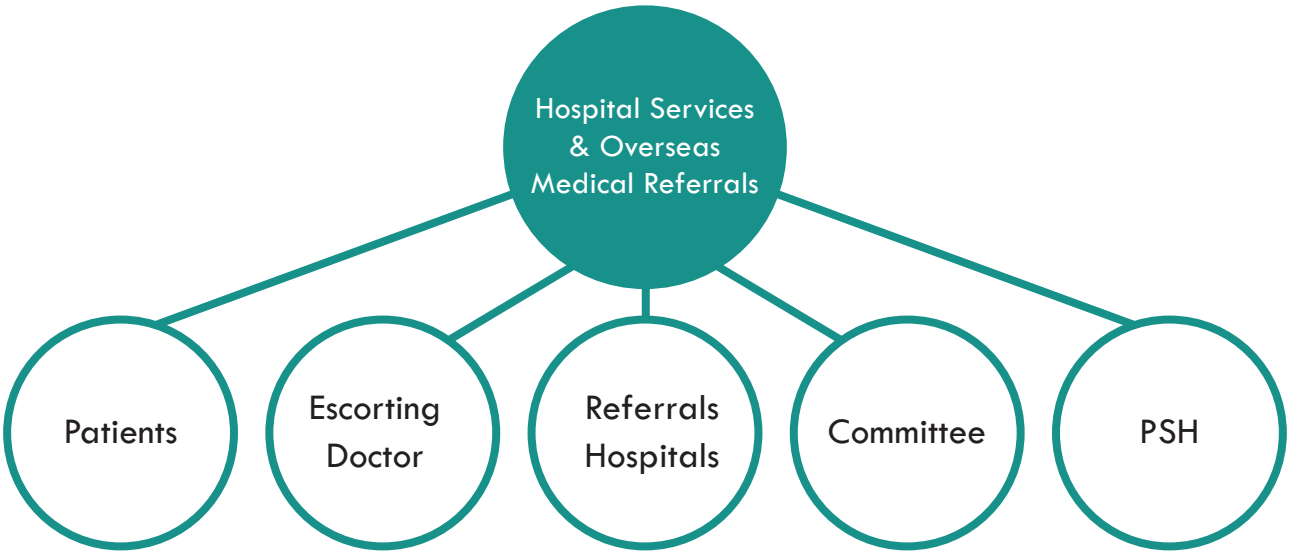


Particulars of Patient:

Report from the consultant	☐ YES		☐ NO
Written letter from patient	☐ YES		☐ NO
D.O.B	☐ YES		☐ NO
Gender	☐ M		☐ F
Occupation	☐ Employed		☐ Unemployed
Annual Income	☐ Wkly	☐ Frtly	☐ Mthly
FNPF Statement	☐ YES ($)		☐ NO
Bank Statement	☐ YES ($)		☐ NO
Insurance Statement	☐ YES ($)		☐ NO
Passport Number	☐ YES		☐ NO
Passport date of expiry	☐ YES		☐ NO
Telephone Number	☐ YES		☐ NO
Phone	☐ YES		☐ NO
Fax	☐ YES		☐ NO
Email	☐ YES		☐ NO
Address	☐ YES		☐ NO
Relatives in Overseas	☐ YES (Country)		☐ NO
Contact details	☐ YES		☐ NO
Funds requested by patient	☐ Treatment cost		☐ Airfares

M: Males | F: Females | Wkly: Weekly | Frtly: Fortnightly | Mthly: Monthly

PHASE 2: PROCESSING OVERSEAS TREATMENTS



Referral Hospital:

