| Additional information for the Royal Australasian College of Physicians applicants – Sexual Health Medicine | | | | | |
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| *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. Please complete this form electronically. Hand-written forms will not be accepted.* | | | | | |
| General information | | | | | |
| Full Name: | | |  | | |
| Which medical or paediatric specialty/ies do you practice? | | |  | | |
| In which medical specialty/ies do you hold postgraduate qualifications? | | | Qualification title:  Year conferred:  University/institution:  (repeat as needed) | | |
| 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? *Describe location and type and size of institution* | | |  | | |
| Medical experience before entering training programme | | | | | |
| Please provide details of medical experience after qualifying from Medical School and prior to entry into training. | | |  | | |
| Basic training | | | | | |
| Did you complete a period of basic training in general medicine or general paediatrics? | | | Yes/No  If Yes, complete the following sections | | |
| Start and end dates: | | |  | | |
| What was the duration of the training? | | |  | | |
| Was there an entry requirement for this training? | | | Yes/No and provide details | | |
| Country/ies of training: | | |  | | |
| Hospital/s Institution/s: | | |  | | |
| Position title/s: | | |  | | |
| Name of formal training program: | | |  | | |
| RACP basic training program requires trainees to complete:   * 24 months minimum of core training, including:   + 12 months minimum in medical specialties   + 3 months minimum in general and acute care medicine * 12 months maximum of non-core training, which can be replaced by additional core training * at least 12 months at a Level 3 Teaching Hospital * at least 3 months outside a Level 3 Teaching Hospital * the completion of an Advanced Life Support course or equivalent   Please map your period of basic training to the RACP [curriculum](https://www.racp.edu.au/trainees/basic-training/adult-internal-medicine). | | | | | |
| Details of rotations completed in core training (including time per rotation and Hospital levels): | | |  | | |
| Details of non-core training (including time per rotation and Hospital levels): | | |  | | |
| Did you complete an Advanced Life support course or equivalent? | | | Yes/No and provide details | | |
| 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: | | |  | | |
| Were you required to keep a logbook? If yes, please provide with your application. | | |  | | |
| What in-training assessments were undertaken? | | |  | | |
| Was there an exit assessment for this training? | | | |  |  | | --- | --- | | **Exam**  National Examination  Regional Examination    External Examination  Local examiners    Other specify Click here | | | Format of the examination: |  | | Length of examination (hours): |  | | Pass rate and/or number of attempts: |  | | Length of training prior to exit examination: |  | | | |
| Any other additional details you wish to provide: | | |  | | |
| Advanced training | | | | | |
| Did you complete a period of advanced specialist training? | | | Yes/No  If Yes, complete the following sections | | |
| Start and end dates: | | |  | | |
| What was the duration of the training? | | |  | | |
| Was there an entry requirement for this training? | | | Yes/No and 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: | | | |  |  |  | | --- | --- | --- | | **Rotation** | | **Time of rotation (Full time equivalent)** | | Reproductive health | Yes |  | | HIV medicine | Yes |  | | Female sexual health with a focus on STIs and appropriate differential diagnosis | Yes |  | | Male sexual health with a focus on STIs and appropriate differential diagnosis | Yes |  | | Non-core/elective training | Provide details: |  | | | |
| Details of further 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? | | | |  |  | | --- | --- | | Case-based Discussions (CbD) | Yes | | Learning Needs Analysis (LNA) | Yes | | Logbook | Yes | | Mini-Clinical Evaluation Exercise (mini-CEX) | Yes | | Supervisor’s Reports | Yes | | Research requirements | Yes  If Yes, provide details: |   Other: | | |
| Details of formal Study requirements: | | |  | | |
| Was there an exit assessment for this training?  If Yes, provide details. | | | |  |  | | --- | --- | | **Exam**  National Examination  Regional Examination    External Examination  Local examiners    Other specify Click here | | | Format of the examination: |  | | Length of examination (hours): |  | | Pass rate and/or number of attempts: |  | | Length of training prior to exit examination: |  | | | |
| Any other additional details you wish to provide: | | |  | | |
| Professional experience since completion of training | | | | | |
| *Describe practice following completion of specialist training (copy table as required)* | | | | | |
| Consultant experience | | | | | |
| Position Title: | | | | Start/end date: | |
| Hospital/institution: | | | | Country of practice: | |
| Main responsibilities: |  | | | | |
| Details of the nature of your professional relationships with your peers: |  | | | | |
| 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 and provide details | | | |
| 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 and provide details | | | |
| Details of any formal recertification or revalidation requirement for procedural skills, if relevant, including your compliance with the requirements? | |  | | | |
| Ethics and professionalism | | | | | |
| Describe   1. application of ethical principles to clinical practice, research and physician-patient relationships; 2. development of a standard of personal conduct; 3. critical reflection on personal beliefs, biases and behaviors, their alignment with health care policy and impact on interaction with their patients. | | |  | | |
| Cultural safety | | | | | |
| Have you completed a course in cultural safety and health equity in the Aotearoa New Zealand context? | | | Yes/No  If Yes, please provide details: | | |
| Have you completed a course covering the New Zealand health and public policy system? | | | Yes/No  If Yes, please provide details: | | |
| If any of the areas identified above were not included in your training, have you gained experience in this area in any positions subsequently held (please provide details): | | |  | | |
| 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 practising in New Zealand, please ensure either that one of the referees you provide for MCNZ is your supervisor or that you provide the details of an additional referee that has worked with you in New Zealand. | | | | | |
| Self-review against the standard | | | | | |
| The Medical Council of New Zealand (MCNZ) may ask the Royal Australasian College of Physicians (RACP) to assess whether your qualifications, training, assessments, experience, recent practice and CPD to determine whether all of these components together will enable you to practice at a level comparable to the standard expected of an Australasian trained specialist commencing in the same field of practice.  You should familiarise yourself with the pathway to become a specialist in New Zealand. You should also review the relevant basic [<https://www.racp.edu.au/trainees/basic-training>] and the Sexual Health Medicine training program [<https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/sexual-health-medicine>] before applying for assessment. The assessors will use this curriculum as the standards for your assessment. | | | | | |
| 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 with Fellowship of the Australasian Chapter of Sexual Health Medicine (FAChSHM) 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:** | | | | | |