| Additional information for the Royal Australasian College of Physicians applicants – Public 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: |  | | |
| In which medical specialty/ies do you hold postgraduate qualifications? |  | | |
| Do you hold a Master of Public Health (or comparable degree)? | Yes/No | | |
| If yes, please fill in the information below:  Year conferred:  University/institution: | | |
| 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* |  | | |
| Post-graduate medical experience | | | |
| *RACP trainees are required to have three-years post graduate medical experience:**Internship year (i.e. regular face to face clinical patient contact)**At least one year full time equivalent clinical experience (i.e. regular face to face patient contact) in addition to an Internship**May include up to one year of a full time Master of Public Health.* *In the sections below you should include information regarding your post-graduate medical experience and map it with the RACP training program.* | | | |
| Did you complete a period of post-graduate medical experience Internship and at least one year FTE clinical experience)? | Yes/No  If Yes, complete the following sections | | |
| Start and end dates: |  | | |
| 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: |  | | |
| 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: |  | | |
| 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? |  | | |
| Any other additional details you wish to provide: |  | | |
| Master Public Health | | | |
| **Course Information** | | | |
| Name of Degree Program: |  | | |
| Degree: |  | | |
| University: |  | | |
| Academic Transcript (MPH): | You are required to submit a copy of your academic transcript for your MPH or equivalent degree.  Please indicate if this is attached:  Yes  No | | |
| **MPH Mapping Exercise**  *You are required to map your MPH (or equivalent) degree against the Faculty’s core discipline areas.*  *To assist you in this mapping exercise we suggest you reviewing the Public Health Medicine curriculum available here:* [*https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/public-health-medicine*](https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/public-health-medicine) | | | |
| Epidemiology  Complete: Yes / No |  | | |
| Biostatics  Complete: Yes / No |  | | |
| Health Protection (includes Environmental health and communicable disease prevention and control)  Complete: Yes / No |  | | |
| Health Promotion  Complete: Yes / No |  | | |
| Health Policy, Planning or Management  Complete: Yes / No |  | | |
| Examination equivalency | | | |
| **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: |  | | |
| Training placements | | | |
| Details of the institutions where training was gained: |  | | |
| Details the nature and length of terms undertaken including the total length of training: |  | | |
| Details of any research or presentations undertaken during advanced training: |  | | |
| Attainment of higher qualifications | | | |
| If higher qualifications are obtained as part or subsequent to specialist training, please describe the nature, awarding institution and time involved to complete the work: |  | | |
| Experience as a Public Health physician | | | |
| *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: |  | | |
| Public Health Medicine content: |  | | |
| 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 and details of formal CME/CPD program participating in: |  | | |
| 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 | | |
| Details of any formal recertification or revalidation requirement for procedural skills, if relevant, including your compliance with the requirements: |  | | |
| Other contributions to the field of Public Health Medicine | | | |
| Describe   1. any development of, or leadership n, professional or academic activity in the field; 2. contribution to undergraduate or postgraduate education on a regular basis; 3. details of publications in scientific journals and/or contributions to scientific meetings. |  | | |
| 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 Public Health Medicine training program [<https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/public-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 Faculty of Public Health Medicine (AFPHM) RACP (FAFPHM) 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:** | | | |