| additonal information for royal australiaisan college of physicians applicants | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *To assist the RACP to make a fair and robust assessment of the equivalency of your qualifications, training and experience RACP asks that you comprehensively complete the following document in addition to the VOC3.* | | | | | | | | | | | | | | | |
| *Pease complete every section including the self-review against the standard near the end of the form and type your answers in the boxes below which will expand to allow you to elaborate as necessary* | | | | | | | | | | | | | | | |
| General information | | | | | | | | | | | | | | | |
| Full Name: | | | | | | | |  | | | | | | | |
| Which medical or paediatric specialty/ies do you practice? | | | | | | | |  | | | | | | | |
| In preparation for an application for Fellowship do you give permission for MCNZ to pass your supervision reports to RACP? | | | | | | | | Yes/No | | | | Signature: | | | |
| Where do you intend to practice in New Zealand? *If yes describe location and type and size of institution* | | | | | | | |  | | | | | | | |
| Medical experience before entering training programme | | | | | | | | | | | | | | | |
| Please provide details of your internship (postgraduate year 1 and/or 2)after qualifying from medical school and any other experience obtained prior to entry into training | | | | | |  | | | | | | | | | |
| basic Training | | | | | | | | | | | | | | | |
| Did you complete a period of basic training in general medicine or general paediatrics?  *If yes complete the following sections* | | | | | | Yes/No | | | | | | | | | |
| Start and end dates: | | | |  | | | | | | | | | | | | |
| What was the duration of the training? | | | |  | | | | | | | | | | | | |
| Was there an entry requirement for this training? *If yes provide details* | | | |  | | | | | | | | | | | | |
| Country/ies of training: | | | |  | | | | | | | | | | | |
| Hospital/s Institution/s: | | | |  | | | | | | | | | | | |
| Position title/s: | | | |  | | | | | | | | | | | |
| Name of formal training program: | | | |  | | | | | | | | | | | |
| Details of rotations completed: | | | |  | | | | | | | | | | | |
| Details of inpatient duties: | | | |  | | | | | | | | | | | |
| Details of continuity of care including from initial assessment to discharge and/or follow up: | | | |  | | | | | | | | | | | |
| Details of on call responsibilities: | | | |  | | | | | | | | | | | |
| Details of level of supervision: | | | |  | | | | | | | | | | | |
| Details of procedures performed: | | | |  | | | | | | | | | | | | |
| What in-training assessments were undertaken? | | | |  | | | | | | | | | | | |
| Was there an exit assessment for this training? | | | |  | | | | | | | | | | | |
| Any other additional details you wish to provide: | | | |  | | | | | | | | | | | |
| Advanced Training | | | | | | | | | | | | | | | |
| Did you complete a period of advanced specialist training?  *If yes complete the following sections* | | | | | | | Yes/No | | | | | | | | |
| Start and end dates: | | |  | | | | | | | | | | | | |
| What was the duration of the training? | | |  | | | | | | | | | | | | |
| Was there an entry requirement for this training? *If yes provide details* | | |  | | | | | | | | | | | | |
| In what specialty/ies did you complete your training? | | |  | | | | | | | | | | | | |
| Country/ies of training: | | |  | | | | | | | | | | | | |
| Hospital/s Institution/s: | | |  | | | | | | | | | | | | |
| Position title/s: | | |  | | | | | | | | | | | | |
| Name of formal training program? | | |  | | | | | | | | | | | | |
| Details of rotations completed: | | |  | | | | | | | | | | | | |
| Details of inpatient duties: | | |  | | | | | | | | | | | | |
| Details of continuity of care including from initial assessment to discharge and/or follow up: | | |  | | | | | | | | | | | | |
| Details of on call responsibilities: | | |  | | | | | | | | | | | | |
| Details of level of supervision: | | |  | | | | | | | | | | | | |
| Details of procedures performed: | | |  | | | | | | | | | | | | |
| What in-training assessments were undertaken? | | |  | | | | | | | | | | | | |
| Was there an exit assessment for this training? | | |  | | | | | | | | | | | | |
| Do you have formal certification of completion of training including attainment of procedural competence, if applicable? | | |  | | | | | | | | | | | | |
| Any other additional details you wish to provide: | | |  | | | | | | | | | | | | |
| professional experience since completion of training | | | | | | | | | | | | | | | |
| **Key Professional Experience One** | | | | | | | | | | | | | | | |
| Position Title: | | | | | | | | | Start/end date: | | | | | | |