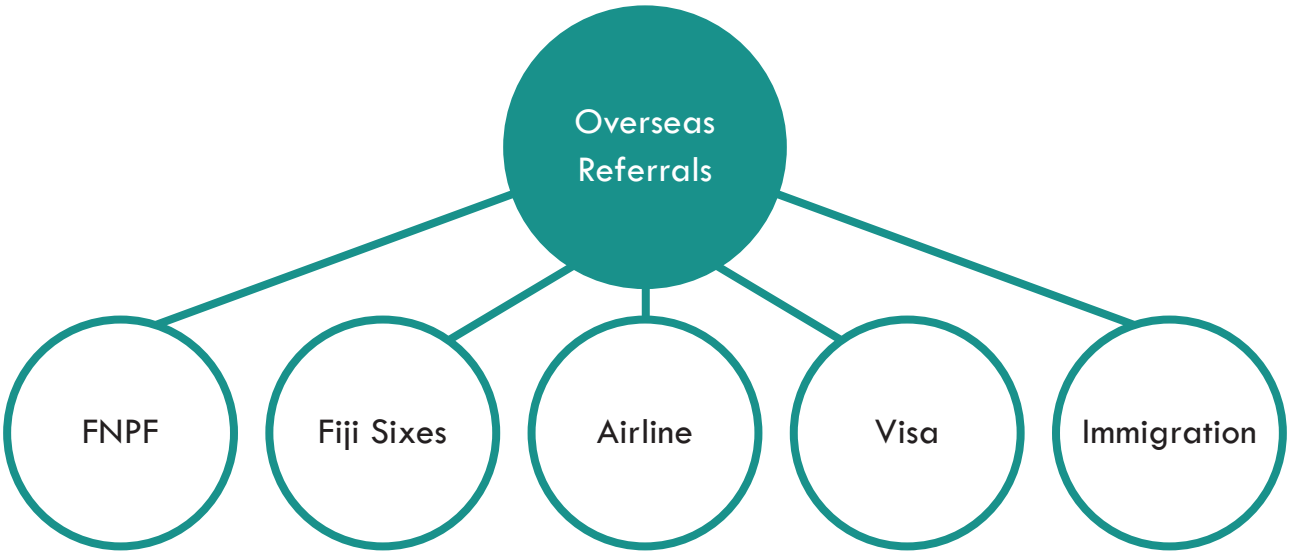
Name of contact person _____

Phone contact	☐ YES	☐ NO
Email address	☐ YES	☐ NO
Quotation received	☐ YES	☐ NO
Name of the Hospital if yes	Estimate Cost $	
1) _____	_____	
2) _____	_____	
3) _____	_____	

Overseas Medical Treatment Committee

Consultant report	☐ YES	☐ NO
Interview form	☐ YES	☐ NO
Quotation (from hospital's costing)	☐ YES	☐ NO
Recommendation	☐ Treatment cost	☐ Airfare
Signed	☐ YES	☐ NO
Date submitted __/__/__		
Decision	☐ Approved	☐ Not approved
Committee signature	☐ YES	☐ NO
PSH	☐ Approved	☐ Not approved
	Comments _____	

PHASE 3: OVERSEAS APPROVAL



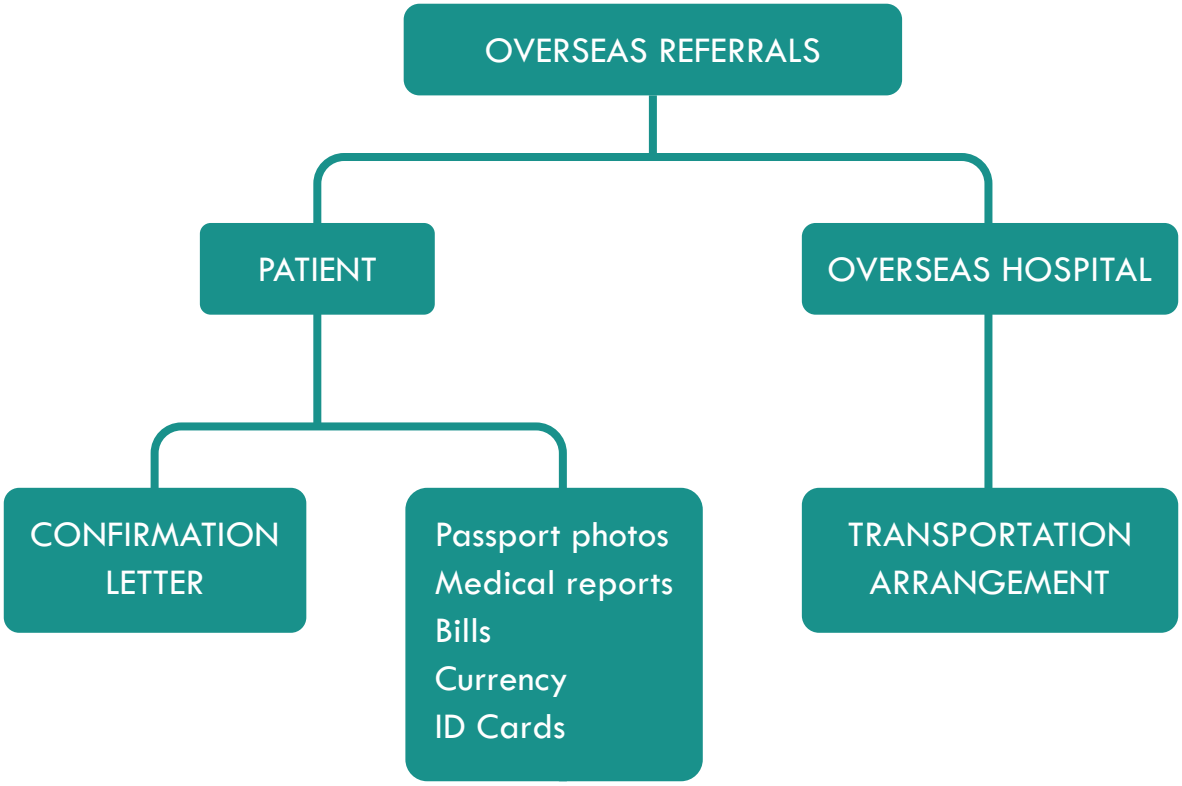
Immigration:

Passport	□ YES	□ NO
Ministry letter	□ YES	□ NO
Report	□ YES	□ NO
Quotation	□ YES	□ NO

Fiji Sixes/ FNPF/ VISA:

Passport	□ YES	□ NO
Ministry letter	□ YES	□ NO
Report	□ YES	□ NO
Quotation	□ YES	□ NO
Travel itinerary	□ YES	□ NO
Airline booking	□ YES	□ NO
Oxygen required	□ YES	□ NO
Medical clearance form submitted	□ YES	□ NO
Medical escort required	□ YES	□ NO
Airfares	□ YES	□ NO
Visa	□ YES	□ NO
PSC Release	□ YES	□ NO
Perdiem	□ YES	□ NO

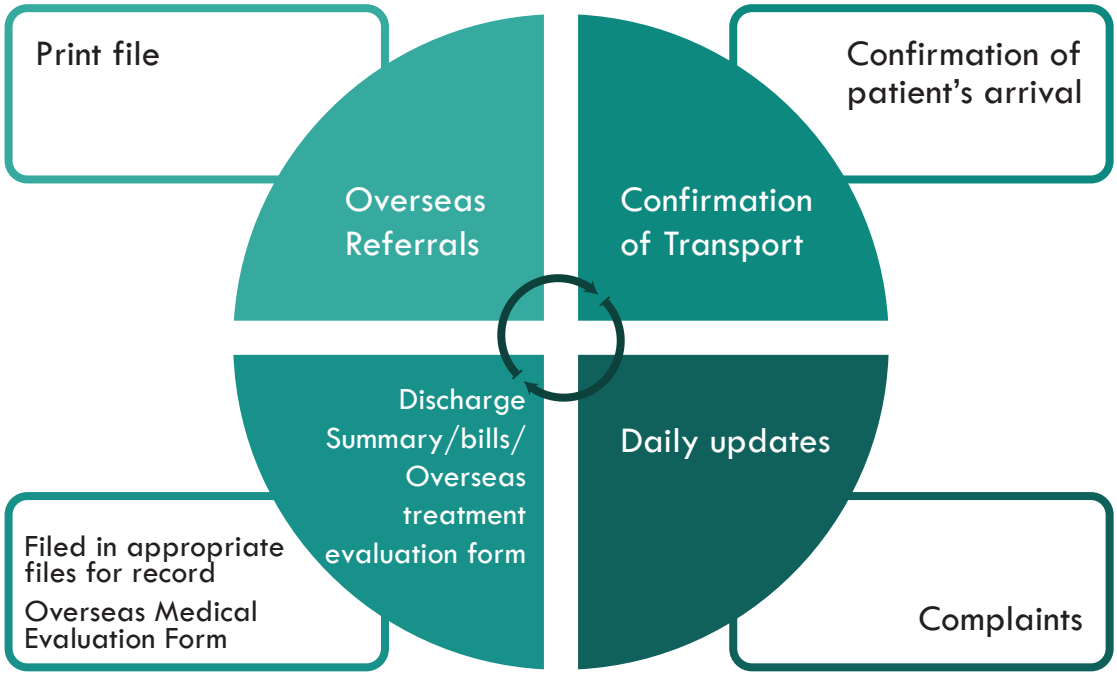
PHASE 4: DEPARTURE OF PATIENTS



Checklist for departure to India:

Ticket	□ YES	□ NO
Passport sized photos (for sim, registration)	□ YES	□ NO
Driver's license (if any)	□ YES	□ NO
Medical report	□ YES	□ NO
Letter of Confirmation from the Ministry	□ YES	□ NO
Contact details of hospital	□ YES	□ NO

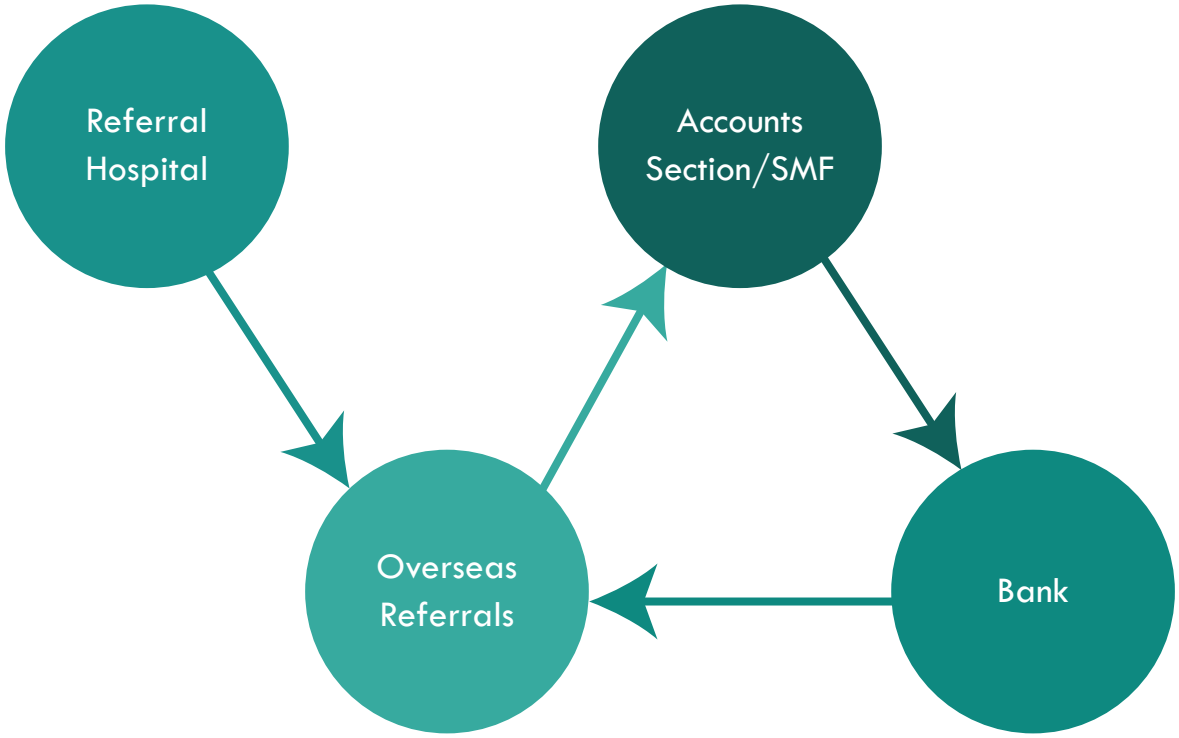
PHASE 5: ARRIVAL OF PATIENTS



Confirmation of Patients Arrival/Departure

Transport provided	□ YES	□ NO
Contact person	□ YES	□ NO
Daily updates	□ YES	□ NO
Complaints	□ YES	□ NO
Discharge summary	□ YES	□ NO
Medical bills	□ YES	□ NO
Patient evaluation form submitted from referral hospital	□ YES	□ NO
Patient evaluation form submitted by patients	□ YES	□ NO

PHASE 6: PROCESSING OF MEDICAL TREATMENT BILLS



Processing of Bills:

Bills received	Date __/__/__	□ YES	□ NO
Submission of payments	Date __/__/__	□ YES	□ NO
Submitted bank	Date __/__/__	□ YES	□ NO
T/t received		□ YES	□ NO
T/t sent referral hospital	Date __/__/__	□ YES	□ NO
Actual cost	$_____		
Database update	Date __/__/__	□ YES	□ NO

SECTION 4

OTHER DOCUMENTS

The following documents are for the registration of Medical Staff who intend to practice in Fiji with Visiting Medical Teams

Section 4 Documents

1) *Medical & Dental Pracitioners registration form*

2) *Fiji Nursing Council registration form*

3) *Fiji Allied Health Practitioners Society registration form*

FIJI MEDICAL COUNCIL

1 Brown St, Suva. PO Box 18914, Suva.
PH: +679 3303647, Fax: +679 3304201
Website: www.fijimdc.com
Email: info@fijimdc.com

Please load your digital photo

Under Medical & Dental Practitioner Decree 2010.

