

# HEALTH PRACTITIONERS

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# Health Practitioners Act 1999

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# Health Practitioners Act 1999

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## TABLE OF AMENDMENTS

The Health Practitioners Act 1999 No 10 was certified on 18 October 1999 and commenced on 1 August 2003 (GN No 223/2003; Gaz 61/2003).

| Amending Legislation                                                  | Certified        | Date of Commencement |
|-----------------------------------------------------------------------|------------------|----------------------|
| Addition to Schedule 1 Registration Fees of Health Practitioners 2004 |                  | 7 April 2004         |
| Health Practitioners (Amendment) Act 2017 No 29                       | 19 December 2017 | 19 December 2017     |
| Revised Written Laws Act 2021 No 7                                    | 1 June 2021      | 1 June 2021          |



An Act to regulate the practice of health practitioners, to provide for registration of health practitioners, to establish a Health Practitioners Registration Board and for related purposes.

Enacted by the Parliament of Nauru as follows:

## **1 Short title and commencement**

This Act may be cited as the *Health Practitioners Act 1999* and came into effect on 1 August 2003.

## **2 Interpretation**

In this Act:

**‘appropriate qualifications’** means qualifications appropriate to a class of health practitioner such that a person is entitled to be registered to practise in that class of health practitioner, as established by regulation or, where no regulations have been made, as established by the Board;

**‘Board’** means the Health Practitioners Registration Board established under Section 4;

**‘Director of Medical Services’** means the person for the time being appointed as such, or an equivalent position, under the *Public Service Act 2016*;

**‘Director of Nursing’** means the person appointed to head the nursing services;  
[def subst Act 29 of 2017 s 4, opn 19 Dec 2017]

**‘Director of Public Health’** means the person appointed to head Public Health;  
[def insrt Act 29 of 2017 s 4, opn 19 Dec 2017]

**‘health practitioner’** means a practitioner of a class required under Section 3 to be registered to practise under this Act;

**‘inquiry’** means an inquiry into a complaint against a health practitioner under Section 12;

**‘legal practitioner’** means barrister, solicitor or pleader;  
[def am Act 13 of 2019 s 4, opn 14 June 2019]

**‘register’** means the register of health practitioners established under Section 10; and

**‘Secretary for Health and Medical Services’** means the person for the time being appointed as Head of Department responsible for health matters under the *Public Service Act 2016*.

## **3 Classes of health practitioners**

- (1) A person shall not practice as a health practitioner:
  - (a) without a current registration; and
  - (b) in any class other than for which he or she has a current registration under this Act.
- (2) A person who is eligible to practice as a health practitioner shall:
  - (a) register in the appropriate class under this Act;

- (b) keep the registration current during the period of practice as a health practitioner; and
  - (c) pay the prescribed fees.
- (3) The class or classes of registration for which a health practitioner shall register under subsection (1) are:
  - (a) general and specialist medical practitioners;
  - (b) dental practitioners;
  - (c) nurses;
  - (d) nurse anaesthetists;
  - (e) pharmacists;
  - (f) psychiatrists;
  - (g) physiotherapists;
  - (h) radiographers; and
  - (i) lab technicians.
- (4) The Minister may on the recommendation of the Board approve and declare:
  - (a) one or more classes of health practitioner that require registration under the Act;
  - (b) the registration fee for a class of health practitioners; and
  - (c) details of the qualifications and experience necessary for each class of health practitioner.
- (5) The requirement for registration under this Section applies to the health practitioners engaged or employed for either a short or long term contract by the Republic.

[s 3 subst Act 29 of 2017 s 5, opn 19 Dec 2017]

## 4 Health Practitioners Registration Board

- (1) The Health Practitioners Registration Board is established.
- (2) The Board shall consist of the following:
  - (a) Secretary for Health and Medical Services, who shall be the Chairperson;
  - (b) Director of Medical Services;
  - (c) Director of Public Health;
  - (d) Director of Nursing;
  - (e) a member of the clergy; and
  - (f) a member of the community.
- (3) The Board shall appoint an officer of the Department to be the secretary of the Board.
- (4) The secretary shall maintain records of all minutes, records and proceedings of Board meetings.

[s 4 subst Act 29 of 2017 s 6, opn 19 Dec 2017]

## 5 Meetings of the Board

- (1) The Board shall meet as often as is necessary for the efficient conduct of its business, and at such times and places as the Board determines.
- (2) The quorum for the Board shall be 3 members which shall consist of the Director of Medical Services, Director of Public Health and Director of Nursing.

[subs (2) subst Act 29 of 2017 s 7, opn 19 Dec 2017]

- (3) Subject to subsection (2), the Board may regulate its own proceedings.

## **6 Functions of the Board**

- (1) The functions of the Board are to:
- (a) examine applications for registration as health practitioners;
  - (b) register health practitioners in accordance with this Act;
  - (c) make recommendations as to classes of health practitioners to be declared under Section 3;
  - (d) establish from time to time standards of educational qualifications and experience necessary for registration in classes of health practitioner;
  - (e) establish standards of professional competence and conduct for health practitioners;
  - (f) review, from time to time as it thinks fit, the professional competence and conduct of any health practitioner;
  - (g) consider and respond on complaints of professional incompetence or professional misconduct forwarded to it by the Resident Magistrate under Section 12; and
  - (h) appear at and participate in inquiries into complaints of professional incompetence or professional misconduct in accordance with Section 12.
- (2) For the purposes of carrying out its functions, the Board may:
- (a) make such enquiries as it thinks fit; and
  - (b) require information from any person.

## **7 Application for registration**

- (1) A person who wishes to practise in the Republic as a health practitioner of a class for which registration is required under this Act, may apply to the Board for registration.
- (2) An application for registration under subsection (1) shall:
- (a) be made in writing in a manner and form determined by the Board;
  - (b) specify the class of health practitioner for which the application is made;
  - (c) be accompanied by evidence of educational qualifications and experience appropriate to the class for which it is made; and
  - (d) provide such other information as may be necessary or desirable for the Board to consider in relation to the application.
- (3) The Board may require an applicant to provide further and better information in relation to the application.

## **7A Temporary registration**

- (1) A health practitioner may apply for temporary registration under this Section in accordance with any conditions imposed by the Board and noted on the certificate.
- (2) A temporary practising certificate may be issued under this Section to an applicant who is undertaking a course of relevant study from outside the Republic and who:
- (a) submits an application to do practical training in the Republic;
  - (b) is accepted to do the practical training by the Board; and

- (c) undertakes to work in accordance with any direction given by the Board.
- (3) A certificate issued under this Section shall be valid for such period as the Board may approve and may from time to time be renewed by the Board.
- (4) The Board may cancel a certificate issued under this Section for any reason and at any time during its currency.