| Hospital/institution: | | | | | | | | | Country of practice: | | | | | | |
| Areas of expertise and/or special interest: |  | | | | | | | | | | | | | | |
| Summary of role: |  | | | | | | | | | | | | | | |
| Details of the nature of your professional relationships with your nursing, allied health and physician colleagues including your experience working in multidisciplinary teams: |  | | | | | | | | | | | | | | |
| Details of your inpatient and outpatient responsibilities including percentage of time spent in each: | Inpatient details | | | | | | | | | | Percentage | | | Outpatient details | Percentage |
|  | | | | | | | | | |  | | |  |  |
| Details of your acute and non-acute responsibilities including percentage of time spent in each: | Acute details | | | | | | | | | | Percentage | | | Non- acute details | Percentage |
|  | | | | | | | | | |  | | |  |  |
| Details of your on call responsibilities: |  | | | | | | | | | | | | | | |
| Details of procedural experience if applicable |  | | | | | | | | | | | | | | |
| **Key Professional Experience Two** | | | | | | | | | | | | | | | |
| Position Title: | | | | | | | | | Start/end date: | | | | | | |
| Hospital/institution: | | | | | | | | | Country of practice | | | | | | |
| Areas of expertise and/or special interest: |  | | | | | | | | | | | | | | |
| Summary of role: |  | | | | | | | | | | | | | | |
| Details of the nature of your professional relationships with your nursing, allied health and physician colleagues including your experience working in multidisciplinary teams: |  | | | | | | | | | | | | | | |
| Details of your inpatient and outpatient responsibilities including percentage of time spent in each: | Inpatient details | | | | | | | | | | Percentage | | Outpatient details | | Percentage |
|  | | | | | | | | | |  | |  | |  |
| Details of your acute and non-acute responsibilities including percentage of time spent in each: | Acute details | | | | | | | | | | Percentage | | Non- acute details | | Percentage |
|  | | | | | | | | | |  | |  | |  |
| Details of your on call responsibilities |  | | | | | | | | | | | | | | |
| Details of procedural experience if applicable |  | | | | | | | | | | | | | | |
| **Key Professional Experience Three** | | | | | | | | | | | | | | | |
| Position Title: | | | | | | | | | Start/end date: | | | | | | |
| Hospital/institution: | | | | | | | | | Country of practice: | | | | | | |
| Areas of expertise and/or special interest: |  | | | | | | | | | | | | | | |
| Summary of role: |  | | | | | | | | | | | | | | |
| Details of the nature of your professional relationships with your nursing, allied health and physician colleagues including your experience working in multidisciplinary teams: |  | | | | | | | | | | | | | | |
| Details of your inpatient and outpatient responsibilities including percentage of time spent in each: | Inpatient details | | | | | | | | | Percentage | | | Outpatient details | | Percentage |
|  | | | | | | | | |  | | |  | |  |
| Details of your acute and non-acute responsibilities including percentage of time spent in each: | Acute details | | | | | | | | | Percentage | | | Non- acute details | | Percentage |
|  | | | | | | | | |  | | |  | |  |
| Details of your on call responsibilities: | |  | | | | | | | | | | | | | |
| Details of procedural experience if applicable |  | | | | | | | | | | | | | | |
| **Key Professional Experience Four** | | | | | | | | | | | | | | | |
| Position Title: | | | | | | | | | Start/end date: | | | | | | |
| Hospital/institution: | | | | | | | | | Country of practice: | | | | | | |
| Areas of expertise and/or special interest: |  | | | | | | | | | | | | | | |
| Summary of role: |  | | | | | | | | | | | | | | |
| Details of the nature of your professional relationships with your nursing, allied health and physician colleagues including your experience working in multidisciplinary teams: |  | | | | | | | | | | | | | | |
| Details of your inpatient and outpatient responsibilities including percentage of time spent in each: | Inpatient details | | | | | | | | | Percentage | | | Outpatient details | | Percentage |
|  | | | | | | | | |  | | |  | |  |
| Details of your acute and non-acute responsibilities including percentage of time spent in each: | Acute details | | | | | | | | | Percentage | | | Non- acute details | | Percentage |
|  | | | | | | | | |  | | |  | |  |
| Details of your on call responsibilities: | |  | | | | | | | | | | | | | |
| Details of procedural experience if applicable |  | | | | | | | | | | | | | | |
| Continued medical Education | | | | | | | | | | | | | | | |
| Is there a formal CME/CPD requirement in your current country of practice? | | | | | Yes/No | | | | | | | | | | |