This form should be downloaded. Fill in the blanks on the computer. Additional details should be added on separate paper. Forms & other information should be emailed to info@fijimdc.com

1. Personal Information:

Surname : First Name: Other Names:			Preferred Title: Mr. ☐ Miss. ☐ Ms. ☐ Dr. ☐ Prof. ☐
Date of Birth: / /	Sex: ☐ Male ☐ Female	Country of Citizenship:	Country of Birth:
Practice / Residential Address:		Postal Address:	
Telephone - Home: Fax: Mobile:		Work: Work: Email:	
Passport No:	Driving License No:		
Languages Spoken:			
Next of Kin: Click here to enter text. Address: Click here to enter text. Telephone/Mobile: Click here to enter text.		Relationship: Click here to enter text.	

2. Medical Registration held in Fiji and elsewhere:

Date of entry	Registering Authority	Name of Nation / State	Valid until	General/Specialist

3. Temporary Registration details:

Dates: From …/……/….. Until …/……/….. (Relevant to specific projects, duration less than 3 months)

Reason for seeking registration: (Give name of sponsoring agency, place of practice, details of project / or any other reason)

4. Primary Medical Qualification:

Qualification Gained:
Institute:
Country:
Year & Length of program:
Language of instruction of course:

5. Postgraduate Degrees / Certifications:

Date (year/month)	Degree / diploma	Full name and location of conferring authority

Language of instruction of course:

6. Other degrees & qualifications (in any field):

Language of instruction of course:

7. Disciplinary Enquiries and Charges (concluded & pending):

Date	Country	Details & Outcome

8. Current location and sphere of medical practice:

Including hospital / academic appointments: *Give full name and address of employing authority; or, if relevant name partners in private practice, or state "Solo Practice".*

9. Medical / Fitness for Practice :

Have you previously suffered or currently suffer from an injury or illness which may place you or your patients at an increased risk or harm? Yes/No:

Do you have any medical condition which may place you or your patients at an increased risk or harm? Yes/No

If Yes, please detail conditions (include date of injury/ illness). Also provide details of your Hepatitis B immunization.

10. Professional Indemnity:

Do you have professional indemnity cover insurance that will be applicable whilst you practice in Fiji? Yes/No:

If yes, please provide the details and evidence.

11. Other Matters:

Are you currently facing any criminal or traffic charges? Yes/No:

If yes, please provide details

12. Declaration by Applicant:

- I undertake to display my temporary practicing certificate in the public area of my practice and ensure that patients are aware of the status and conditions.
- I undertake to comply with all relevant legislation and Council guidelines, regulations, codes & standards;
- I undertake to provide the Council police clearance reports from all jurisdictions should the Council seek such document;
- I undertake to provide the Council medical reports should the Council seek such document;
- I undertake to cooperate with the Council in all matters including complaints and disciplinary;
- I consent to the Secretariat divulging relevant practice details as it sees fit.
- I consent to the Secretariat verifying any information provided by me in this form;
- I declare that I am fit for practice in the vocation I am applying for;
- I make this declaration in the knowledge that a false statement may amount to perjury and revoke my temporary practicing certificate;
- I solemnly declare to the best of my knowledge that all information provided are true & correct;
- I undertake to uphold the Medical profession in high esteem.

Signed: ..... Date: ……/……./20…….
IF FORM IS SENT ELECTRONICALLY; PLACING YOUR NAME BELOW CONSTITUTES TO ELECTRONIC SIGNATURE.

Name: Place:

Warning: False / Fraudulent claims: In the event of any applicant submitting false or incomplete data, and / or copies of certificates, which are found to be false, the Medical Registration authority of the applicant's citizenship will be notified. The application for registration in Fiji will be unsuccessful; or provisional registration, if already given, will not be confirmed, and may be cancelled.

Note 1: The Fiji Medical Council will determine your eligibility for registration.

Note 2: Applications for Temporary Registration, for visits by consultants for specific projects, must be accompanied by letters of recommendation from the medical practitioner, resident in Fiji, who is responsible for the project.