[s 7A insrt Act 29 of 2017 s 8, opn 19 Dec 2017]

## 8 Grant of registration

- (1) A person who satisfies the Board that:
  - (a) he or she is of good character;
  - (b) he or she holds the appropriate educational qualification or has the appropriate experience;
  - (c) he or she intends to practise in the Republic; and
  - (d) his or her practice or intended practice is such that it will benefit the Republic and the Nauruan community,shall, upon payment of any registration fee required under this Act, be registered as a health practitioner in the class for which the application is made.
- (2) A person may be registered in more than one class of health practitioner, provided that separate application has been made in accordance with this Act for each class.
- (3) Registration may be subject to such limitations, restrictions, terms and conditions as the Board thinks fit in any particular case.
- (4) Upon registration, the Board shall grant to each registered health practitioner a certificate of registration in such form as the Board thinks fit.
- (5) Unless cancelled under Section 11, registration shall remain in force for 1 year beginning on the day when it is entered in the register, and may be renewed from time to time.

## 9 Registration fees

- (1) The registration and annual renewal of registration fees for the health practitioners in Section 3 shall be as prescribed by regulations from time to time.
- (2) A health practitioner who practises exclusively in the employment of the Republic shall be exempt from the payment of a registration fee.

[s 9 subst Act 29 of 2017 s 9, opn 19 Dec 2017]

## 10 Register of health practitioners

- (1) The Board shall cause to be kept a register of health practitioners, in such form as it considers necessary or desirable.
- (2) The Board shall publish in the Gazette in the month of July in each year a list of all persons registered for the time being in the register of health practitioners, in accordance with the class or classes of practice for which they are registered, and an indication of any special limitations, restrictions, terms or conditions of registration.
- (3) Where a person's name is entered in or deleted from the register, the Board

shall publish in the Gazette a notice of the entry or deletion and in the case of a deletion, the notice shall include a statement of the reason for the deletion.

## **11 Suspension and cancellation of registration**

- (1) Where a person is suspended from practice under Section 13, a notation of the suspension shall be made in the register, and the Board shall publish in the Gazette a notice of the suspension and its duration.
- (2) Where a person registered under Section 8:
  - (a) dies;
  - (b) applies in writing to the Board for cancellation of his or her registration;
  - (c) fails to pay any registration fee which is due and payable;
  - (d) is ordered under Section 13 to be struck off the register;
  - (e) is ordered under Section 15(2) to be deleted from the register; or
  - (f) otherwise ceases to be qualified for any reason to be entered in the register,his or her registration shall be cancelled and his or her name deleted from the register, together with a notation of the reason for the deletion.

## **12 Complaint against health practitioner**

- (1) A person who considers that a person practising as a health practitioner has been guilty of professional incompetence or professional misconduct, may make a written complaint to the Resident Magistrate, who shall send a copy of the complaint to the Board.
- (2) Upon receipt of the copy of a complaint under subsection (1), the Board shall send to the Resident Magistrate an opinion as to whether or not the conduct complained of, if proved, would constitute professional incompetence or professional misconduct.
- (3) Where the Resident Magistrate, after taking into account the opinion of the Board under subsection (2), considers that the conduct complained of:
  - (a) if proved, would not constitute professional incompetence or professional misconduct; or
  - (b) is of a minor character only, or there are extenuating circumstances such that it would not be appropriate to proceed to inquiry under this Section,he or she shall inform the complainant accordingly, but in all other cases, the Resident Magistrate shall hold a formal inquiry into the complaint.
- (4) Where the Board considers that a person practising as a health practitioner has been guilty of professional incompetence or professional misconduct, it may make a written complaint to the Resident Magistrate, who shall hold a formal inquiry into the complaint.
- (5) An inquiry shall be held in camera.
- (6) At an inquiry:
  - (a) the complainant;
  - (b) the person against whom the complaint is made; and
  - (c) where the complainant is not the Board, a representative of the Board,

and their legal practitioner, if any, shall be entitled to be present throughout the inquiry and to adduce evidence, including the examination and cross-examination of witnesses, and to address the Resident Magistrate in respect of complaint.

### **13 Result of inquiry**

- (1) Where as a result of an inquiry the Resident Magistrate considers that the person against whom the complaint is made has been guilty of professional incompetence or professional misconduct, he or she shall, unless he or she considers that the conduct complained of was of such a minor character or occurred in such extenuating circumstances that it would not be appropriate to do so, order any one or more of the following:
  - (a) a reprimand;
  - (b) payment to the Republic of a penalty not exceeding \$5,000;
  - (c) payment of compensation, according to expert assessment or any established scales of compensation for the time being pertaining in the Republic, to a person injured by the conduct complained of;
  - (d) that the person against whom the complaint is made be suspended from practice as a health practitioner for such period, not exceeding 2 years, as the Resident Magistrate thinks fit; or
  - (e) that the name of the person against whom the complaint is made be struck off the register of health practitioners.
- (2) An order made under subsection (1) does not derogate from any right of action or other remedy, whether civil or criminal, in proceedings instituted otherwise than by virtue of this Act.
- (3) A penalty ordered under subsection (1)(b), may be recovered by the Republic as a civil debt.
- (4) Where a person whose name is ordered struck off under subsection (1)(e) is registered as a health practitioner in more than one class of health practitioner, the order may be made either generally or only in the class of health practitioner in respect of which the complaint is made.
- (5) An order may be made under subsection (1)(e) for the striking off of a person's name from the register notwithstanding that, before the order is made, his or her name has already been deleted from the register under Section 11.

### **14 Appeals**

A person aggrieved by a decision of the Resident Magistrate under this Section may appeal to the Supreme Court as if the decision were a final decision of the District Court.

### **15 Offences**

- (1) A person who practises as a health practitioner in the Republic, whether alone or with others:
  - (a) without being registered for the time being as a health practitioner in the appropriate class under this Act;
  - (b) while suspended from practice under Section 13; or
  - (c) in contravention of any limitation, restriction, term or condition of his or her registration,

commits an offence and upon conviction is liable to a fine not exceeding \$10,000.

- (2) The court convicting a person of an offence under subsection (1)(b) or (1)(c) may, in addition to, or instead of imposing a fine, order that the person's name is deleted from the register.
- (3) A person who employs, engages, supervises or has control over a person practising as a health practitioner:
  - (a) without being registered for the time as a health practitioner in the appropriate class under this Act;
  - (b) while suspended from practice under Section 13; or
  - (c) in contravention of any limitation, restriction, term or condition of his or her registration,
 commits an offence and upon conviction is liable to a fine not exceeding \$10,000.
- (4) The court convicting a person of an offence under subsection (2)(b) or (2)(c) and where the person convicted was a registered health practitioner, in addition to or instead of imposing a fine, order that the person be suspended or struck-off the register as a health practitioner.
- (5) A person who, without being registered for the time being in the appropriate class of health practitioner, in any manner holds himself or herself out to be or pretends to be or makes use of any words or description implying that he or she is:
  - (a) a health practitioner; or
  - (b) entitled to practice, whether alone or with others as a health practitioner, of a kind for which registration is required under this Act,
 commits an offence and upon conviction is liable to a fine not exceeding \$10,000.