| Name of formal CME/CPD program participating in? | | | | |  | | | | | | | | | | |
| Details of formal CME/CPD program requirements: | | | | |  | | | | | | | | | | |
| Have you successfully completed requirements for each year enrolled? | | | | | Yes/No | | | | | | | | | | |
| Recertification or revalidation | | | | | | | | | | | | | | | |
| Is there a formal recertification or revalidation requirement in your country of practice? | | | | | Yes/No | | | | | | | | | | |
| What are the formal recertification or revalidation requirements in your country of practice? | | | | |  | | | | | | | | | | |
| Have you successfully completed recertification or revalidation requirements? | | | | | Yes/No | | | | | | | | | | |
| Details of any formal recertification or revalidation requirement for procedural skills, if relevant, including your compliance with the requirements? | | | | |  | | | | | | | | | | |
| JOb offer | | | | | | | | | | | | | | | |
| Please provide a copy of your offer of employment and position description if you have been offered a job in New Zealand. | | | | | | | | | | | | | | | |
| Referee | | | | | | | | | | | | | | | |
| If you are currently practicing in New Zealand please ensure either one of the referees you provide for MCNZ is your supervisor or that you provide an additional referee details of your NZ supervisor | | | | | | | | | | | | | | | |
| Self review against the standard | | | | | | | | | | | | | | | |
| Under New Zealand law, the Medical Council of New Zealand may only register an applicant who meets the following requirements:  • holds a prescribed qualification. A prescribed qualification is an approved medical qualification or an acceptable combination of overseas/New Zealand qualifications, training and experience; and  • is fit for registration; and  • is competent to practise within the relevant scope of practice.    The prescribed qualifications for vocational registration in internal medicine are either:  • Fellowship of the Royal Australasian College of Physicians - New Zealand (FRACP); or  • qualifications, training and experience considered by Council to be equivalent to, or as satisfactory as Fellowship of the Royal Australasian College of Physicians - New Zealand. | | | | | | | | | | | | | | | |
| The Medical Council of New Zealand (MCNZ) will ask the Royal Australasian College of Physicians (RACP) to assess whether your qualifications, training and experience equivalent to, or as satisfactory as Fellowship of RACP  To gain Fellowship of RACP an Australasian (Australian and New Zealand) trained physician will need to successfully complete the following:   * A medical qualification from an accredited medical school * At least one intern year * Basic Training which consists of 3 years in a formal, structured, supervised training programme with multiple rotations in general or paediatric medicine as well as a variety of specialties which are completed in a variety of settings. The Basic Training programme is geared towards a post grad qualification and uses work place based formative assessments. Trainees must also successfully complete both written and clinical examinations to complete Basic Training. * Advanced Training which consists of 3 years in a formal, structured supervised training programme. Multiple rotations in general or paediatric medicine and selected specialty/ies in a variety of settings. Trainees must successfully complete a number of frequent formative assessments of different types, summative evaluations and a regular review of progress.   Once advanced training is successfully completed a physician is eligible for Fellowship of RACP.  If there are differences or gaps found in your qualifications and training your professional experience since completion of training and CME/CPD will be assessed as to whether they help mitigate any differences and gaps. The following graph illustrates how your professional experience may be considered.  **Assessing qualifications, training and experience**  **Qualifications**  **Experience**  **Training**  Completed advanced specialist training  **Time**  Retirement | | | | | | | | | | | | | | | |
| Given the above explanation on the standard you are being assessed against; provide a self-review describing how you believe the combination of your qualifications, training and experience demonstrates your equivalency to an Australasian (Australian and New Zealand) trained physician/paediatrician with Fellowship of RACP (FRACP) practicing in the same vocational scope. If relevant detail how you believe your professional experience mitigates any differences in your training from the Australasian training. | | | | | | | | | | | | | | | |
| Self-review: | | | | | | | | | | | | | | | |