Note 3: Applicants for renewal of registration who have been registered in Fiji within the preceding 24 months, may use a simplified application form obtainable on request,(including by email), provided the circumstances of the application are substantially unchanged from the previous visit. A current Practicing Certificate/Letter of Good Standing is required in all cases.

Supporting Documents Required:

Please submit copies of the following documents with this application:

1. Certified copy of Basic Medical qualification.
2. Certified copy of postgraduate qualifications.
3. Insert a digital passport style colour photograph on the front page which must be not more than one month old.
4. Certificate of good standing from the Medical Registration authority of your current / most recent place of Medical practice, dated not more than 3 months before the date of this application (ONLY FOR OVERSEAS APPLICANTS).
5. Certified copy of driving license.
6. Certified copy of passport.
7. Evidence of Professional Indemnity.
8. Support letter from your local partner in Fiji.

13. Payment:

A fee of **F$100.00** must be paid with this application or delivered at our office upon your arrival. Please make any cheques payable to the Secretariat of the Fiji Medical & Dental Councils. Should you wish to make direct payment, add your details in the payer section & deposit the fee in our ANZ account # 10737532 Swift Code: ANZBFJFX. Evidence of payment must be emailed.

PREFERRED METHOD OF PAYMENT

☐ Cash ☐ Transfer Credit On ANZ Account ****We do not accept cash through mail.**

FIJI NURSING COUNCIL

APPLICATION FOR REGISTRATION / LICENSING

Under Nursing Decree 41 of 2011

This form should be downloaded. Fill in the blanks on the computer. Then print and sign where appropriate. Additional details should be added on separate paper. Forms should be emailed to

1. Personal Information	
Surname: First Name: Other Names:	Preferred Title: Mr. ☐ Miss ☐ Ms ☐
Date of Birth: Sex: / / Male ☐ Female ☐	Country of Citizenship: Country of Birth:
Residential Address:	Postal Address:
Telephone – Home: Work: Fax: Work: Mobile: Email:	
Passport no: Driving License No: EDP No. (if Civil Servant):	
Language Spoken:	
Next of kin: Relationship: Address: Telephone/Mobile:	

2. Nursing Registration held in Fiji and elsewhere:

Date of entry	Registering Authority	Name of Nation/ State	Valid until	General/Specialist

3. Registration details:
Dates: From…/…./…. Until …/…./…. (Relevant to specific projects duration less than 3 months) **Reason for seeking registration**: (Give name of sponsoring agency, place of practice, details of project/or any other reason)

4. Primary NURSING Qualification:

Qualification Gained

Institute:

Country:

Year & Length of program:

Clinical instruction received at:

Language of instruction of course:

5. Internship Training Completed as follows			
Clinical Discipline	Institution, Place Give name of hospital & city	Duration in months	Month/Year completed
General Medical & Surgical Nursing			
Psychiatry Nursing			
Obstetrics & Gynecology			
Public Health			
Other			

6. Postgraduate Degrees/Certifications:		
Date (year/month)	Degree/diploma	Full name and location of conferring authority

7. Other degrees & qualifications (in any field):

8. Disciplinary Enquiries and Charges (concluded & pending):		
Date	Country	Details & Outcome

9. Current location and sphere of nursing practice:
Including hospital/academic appointments: Give full name and address of employing authority; or, if relevant name partners in private, or state "Solo Practice"

10. Summary Record of Nursing Practice (From initial qualification until the present):					
Any period of unemployment or temporary retirement from practice greater than one month should be documented and reasons for same indicated. Attach additional sheets if necessary. Please do not simply write "See C.V."					
	From: Month/Year	Until: Month/Year	Post:	Location: Name of hospital	Clinical area of practice
1.					
2.					

3					
4					
5.					
6.					
7.					
8.					
9.					

11 Medical/Fitness for Practice:

Have you previously suffered or currently suffer from an injury or illness which may place you or your patients at an increased risk or harm? Yes/No:

Do you have any medical condition which may place you or your patients at an increased risk or harm? Yes/No

If Yes, please detail conditions (include date of injury/ illness). Also provide details of your Hepatitis B immunization.

12 Continuing Professional Development

List all CPD activities in the previous 12 months

Date	Activity	Hours

13. Professional Indemnity :

Do you have professional indemnity cover insurance that will applicable whilst you practice in Fiji? Yes/No:

If yes, please provide the details and evidence.