[s 15 subst Act 29 of 2017 s 10, opn 19 Dec 2017]

## 16 Regulations

- (1) The Cabinet may make regulations on any matter necessary or convenient to give effect to this Act.
- (2) Without limiting subsection (1), the regulations may provide for:
  - (a) the qualifications for the classes of health practitioners;
  - (b) the standards of health practice;
  - (c) the standards of professional competence and conduct of health practitioners;
  - (d) the rules of professional conduct for health practitioners;
  - (e) prescribing fees;
  - (f) any forms that are required under this Act; and
  - (g) any other matters.

[s 16 subst Act 29 of 2017 s 11, opn 19 Dec 2017]



## **SCHEDULE 1**

*[Section 9]*

### **REGISTRATION FEES**

[Sch 1 rep Act 29 of 2017 s 12, opn 19 Dec 2017. The Health Practitioners (Registration Forms and Fees) Regulations 2018 apply.]



# Health Practitioners (Classes of Health Practitioners) Declaration 2018

## TABLE OF AMENDMENTS

The Health Practitioners (Classes of Health Practitioners) Declaration 2018 SL 5 was notified and commenced on 27 March 2018 (GN No 213/2018; Gaz 42/2018).

| Amending Legislation               | Notified    | Date of Commencement |
|------------------------------------|-------------|----------------------|
| Revised Written Laws Act 2021 No 7 | 1 June 2021 | 1 June 2021          |



# Health Practitioners (Classes of Health Practitioners) Declaration 2018

In the exercise of powers conferred upon me as Minister for Health and Medical Services pursuant to Section 3(4) of the *Health Practitioners Act 1999* ('the Act') and, on the recommendation of the Health Practitioners Registration Board, I hereby declare the following classes of health practitioners that require registration under the Act as well as the applicable fees:

| <b>CLASS OF HEALTH PRACTITIONER</b> | <b>REGISTRATION FEE</b> | <b>ANNUAL RENEWAL OF REGISTRATION FEE (\$)</b> |
|-------------------------------------|-------------------------|------------------------------------------------|
| Midwife                             | \$200                   | \$100                                          |
| Specialist Nurse                    | \$200                   | \$100                                          |
| Nurse Practitioner                  | \$200                   | \$100                                          |
| Medical Laboratory Scientist        | \$300                   | \$150                                          |
| Paramedic                           | \$50                    | \$30                                           |
| Intern Medical Officer              | \$50                    | -                                              |



# Health Practitioners (Registration Forms and Fees) Regulations 2018

## TABLE OF PROVISIONS

| <i>Regulation</i> | <i>Title</i>                                                          |
|-------------------|-----------------------------------------------------------------------|
| 1                 | Citation                                                              |
| 2                 | Commencement                                                          |
| 3                 | Application to register as health practitioner                        |
| 4                 | Registration fee                                                      |
| 5                 | Certificate of enrolment                                              |
| 6                 | Annual practicing certificate                                         |
| 7                 | Annual renewal of practicing certificate fee                          |
| 8                 | Temporary registration                                                |
|                   | SCHEDULE 1 — APPLICATION FOR REGISTRATION AS A HEALTH PRACTITIONER    |
|                   | SCHEDULE 2 — CERTIFICATE OF ENROLLMENT OF ROLL OF HEALTH PRACTITIONER |
|                   | SCHEDULE 3 — ANNUAL PRACTICING CERTIFICATE 20...                      |
|                   | SCHEDULE 4 — TEMPORARY PRACTICING CERTIFICATE 20...                   |
|                   | SCHEDULE 5 — FEES                                                     |



# Health Practitioners (Registration Forms and Fees) Regulations 2018

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## TABLE OF AMENDMENTS

The Health Practitioners (Registration Forms and Fees) Regulations 2018 SL 6 were notified and commenced on 27 March 2018 (GN No 214/2018; Gaz 43/2018).

| Amending Legislation               | Notified    | Date of Commencement |
|------------------------------------|-------------|----------------------|
| Revised Written Laws Act 2021 No 7 | 1 June 2021 | 1 June 2021          |



The Cabinet makes the following Regulations under Section 16 of the *Health Practitioners Act 1999*:

**1 Citation**

These Regulations may be cited as the *Health Practitioners (Registration Forms and Fees) Regulations 2018*.

**2 Commencement**

These Regulations commence on the day they are notified in the Gazette.

**3 Application to register as health practitioner**

For the purposes of Section 7 of the Act, the form for an application to register as a health practitioner is set out in Schedule 1.

**4 Registration fee**

For the purposes of Section 9(1) of the Act, the registration fee to be paid by a person applying for registration under Regulation 3 is set out in Schedule 5.

**5 Certificate of enrolment**

For the purposes of Section 8(4) of the Act, a person who meets the requirements for registration shall be enrolled as a health practitioner and granted a certificate of enrolment as set out in Schedule 2.

**6 Annual practicing certificate**

- (1) The Board may grant an annual practicing certificate to an applicant on the receipt and consideration of an application under Regulation 3 and on the payment of the registration fee set out in Schedule 5.
- (2) The prescribed form for the annual practicing certificate is set out in Schedule 3.

**7 Annual renewal of practicing certificate fee**

For the purposes of Section 9(1) of the Act, the fee for the annual renewal of a practicing certificate to be paid by a health practitioner is set out in Schedule 5.

**8 Temporary registration**

- (1) For the purposes of Section 7A of the Act, a health practitioner may apply for temporary registration in the form set out in Schedule 1.
- (2) A health practitioner who applies for registration under subregulation (1), shall provide with his or her application, a letter of recommendation from a specialist or general health practitioner resident in the Republic.
- (3) The prescribed form for a temporary practicing certificate is set out in Schedule 4.
- (4) A health practitioner who applies for temporary registration shall pay the fee set out in Schedule 5.



## SCHEDULE 1



### REPUBLIC OF NAURU

#### HEALTH PRACTITIONERS ACT 1999

[Section 7; Regulation 3]

#### APPLICATION FOR REGISTRATION AS A HEALTH PRACTITIONER

|                                                                                |                                                                          |                                                                                                                                                                       |                   |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 1. Personal Information:                                                       |                                                                          |                                                                                                                                                                       |                   |
| Surname:                                                                       |                                                                          |                                                                                                                                                                       |                   |
| Given Names:                                                                   |                                                                          | Preferred Title:<br><input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Prof. |                   |
| Date of Birth:                                                                 | Gender: <input type="checkbox"/> Male<br><input type="checkbox"/> Female | Country of<br>Citizenship:                                                                                                                                            | Country of Birth: |
| Telephone (include country & area codes) -<br>Home:                            |                                                                          | Permanent Postal Address:                                                                                                                                             |                   |
| Residential Address:                                                           |                                                                          |                                                                                                                                                                       |                   |
| Mobile:                                                                        |                                                                          | Email:                                                                                                                                                                |                   |
| Passport No:                                                                   |                                                                          | Drivers' License No:                                                                                                                                                  |                   |
| Identification sighted ( <i>copy to be attached</i> ):<br>(Non-Nauruans only): |                                                                          | Tax ID No. (if available):                                                                                                                                            |                   |
| Next of Kin:                                                                   |                                                                          | Relationship:                                                                                                                                                         |                   |
| Address of next of kin:                                                        |                                                                          | Telephone number of next of kin (include<br>country & area codes):                                                                                                    |                   |