14. Other Matters:

Are you currently facing any criminal or traffic charges? Yes/No:

If yes, please provide details

15. Declaration by Applicant:

- I undertake to display my temporary practicing certificate in the public area of my practice and ensure that patients are aware of the status and conditions.
- I undertake to comply with all relevant legislation and Council guidelines, regulations, codes & standards;

- I undertake to provide the Council police clearance reports from all jurisdictions should the Council seek such document;
- I undertake to provide the Council medical reports should the Council seek such document;
- I undertake to cooperate with the Council in all matters including complaints and disciplinary;
- I consent to the Secretariat divulging relevant practice details as it sees fit.
- I consent to the Secretariat verifying any information provided by me in this form;
- I declare that I am fit for practice in the vocation I am applying for;
- I make this declaration in the knowledge that a false statement may amount to perjury and revoke my practicing certificate;
- I solemnly declare to the best of my knowledge that all information provided are true & correct;
- I undertake to uphold the Nursing profession in high esteem.

Signed: ..... Date: ...../...../20.....
IF FORM IS SENT ELECTRONICALLY; PLACING YOUR NAME BELOW CONSTITUTES TO ELECTRONIC SIGNATURE.

Name: Place:

Warning: False / Fraudulent claims: In the event of any applicant submitting false or incomplete data, and / or copies of certificates, which are found to be false, the Nursing Registration authority of the applicant's citizenship will be notified. The application for registration in Fiji will be unsuccessful; or provisional registration, if already given, will not be confirmed, and may be cancelled.

Note 1: The Fiji Nurses Council will determine your eligibility for registration.
If you are found to be eligible, your registration will be confirmed when you present original documents to the Registrar Fiji Nursing Council for inspection and verification of the copies you have submitted.
Note 2: It is normal practice for nurses coming from outside Fiji on first appointment to be granted conditional registration for a period of 6 months which will be confirmed subject to satisfactory performance.
Note 3: Applications for Temporary Registration for visits by nurses for specific projects must be accompanied by letters of recommendation from the Fiji Nursing Council who is responsible for the project.
Note 4: Applicants that's already registered just only need to apply for licensing. for the new graduates one need to apply for registration and licensing

Supporting Documents Required:

Please submit copies of the following documents with this application:

1. Certified copy of Basic Nursing qualification.
2. Certified copy of postgraduate qualifications.
3. Insert a digital passport style colour photograph on the front page which must be not more than one month old.
4. Certificate of good standing from the Nursing Council authority of your current / most recent place of Nursing practice, dated not more than 3 months before the date of this application (ONLY FOR OVERSEAS APPLICANTS).
5. Certified copy of driving license if any. (optional)
6. Certified copy of passport. (overseas applicant)
7. Evidence of Professional Indemnity
8. Evidence of Continuous Professional Development.

16. Payment

A fee scheduled can be viewed on our website.
PREFERRED METHOD OF PAYMENT – BY CASH

17 Fee Schedule:

Description	**Rate (FJS)- VIP**
Licensing Fee	$50-00
Registration Fee	$30-00
Temporary Registration-visiting nurses from overseas Fee	$70-00
Overseas Registration Fee	$100-00
Student Regional Status e.g. Midwife	$45-00

For Official Use Only:

- Date received
- Receipt Number
- Approved or Not Approved

All applications should be addressed to the Registrar, Fiji NURSING COUNCIL

Fiji Allied Health Practitioners Society

Postal Address: G.P.O.Box 15594, Suva, Fiji
Phone Contact: 9922255
E-mail: fijiahps@gmail.com
Posts:
Interim President: Mrs. Cathy Wong
Interim Secretary: Mrs. Anaisi R. Delai

APPLICATION FOR REGISTRATION AS AN ALLIED HEALTH PRACTITIONER, UNDER ALLIED HEALTH PRACTITIONERS DECREE 49-2011.

SECTION 1:PERSONAL INFORMATION

Photo X2

Surname:……
First Name:……
Preferred Title: Mr, Mrs, Ms, Doc, Prof
Date of Birth:…… Sex: F/M Country of Birth:……
Citizen:……
Residential Address:……
……
……
……
Postal Address: ……
……
……
……
Telephone:Work:……Home:……Fax:……Mob:……Email:……
……
Passport no:……Drivers License:……EDP (Civil Servants)……
Language Spoken:……
Next of Kin:……
Relationship:……
Adress:……
Phone/Mobile no:……