| 2. Health Registration held in Nauru and elsewhere: |         |                          |             |                             |
|-----------------------------------------------------|---------|--------------------------|-------------|-----------------------------|
| Date of entry                                       | Country | Registering<br>Authority | Valid until | Category of<br>registration |
|                                                     |         |                          |             |                             |
|                                                     |         |                          |             |                             |
|                                                     |         |                          |             |                             |

|                                                                             |                                          |
|-----------------------------------------------------------------------------|------------------------------------------|
| 3. Category of Application for Registration sought:                         |                                          |
| <input type="checkbox"/> General medical practitioner                       | <input type="checkbox"/> Pharmacist      |
| <input type="checkbox"/> Specialist medical practitioner in<br>the field of | <input type="checkbox"/> Physiotherapist |
|                                                                             | <input type="checkbox"/> Psychiatrist    |

|                                              |                                                         |
|----------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Dental practitioner | <input type="checkbox"/> Radiographer                   |
| <input type="checkbox"/> Nurse               | <input type="checkbox"/> Laboratory Technician          |
| <input type="checkbox"/> Nurse anaesthetist  | <input type="checkbox"/> Laboratory Scientist           |
| <input type="checkbox"/> Midwife             | <input type="checkbox"/> Paramedic                      |
| <input type="checkbox"/> Specialist Nurse    | <input type="checkbox"/> Intern Medical Officer         |
| <input type="checkbox"/> Nurse Practitioner  | <input type="checkbox"/> Other ( <i>specify</i> ):..... |

State any specialty or area of practice:

|                                  |                                   |                                |
|----------------------------------|-----------------------------------|--------------------------------|
| 4. Primary Health Qualification: |                                   |                                |
| Qualification:                   | Name of Tertiary Institute:       | Address of Tertiary Institute: |
|                                  |                                   |                                |
| Length of program: months/years  | Clinical instruction received at: | Language of instruction:       |

|                                                              |                              |                 |                   |
|--------------------------------------------------------------|------------------------------|-----------------|-------------------|
| 5. Probationary or Internship Training Completed as follows: |                              |                 |                   |
|                                                              | <b>Institution, Place</b>    | <b>Duration</b> | <b>Month/year</b> |
| <b>Clinical Discipline</b>                                   | Give name of hospital & city | in months       | completed         |
| <b>Doctors:</b>                                              |                              |                 |                   |
| Internal Medicine                                            |                              |                 |                   |
| General Surgery                                              |                              |                 |                   |
| Orthopaedics                                                 |                              |                 |                   |
| Paediatrics                                                  |                              |                 |                   |
| Obstetrics & Gynaecology                                     |                              |                 |                   |
| Anaesthesiology                                              |                              |                 |                   |
| Emergency Medicine/GOPD                                      |                              |                 |                   |
| Mental Health                                                |                              |                 |                   |
| Public Health                                                |                              |                 |                   |
| <b>Nurses:</b>                                               |                              |                 |                   |
| Registered Nurse                                             |                              |                 |                   |
| Midwife                                                      |                              |                 |                   |
| Specialist Nurse (Specify )                                  |                              |                 |                   |
| Nurse Practitioner                                           |                              |                 |                   |
| Other (Specify )                                             |                              |                 |                   |
| <b>Allied Health:</b>                                        |                              |                 |                   |
| Radiographer                                                 |                              |                 |                   |
| Medical Laboratory Scientist/Technician                      |                              |                 |                   |
| Physiotherapist                                              |                              |                 |                   |
| Paramedic                                                    |                              |                 |                   |

|                                     |                         |                                |                                                       |
|-------------------------------------|-------------------------|--------------------------------|-------------------------------------------------------|
| 6. Postgraduate Degrees / Diplomas: |                         |                                |                                                       |
| <b>Date (year/month)</b>            | <b>Degree / diploma</b> | <b>Language of instruction</b> | <b>Full name and location of conferring authority</b> |

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|                                                          |                                |
|----------------------------------------------------------|--------------------------------|
| 7. Other certificates and qualifications (in any field): |                                |
| <b>Name of Certificate or Qualification</b>              | <b>Language of instruction</b> |
|                                                          |                                |
|                                                          |                                |
|                                                          |                                |
|                                                          |                                |

|                                       |                |                              |
|---------------------------------------|----------------|------------------------------|
| 8. Disciplinary Enquiries and Charges |                |                              |
| <b>Date</b>                           | <b>Country</b> | <b>Details &amp; Outcome</b> |
|                                       |                |                              |
|                                       |                |                              |
|                                       |                |                              |

|                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9. Current location and sphere of medical practice:                                                                                                                              |
| Including hospital / academic appointments: <i>Give full name and address of employing authority; or, if relevant name partners in private practice or solo private practice</i> |

|                                                                                                                                                                                                                           |                             |                              |              |                                                           |                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------|--------------|-----------------------------------------------------------|--------------------------------------|
| 10. Summary Record of Health 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." |                             |                              |              |                                                           |                                      |
|                                                                                                                                                                                                                           | <b>From:<br/>Month/year</b> | <b>Until:<br/>Month/year</b> | <b>Post:</b> | <b>Location:<br/>Name of<br/>hospital, &amp;<br/>city</b> | <b>Clinical area<br/>of practice</b> |
| 1.                                                                                                                                                                                                                        |                             |                              |              |                                                           |                                      |
| 2.                                                                                                                                                                                                                        |                             |                              |              |                                                           |                                      |
| 3.                                                                                                                                                                                                                        |                             |                              |              |                                                           |                                      |
| 4.                                                                                                                                                                                                                        |                             |                              |              |                                                           |                                      |
| 5.                                                                                                                                                                                                                        |                             |                              |              |                                                           |                                      |
| 6.                                                                                                                                                                                                                        |                             |                              |              |                                                           |                                      |
| 7.                                                                                                                                                                                                                        |                             |                              |              |                                                           |                                      |
| 8.                                                                                                                                                                                                                        |                             |                              |              |                                                           |                                      |

|                                                                                 |                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11. Medical / Fitness for Practice:                                             |                                                                                                                                                                                                                                              |
| <input type="checkbox"/>                                                        | 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:      If Yes, please provide details of condition(s) (include date of injury/ illness). |
| <input type="checkbox"/>                                                        | Do you have any medical condition which may place you or your patients at risk or harm? Yes/No      If Yes, please detail conditions (include date of injury/ illness).                                                                      |
| Provide details of your current Hepatitis B immunization and current TB status. |                                                                                                                                                                                                                                              |

|                                                                                            |
|--------------------------------------------------------------------------------------------|
| 12. Continuing Professional Development: List all CPD activities in the previous 12 months |
|--------------------------------------------------------------------------------------------|

| Date | Activity | Hours |
|------|----------|-------|
|      |          |       |
|      |          |       |

## 13. Professional Indemnity:

*If you are a private practitioner of your profession not employed by the Government of Nauru answer this question* - Do you have professional indemnity cover insurance?

Yes/No: If yes, please provide the details and evidence. If No, please advise you intentions for obtaining cover.

## 14. Criminal Convictions:

Do you have any criminal convictions? Yes/No: If yes, please provide detail stating the year(s) and nature of the convictions (s)

Are you currently facing any criminal charges in Nauru or elsewhere? Yes/No: If yes, please provide details

## 15. Declaration by Applicant:

- I undertake to display my annual practicing licence in the public area of my private practice and ensure that patients are aware of the status and conditions.
- I undertake to comply with all relevant legislation and Board guidelines, regulations, codes & standards.
- I undertake to provide to the Board police clearance reports from all jurisdictions I have practised in should the Board require such documents.
- I undertake to provide to the Board medical reports should the Board require such documents.
- I undertake to inform the Board within 30 days should any of the details stated on this form change.
- I undertake to cooperate with the Board in all matters including complaints and disciplinary proceedings.
- I consent to the Board divulging relevant practice details as it sees fit.
- I consent to the Board 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 may result in the revocation of my practicing certificate.
- I solemnly declare to the best of my knowledge that all information provided are true and correct.
- I undertake to uphold the Health profession in the highest esteem.

Signed: ..... Date: ...../...../20....

Name: \_\_\_\_\_ Place: \_\_\_\_\_

1. **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 Registration authority of the applicant's citizenship will be notified. The application for registration in Nauru will be unsuccessful; or provisional registration, if already given, will be cancelled.

Note 1: The Health Practitioners Board will determine your eligibility for registration.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Note 2:</p> <p>Note 3:</p> <p>Note 4:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p>If you are determined to be eligible, your registration will be confirmed when you present your original documents, or original notarised copies of the same, to the Registrar, Health Registration Board, for inspection and verification of the copies you have submitted.</p> <p>Health Practitioners coming from outside Nauru on first appointment may be granted conditional registration for a period of four (4) months, which will be confirmed subject to satisfactory performance.</p> <p>Applications for Temporary Registration, for visits by consultants for specific projects, must be accompanied by letters of recommendation from the medical practitioner, resident in Nauru, who is responsible for the project.</p> <p>Applicants for renewal of registration who have been registered in Nauru 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.</p> |
| <p><b>2. <u>Supporting Documents Required:</u></b></p> <p>Please submit the following documents with this application:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Curriculum Vitae.</li> <li><input type="checkbox"/> Certified copy of Basic Medical/Nursing qualification.</li> <li><input type="checkbox"/> Certified copy of postgraduate qualifications.</li> <li><input type="checkbox"/> Three professional references.</li> <li><input type="checkbox"/> Digital passport style colour photograph on the front page which must be not more than one month old.</li> <li><input type="checkbox"/> Certificate of Good Standing from the Registration authority of your current/most recent place of practice, dated not more than 3 months before the date of this application (ONLY FOR OVERSEAS APPLICANTS).</li> <li><input type="checkbox"/> Certified copy of driver's license.</li> <li><input type="checkbox"/> Certified copy of passport.</li> <li><input type="checkbox"/> Evidence of Continuing Professional Development.</li> <li><input type="checkbox"/> Evidence of Professional Indemnity (<i>if applicable</i>).</li> <li><input type="checkbox"/> Police clearance report from all jurisdictions where applicant has practised (<i>if applicable</i>).</li> </ul> <p>Note: if you are already enrolled as a health practitioner, you are not required to provide the details above but attach a certified copy of:</p> <ul style="list-style-type: none"> <li>(a) Certificate of enrolment of Roll of Health Practitioners;</li> <li>(b) A current or last expired annual practicing certificate.</li> </ul> <p><b>NOTE:</b> Download and fill in the blank spaces. Email to hprbnauru@gmail.com. Or print and manually fill blanks then scan and email or hand deliver to Secretary of the Board. No signature is required if emailing electronically filled form.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <p><b>16. Payment:</b></p> <p>Please make cheques payable to the Government of Nauru. For bank transfers ensure mail evidence of payment.</p> <p><u>Preferred method of payment of registration fees</u></p> <p><input type="checkbox"/>Cash    <input type="checkbox"/>Transfer Credit to Government nominated account    <input type="checkbox"/>Cheque</p> <p><b>NB: We do not accept cash through mail.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |



## SCHEDULE 2

[Section 8(4); Regulation 5]

### CERTIFICATE OF ENROLLMENT OF ROLL OF HEALTH PRACTITIONER



**REPUBLIC OF NAURU**

HEALTH PRACTITIONERS ACT 1999

#### **CERTIFICATE OF ENROLMENT OF ROLL OF HEALTH PRACTITIONERS**

This is to certify that.....of.....  
has duly complied with the requirements of the *Health Practitioners Act 1999* and is hereby  
enrolled to practice as a health practitioner as.....in the Republic of Nauru.

Granted under the Seal of the Health Practitioners Registration Board on the day  
of 20.....

.....

**CHAIRPERSON**



### SCHEDULE 3



#### REPUBLIC OF NAURU

#### HEALTH PRACTITIONERS ACT 1999

[Section 8(5); Regulation 6]

#### ANNUAL PRACTICING CERTIFICATE 20...

Registration Class

|                                                                                                                   |                                 |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------|
| <br><i>Photo of practitioner</i> | <b>REGISTRATION NUMBER</b>      |
|                                                                                                                   | [CLASS OF PRACTICE]             |
|                                                                                                                   | [NAME OF PRACTITIONER]          |
|                                                                                                                   | <b>Validity of Certificate:</b> |
| CLASS(ES) OF REGISTRATION:                                                                                        |                                 |
| CONDITIONS:                                                                                                       |                                 |

I hereby certify that the aforementioned person has complied with all the requirements prescribed by the *Health Practitioners Act 1999* and is authorised to practice as ..... for a period of 12 months with effect from the date of issue.

Issued by the Health Practitioners Registration Board on the ..... day of ..... 20.....

.....

**CHAIRPERSON**

*Note: any alteration or marks invalidates the Certificate.*



## SCHEDULE 4



### REPUBLIC OF NAURU

#### HEALTH PRACTITIONERS ACT 1999

[Section 7A; Regulation 8]

### TEMPORARY PRACTICING CERTIFICATE 20...

Registration Class

|                                                                                                                   |                                 |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------|
| <br><i>Photo of practitioner</i> | <b>REGISTRATION NUMBER</b>      |
|                                                                                                                   | [CLASS OF PRACTICE]             |
|                                                                                                                   | [NAME OF PRACTITIONER]          |
|                                                                                                                   | <b>Validity of Certificate:</b> |
| CLASS(ES) OF REGISTRATION:                                                                                        |                                 |
| CONDITIONS:                                                                                                       |                                 |

I hereby certify that the aforementioned person has complied with all the requirements prescribed by the *Health Practitioners Act 1999* and is admitted to practice as ..... for a period of ..... months with effect from the date of issue.