SECTION 2:REGISTRATION HELD IN FIJI OR ELSEWHERE

Date of entry	Registering authority	Country/State	Valid until	Type

SECTION 3:REGISTRATION SOUGHT

1. Nutritionist and Dieticians;
   a. Nutritionist and dietician student
2. Environmental Health officers;
   a. Environmental Health student
3. Physiotherapist;
   a. Physiotherapy student
4. Medical Laboratory Technologist;
   a. Medical LaboratoryTechnology student
5. Other cadre of Workers;

Fiji Allied Health Practitioners Society

Postal Address: G.P.O.Box 15594, Suva, Fiji
Phone Contact: 9922255
E-mail: fijiahps@gmail.com
Posts:
Interim President: Mrs. Cathy Wong
Interim Secretary: Mrs. Anaisi R. Delai

a. Phlebotomist
b. Clinical Certificate in laboratory Technologist (CCLT)
c. Community Rehabilitation Assistants (CRA)

Conditional registration:……
General Practice:……
Vocational Registration in the field of:……
Temporary: From :……To: ……(relevant to specific projects less than 3 months).
Reasons for seeking registration: (Give name of prospective employer, agency, place of practice, details of project, renewing annual registration/licensing etc).

SECTION 4:PRIMARY QUALIFICATION

Qualification gained	Institute	Country	Year/length of program	Language

SECTION 5: POST GRADUATE QUALIFICATION

Date/Year/Month	Degree/diploma/MA/PHD	Full name and location of conferring authority

SECTION 6:CURRENT LOCATION/SPHERE OF PRACTICE

Give full name and address of employing authority, or relevant partners, solo practice etc.

SECTION 7: (SUMMARY RECORD OF PRACTICE)

	From month/year	To month/year	Post Held	Location/Name of Hospital/practice	Clinical area of practice
1					
2					
3					
4					

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SECTION 8:MEDICAL FITNESS TO PRACTICE

Have you previously suffered or currently suffer from any injury of illness which may place you or your patients at an increased risk or harm?
Yes/No:
If yes. Please give details:……
……
Please provide a current medical certificate (for new applicants)

SECTION 9: DISCIPLINARY ENQUIRIES AND CHARGES

Date	Country	Details and Outcome

SECTION 10: CONTINUING PROFESSIONAL DEVELOPMENT

List all CPD activities in the last 12 months

Date	Activity	Hours

SECTION 11: CRIMINAL OR TRAFFIC CONVICTIONS

Do you have any criminal convictions? Yes/No
If yes; please give details

Do you have any traffic related convictions? (exclude speeding/parking convictions)Yes/No
If yes; give details

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SECTION 12: DECLARATION BY APPLICANT

- I undertake to display my annual registration certificate in a public area of my practice and ensure that all clients are aware of the status & conditions.
- I undertake to comply with council legislation, guidelines, regulations, codes and standards.
- I undertake to provide the council with all relevant documents pertaining to registration if so requested by council.
- I consent to the secretariat divulging relevant practice details as it sees fit.
- I consent to the secretariat verifying any information as provided by me on this form.
- I declare that I am fit to practice in the vocation that I am applying for.
- I solemnly declare to the best of my knowledge that all information provided are true and correct.

....

Signture date

Name:..... Place:.....

SUPPORTING DOCUMENTS REQUIRED:

1. Certified copy of basic qualification
2. Certified copy of post graduate qualification
3. Recent passport photo
6. Certified copy of membership of relevant association/institutes (Fiji Institute of Nutrition and Dietetics; Fiji Institute of Environmental Health; Fiji Physiotherapy Association; Fiji Medical Laboratory Technologist Association)
7. Evidence of continuing professional development
8. Certified copy of passport/drivers license
9. Police clearance (for new applicants)
10. Medical certificate (for new applicants)

SECTION 13: PAYMENT AND FEE SCHEDULE

Preferred method of payment: Cash
(no cash accepted by mail)

SCHEDULE

Description	Rate $FD
Annual Registration/License Fee	$100.00
*Other Cadre of Workers	$50.00
Annual Student Registration/License fee	$20.00
Annual Registration/License Specialist Fee	$400.00
Provisional Registration	$200 for 1 year $100 for 6 months or less

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3. Community Rehabilitation Assistants (CRA)

FOR OFFICIAL USE ONLY

1. Name of Association/Institute: .....

Date: .....

AHPS Receipt Number: .....

Common Seal:

2. Allied Health Practitioners Society

Date: .....

Treasurer: .....

AHPS Identity Number: .....

Common Seal

THANK YOU FOR READING
LOOKING FORWARD
TO YOUR COMPLIANCE
WITH THIS MANUAL