Issued by the Health Practitioners Registration Board on the ..... day of ..... 20.....

.....

**CHAIRPERSON**

*Note: any alteration or marks invalidates the Certificate.*



## SCHEDULE 5

[Section 9; Regulations 4, 7 and 8]

### FEES

| CLASS OF HEALTH PRACTITIONER    | REGISTRATION FEE (\$) | ANNUAL RENEWAL OF PRACTICING CERTIFICATE FEE (\$) |
|---------------------------------|-----------------------|---------------------------------------------------|
| Specialist medical practitioner | \$500                 | \$300                                             |
| General medical practitioner    | \$500                 | \$300                                             |
| Dental practitioner             | \$500                 | \$300                                             |
| Nurse                           | \$200                 | \$100                                             |
| Nurse anaesthetist              | \$200                 | \$100                                             |
| Midwife                         | \$200                 | \$100                                             |
| Specialist Nurse                | \$200                 | \$100                                             |
| Nurse Practitioner              | \$200                 | \$100                                             |
| Pharmacist                      | \$500                 | \$300                                             |
| Psychiatrist                    | \$300                 | \$150                                             |
| Physiotherapist                 | \$300                 | \$150                                             |
| Radiographer                    | \$200                 | \$100                                             |
| Medical Laboratory Scientist    | \$300                 | \$150                                             |
| Medical Laboratory Technician   | \$200                 | \$100                                             |
| Paramedic                       | \$50                  | \$30                                              |
| Intern Medical Officer          | \$50                  | -                                                 |
| Temporary Registration          | \$200                 | -                                                 |

#### NOTE:

Health Practitioners employed by the Republic of Nauru are exempt from paying fees for registration and renewal of annual practicing certificate.



# Health Practitioners (Overseas Medical Referrals Compliance) Regulations 2019

## TABLE OF PROVISIONS

| <i>Regulation</i> | <i>Title</i>                                       |
|-------------------|----------------------------------------------------|
| 1                 | Citation                                           |
| 2                 | Commencement                                       |
| 3                 | Interpretation                                     |
| 4                 | Internal medical referrals                         |
| 5                 | Overseas medical referrals                         |
| 6                 | Conditions for overseas medical referral           |
| 7                 | Particulars required for referral to hospital      |
| 8                 | Particulars required for overseas medical referral |
| 9                 | Emergency referral                                 |
| 10                | Approval of Minister                               |
| 11                | Notification of decisions of Committee             |
| 12                | Duty to keep a register of referrals               |
| 13                | Overseas Medical Referral Compliance Committee     |

### SCHEDULE

FORM 1 — HOSPITAL REFERRAL REQUEST

FORM 2 — OVERSEAS MEDICAL REFERRAL FORM



# Health Practitioners (Overseas Medical Referrals Compliance) Regulations 2019

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## TABLE OF AMENDMENTS

The Health Practitioners (Overseas Medical Referrals Compliance) Regulations 2019 SL 4 were notified and commenced on 15 February 2019 (GN No 135/2019; Gaz 28/2019).

| Amending Legislation               | Notified    | Date of Commencement |
|------------------------------------|-------------|----------------------|
| Revised Written Laws Act 2021 No 7 | 1 June 2021 | 1 June 2021          |



The Cabinet makes the following Regulations under Section 16 of the *Health Practitioners Act 1999*:

## **1 Citation**

These Regulations may be cited as the *Health Practitioners (Overseas Medical Referrals Compliance) Regulations 2019*.

## **2 Commencement**

These Regulations come into effect on the day they are notified in the Gazette.

## **3 Interpretation**

In these Regulations:

**‘assessment’** includes a general or specific clinical medical examination resulting in a provisional, differential or definitive diagnoses;

**‘Committee’** means the Overseas Medical Referrals Compliance Committee consisting of registered health practitioners and other members approved by the Minister;

**‘health practitioner’** has the same meaning given to it under the Act;

**‘health service provider’** includes a private health or medical practice or business established in the Republic for the purposes of providing health and medical services;

**‘hospital’** means the Republic of Nauru hospital including the public health centres and clinics;

**‘patient’** means a resident of the Republic requiring health and medical assessment or treatment;

**‘referral’** is the process by which the hospital, health practitioner or health service provider acting reasonably and prudently is of the opinion that additional expertise or differently resourced facility may be required to assess or treat a clinical condition of a patient by providing:

- (a) a specialised opinion based on clinical and other diagnostic records or provision of a laboratory specimen;
- (b) a specialised health or medical service;
- (c) admission, management and treatment to seek an expert opinion regarding the patient; or
- (d) other diagnostic or therapeutic treatment;

**‘resident of Nauru’** includes a citizen and any other person residing in Nauru in accordance with the laws of the Republic, but excludes temporary entrants under the *Immigration Regulations 2014* for a period not exceeding 30 days;

**‘telemedicine’** means the practice of health and medicine using any form of telecommunications, electronic audio and video communications or any other means of communication between a health practitioner outside the jurisdiction of the Republic and a patient, who is a resident of Nauru; and

*'treatment'* means the management and care of a patient to treat an injury, disease or disorder.

#### **4 Internal medical referrals**

- (1) A private health practitioner may make a referral of a patient to the hospital for medical assessment or treatment.
- (2) A private health service provider may make a referral of a patient to the hospital.
- (3) A public health centre or clinic may make referral of a patient to the Republic of Nauru hospital.
- (4) A private health practitioner or health service provider shall not make any direct referral of a patient for assessment or treatment overseas without prior referral to the hospital and approval of the Committee.
- (5) A referral under this Regulation shall only be made to and received by the hospital and under the hands of a health practitioner duly registered and has a current practising certificate under the *Health Practitioners Act 1999*.

#### **5 Overseas medical referrals**

- (1) The hospital may make recommendation to the Committee for an overseas referral of:
  - (a) a patient of the hospital; or
  - (b) a patient referred to the hospital under Regulation 4, after consultation with the health practitioner or health service provider referred to under Regulation (4)(1) or (2) respectively.
- (2) A health practitioner or health service provider may request the hospital to recommend the patient referred to the hospital under Regulation (4)(1) or (2) respectively to the Committee for an overseas medical referral.
- (3) Where the hospital declines to make a recommendation under subregulation (2), the hospital shall give reasons for its decision to the health practitioner or health service provider.
- (4) Where the hospital declines to make a recommendation to the Committee under subregulation (3), the health practitioner or health service provider may apply directly to the Committee giving reasons for an overseas medical referral.

#### **6 Conditions for overseas medical referral**

- (1) In considering an application for overseas medical referral, the Committee shall be satisfied that:
  - (a) the private health practitioner or health service provider and the hospital have adequately professionally assessed and treated the patient; and
  - (b) the hospital, health practitioner or health service provider acting reasonably and prudently are of the opinion that additional expertise or differently resourced facility are required for the assessment or treatment of the medical condition of the patient in the Republic; or
  - (c) where the hospital has sought an opinion of an overseas medical specialist in the ordinary course of assessing or treating the condition of the patient and the opinion requires an overseas medical referral.

- (2) The Committee in making an overseas medical referral may prescribe the type and purpose of referral.
- (3) The Committee's determination and deliberation for the overseas medical referral of a patient shall be based on the medical and clinical records or opinion of a specialist health practitioner provided under subregulation (1)(c).
- (4) The Committee shall not make an overseas medical referral:
  - (a) in the case of a patient, who voluntarily or when ordered by the Supreme Court, refuses to undergo an assessment or treatment by a health practitioner, health service provider or hospital;
  - (b) in the case of a patient, who presents a report or referral by an overseas medical practitioner or health practitioner not registered under the Act; or
  - (c) in the case of any referral, prepared by a health practitioner or health service provider on the recommendation of an overseas health practitioner by telemedicine examination or diagnosis.
- (5) Where a private health practitioner or health service provider requires the Committee to consider a medical opinion prepared by a registered medical practitioner from outside the jurisdiction of the Republic, the Committee may consider the report.

## **7 Particulars required for referral to hospital**

- (1) A referral request by a health practitioner, health service provider or a public health centre or clinic to the hospital shall be in Form 1 of the Schedule and provide the following:
  - (a) a completed standard referral form shall accompany any patient being referred;
  - (b) the standard referral form shall be filled and a copy kept in the referring health practitioner, health service provider or a public health centre or clinic; and
  - (c) the standard referral form shall contain:
    - (i) name;
    - (ii) date of birth;
    - (iii) gender;
    - (iv) address;
    - (v) clinical history and examination findings;
    - (vi) results of relevant investigations;
    - (vii) diagnosis and treatment given;
    - (viii) the name, address, email and telephone number of the referring health practitioner or health service provider; and
    - (ix) the date and time of referral shall be indicated at all times.
- (2) The referring health practitioner or health service provider shall make the referral form under his or her name and signature.
- (3) The referral form shall indicate the urgency of the referral and the reason for the referral.

## **8 Particulars required for overseas medical referral**

- (1) A referral request by the hospital under Regulation 5(2) or a health practitioner or health service provider under Regulation 5(4) shall be in Form 2 of the Schedule.

- (2) The particulars required for overseas medical referral are:
- (a) a completed standard referral form shall accompany any patient being referred;
  - (b) the standard referral form shall be filled and a copy kept by the referring health practitioner, health service provider or the hospital; and
  - (c) the standard referral form shall contain:
    - (i) name;
    - (ii) date of birth;
    - (iii) gender;
    - (iv) address;
    - (v) clinical history and examination findings;
    - (vi) results of relevant investigations;
    - (vii) diagnosis and treatment given;
    - (viii) the name, address and telephone number of the referring facility and the facility being referred to;
    - (ix) the date and time of referral shall be indicated at all times; and
    - (x) a declaration by a health practitioner that he or she is professionally satisfied that the treatment of the condition of the patient for which referral is sought is not available in the Republic and the reasons for the unavailability of the assessment or treatment of the patient in the Republic.

## **9 Emergency referral**

- (1) Where an emergency referral is to be made for overseas treatment, the Chairperson of the Committee shall convene an urgent meeting of at least 3 members to make a recommendation for an urgent medical evacuation.
- (2) The referral form under Regulation 7 shall be completed by the health practitioner attending the patient in the Emergency Care Unit.

## **10 Approval of Minister**

- (1) The recommendation of the Committee for overseas medical referrals shall be submitted to the Minister for approval of overseas medical referrals.
- (2) The Minister shall approve the recommendation of the Committee unless the Minister has legitimate reason or cause to do otherwise.

## **11 Notification of decisions of Committee**

The Director of Medical Services shall inform the appropriate authorities and Government departments in writing of the list of approved overseas medical referrals to enable medical evacuations.

## **12 Duty to keep a register of referrals**

- (1) A health practitioner, health service provider, public health centres and clinics, Republic of Nauru Hospital and the Committee shall each keep their respective register of all referrals made.
- (2) The register shall contain the following information:
  - (a) patient name, date of birth, gender;
  - (b) presenting complaints;
  - (c) clinical history and examination findings;

- (d) results of relevant investigations;
- (e) diagnosis and treatment given;
- (f) specialty required;
- (g) type of referral;
- (h) overseas hospital; and
- (i) medical and family escort.

### **13 Overseas Medical Referral Compliance Committee**

- (1) The Committee shall consist of:
  - (a) Director of Medical Services;
  - (b) Director of Public Health;
  - (c) Director of Nursing;
  - (d) a specialist medical practitioner relevant to the nature of the health and medical condition of the patient;
  - (e) a private health practitioner if available or a health practitioner of a health service provider; and
  - (f) health advisor.
- (2) Subject to Regulation 9, the quorum for a meeting of the Committee shall be 4 of the 6 members.



## SCHEDULE

### FORM 1



REPUBLIC OF NAURU

HEALTH PRACTITIONER ACT 1999

*[Regulation 7]*

#### HOSPITAL REFERRAL REQUEST

##### 1. Patient details

|                                                 |  |
|-------------------------------------------------|--|
| SURNAME:                                        |  |
| GIVEN NAMES:                                    |  |
| DATE OF BIRTH:                                  |  |
| GENDER:                                         |  |
| ADDRESS:                                        |  |
| MOBILE NUMBER:                                  |  |
| EMERGENCY CONTACT<br>NAME AND MOBILE<br>NUMBER: |  |

##### 2. Details of Referral

|                                                        |                                                                                                                                                   |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| DIAGNOSIS:                                             | .....<br>.....                                                                                                                                    |
| REASON FOR REFERRAL:                                   | .....<br>.....                                                                                                                                    |
| SPECIALTY REQUIRED:                                    | .....<br>.....                                                                                                                                    |
| NAME OF HEALTH<br>PRACTITIONER<br>REQUESTING REFERRAL: |                                                                                                                                                   |
| TYPE OF REFERRAL:                                      | <input type="checkbox"/> Review<br><input type="checkbox"/> Non-Urgent<br><input type="checkbox"/> Urgent<br><input type="checkbox"/> Very urgent |
| OTHER REQUIREMENTS:                                    |                                                                                                                                                   |

## FORM 2



REPUBLIC OF NAURU

HEALTH PRACTITIONER ACT 1999

*[Regulation 8]*

## OVERSEAS MEDICAL REFERRAL FORM

## 1. Patient details

|                                                 |  |
|-------------------------------------------------|--|
| SURNAME:                                        |  |
| GIVEN NAMES:                                    |  |
| DATE OF BIRTH:                                  |  |
| GENDER:                                         |  |
| ADDRESS:                                        |  |
| MOBILE NUMBER:                                  |  |
| EMERGENCY CONTACT<br>NAME AND MOBILE<br>NUMBER: |  |

## 2. Details of Referral

|                         |                                                                                                                                                   |        |              |        |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------|--------|
| DIAGNOSIS:              | .....                                                                                                                                             |        |              |        |
| REASON FOR<br>REFERRAL: | .....                                                                                                                                             |        |              |        |
| SPECIALTY REQUIRED:     | .....                                                                                                                                             |        |              |        |
| NAME OF CONSULTANT:     |                                                                                                                                                   |        |              |        |
| OVERSEAS HOSPITAL:      |                                                                                                                                                   |        |              |        |
| TYPE OF REFERRAL:       | <input type="checkbox"/> Review<br><input type="checkbox"/> Non-Urgent<br><input type="checkbox"/> Urgent<br><input type="checkbox"/> Very urgent |        |              |        |
| OTHER REQUIREMENTS:     | Full Stretcher:                                                                                                                                   | Yes/No | Wheel Chair: | Yes/No |
|                         | Three Seats:                                                                                                                                      | Yes/No | Ambulance:   | Yes/No |
|                         | Single Seat:                                                                                                                                      | Yes/No | Medivac:     | Yes/No |
|                         | Oxygen:                                                                                                                                           | Yes/No |              |        |

## 3. Escort

|                                          |  |
|------------------------------------------|--|
| MEDICAL ESCORT: Yes/No.<br>If yes, NAME: |  |
| FAMILY ESCORT: Yes/No. If<br>yes, NAME:  |  |

**Attach:**

1. Current or up to date medical report on the patient from the referring health practitioner or health service provider.

☐ Yes

☐ No

*(Stop the process if there is no current or up to date medical report)*

2. Nauru Airlines 'Medical Information Form' as required.

☐ Yes

☐ No

**Attending health practitioner::**

.....  
(Signature) (Name) (Date)

**ENDORSEMENT:****Director of Medical Services:**

.....  
(Signature) (Name) (Date)

**OVERSEAS REFERRAL OFFICER:**

Estimate costs: ..... Sub Head Balance: .....  
(Signature) (Date)

**OVERSEAS MEDICAL REFERRAL COMMITTEE RECOMMENDATION**

I, ..... in consideration of the provision of the government policy on overseas medical referrals, DO/DO NOT recommend government sponsorship of the referral.

**Comments:**

.....  
.....  
.....  
.....  
.....

---

.....  
(Signature) Chairperson (Date)

---

**MINISTER FOR HEALTH AND MEDICAL SERVICES APPROVAL**

- ☐ **Approved**  
☐ **Not Approved**

.....  
(Date)

.....  
Hon. Minister for Health and Medical Services, M.P.

# Health Practitioners (Telemedicine Prohibition) Regulations 2019

## TABLE OF PROVISIONS

| <i>Regulation</i> | <i>Title</i>                                                        |
|-------------------|---------------------------------------------------------------------|
| 1                 | Citation                                                            |
| 2                 | Commencement                                                        |
| 3                 | Interpretation                                                      |
| 4                 | Prohibition on the practice of telemedicine                         |
| 5                 | Health practitioners not to be registered for telemedicine practice |
| 6                 | Exception                                                           |
| 7                 | Consequences of breaching Regulations                               |
| 8                 | No obligation to act                                                |



# Health Practitioners (Telemedicine Prohibition) Regulations 2019

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## TABLE OF AMENDMENTS

The Health Practitioners (Telemedicine Prohibition) Regulations 2019 SL 6 were notified and commenced on 22 February 2019 (GN No 139/2019; Gaz 32/2019)

| Amending Legislation               | Notified    | Date of Commencement |
|------------------------------------|-------------|----------------------|
| Revised Written Laws Act 2021 No 7 | 1 June 2021 | 1 June 2021          |



The Cabinet makes the following Regulations under Section 16 of the *Health Practitioners Act 1999*:

## **1 Citation**

These Regulations may be cited as the *Health Practitioners (Telemedicine Prohibition) Regulations 2019*.

## **2 Commencement**

These Regulations come into effect on the day they are notified in the Gazette.

## **3 Interpretation**

In these Regulations:

**‘hospital’** means the Republic of Nauru Hospital including the public health centres and clinics;

**‘referral’** is the process by which the hospital, a health practitioner or a health service provider acting reasonably and prudently is of the opinion that additional expertise or differently resourced facility may be required to assess or treat a clinical condition of a patient by providing:

- (a) a specialised opinion based on clinical and other diagnostic records or provision of a laboratory specimen;
- (b) a specialised health or medical service;
- (c) admission, management and treatment to seek an expert opinion regarding the patient; or
- (d) other diagnostic or therapeutic treatment;

**‘resident of Nauru’** includes a citizen and any other person residing in Nauru in accordance with the laws of the Republic, but excludes temporary entrants under the *Immigration Regulations 2014* for a period not exceeding 30 days; and

**‘telemedicine’** means the practice of health and medicine using any form of telecommunications, electronic audio and video communications or any other means of communication between a health practitioner outside the jurisdiction of the Republic and a patient, who is a resident of Nauru.

## **4 Prohibition on the practice of telemedicine**

- (1) Subject to Regulation 6, no person shall practice or provide health and medical services by telemedicine to a resident of Nauru.
- (2) A registered health practitioner or a health service provider under the Act shall not:
  - (a) practice telemedicine; or
  - (b) aid, collude or abet a person including a resident of Nauru, contrary to the provisions of these Regulations.

## **5 Health practitioners not to be registered for telemedicine practice**

- (1) The Board shall not register a person to practice as a health practitioner in the Republic remotely from outside the jurisdiction of the Republic.

- (2) Where a health practitioner or a health service provider attempts to or conducts the practice of telemedicine in the Republic contrary to these Regulations, the Board may, suspend or cancel the registration or a current annual, special purpose or short term practicing certificate.

## **6 Exception**

- (1) These Regulations do not apply to the practice of telemedicine where:
  - (a) a health practitioner or health service provider is duly registered and has a current practicing certificate under the Act;
  - (b) the health practitioner or health service provider is practicing health and medicine in the Republic;
  - (c) the health practitioner or health service provider acting reasonably and prudently is of the opinion that telemedicine referral for the patient is necessary; and
  - (d) the health practitioner or health service provider practices telemedicine in consultation with and approval of the Director of Medical Services.
- (2) These Regulations do not apply to the provision of health and medical services by the Republic of Nauru Hospital.
- (3) The Minister may in consultation with the Cabinet by an Order grant exceptions under these Regulations.

## **7 Consequences of breaching Regulations**

- (1) A registered health practitioner or health service provider who attempts to or practices telemedicine contrary to these Regulations contravenes the Act.
- (2) A contravention of subregulation (1), may result in the Board suspending or cancelling the health practitioner's or health service provider's registration or current practicing certificate or both.

## **8 No obligation to act**

No person including the hospital, a health practitioner or a health service provider shall act in any manner whatsoever, at the request or opinion of any health and medical service provider from outside the jurisdiction of the Republic, who intends to or renders health and medical services by telemedicine contrary to these Regulations.