

SECTION 2

Basic Surgical Training

Did you complete a formal programme of basic surgical training before being accepted onto your advanced surgical training programme? Yes No

If not, please proceed to Section 4.

If yes, please provide details below.

Name of basic surgical training programme:

Institution awarding qualification:

Year awarded:

Copy of confirmation of completion submitted with MCNZ VOC3 application? Yes No

If not, please provide a copy.

Describe entry requirements (e.g. examinations, medical experience, skills courses):

Length of basic surgical training programme:

Describe the supervision during basic surgical training:

Did you complete documented in-training assessment(s) during your basic surgical training? Yes No

If yes, please submit copies with your MCNZ VOC3 application.

If there were undocumented in-training assessments, please describe those:

Examination(s): *If your basic surgical training included examinations please provide the dates you completed those, the components and the format, as well as, the name of the organization responsible for setting the examinations and assessing your results (e.g. your training hospital / a national training organization etc.).*

Did you maintain a logbook during basic surgical training? Yes No

If yes, please submit a copy with your MCNZ VOC3 application. The preferred format is an annual summary of procedures (a template is provided at Addendum A) that you performed including your role in theatre (e.g. observer / assistant / primary operator) **verified** by your training mentor / supervisor / professor. Please also submit raw logbook data if available.

If not because you trained prior to the introduction of electronic logbooks, please provide formal correspondence from your training organisation, which documents the operative requirements you had to meet during training.

Please do not include patient names.

SECTION 2 *continued*
Basic Surgical Training

What skills / education course(s) / online learning modules were required?

Copy of basic surgical training syllabus and/or curriculum submitted with MCNZ VOC3 application?

Yes No

If not, please provide a copy.

Please ensure the syllabus/curriculum pertains to the dates you were in training.

In the table below please list the rotations you completed during basic surgical training:

Rotation Start & End Dates	Employment Level e.g. house officer, registrar, medical officer	Specialty/ Subspecialty	Hospital	Country

SECTION 3

Medical Experience from end of basic surgical training to entering specialist surgical training

Did you proceed directly from basic surgical training into specialist surgical training? Yes No

If yes, please proceed to Section 4.

If not, please provide details in the table below of your experience between basic and advanced training.

Rotation Start & End Dates	Employment Level e.g. house officer, registrar, medical officer	Specialty/ Subspecialty	Hospital	Country

SECTION 4

Advanced Surgical Training

Name of advanced surgical training programme:

Institution awarding qualification:

Year awarded:

Copy of confirmation of completion submitted with MCNZ VOC3 application? Yes No
If not, please provide a copy.

Describe entry requirements (e.g. examinations, medical experience, skills courses) :

Length of advanced surgical training programme:

Describe supervision during advanced surgical training:

Did you complete documented in-training assessment(s) during advanced surgical training?

Yes No

If yes, please submit copies with your MCNZ VOC3 application.

If there were undocumented in-training assessments, please describe:

Examination(s): *If your advanced surgical training included examinations please provide the dates you completed those, the components and the format, as well as, the name of the organization responsible for setting the examination and assessing your results (e.g. your training hospital / a national training organization etc.).*

Did you maintain a logbook(s) during advanced surgical training? Yes No

If yes, please submit copies with your MCNZ VOC3 application. The preferred format is an annual summary of procedures (a template is provided at Addendum A) that you performed including your role in theatre (e.g. observer / assistant / primary operator) **verified** by your training mentor / supervisor / professor. Please also submit raw logbook data if available.

If not because you trained prior to the introduction of electronic logbooks, please provide formal correspondence from your training organisation, which documents the operative requirements you had to meet during training.

Please do not include patient names.

What skills / education course(s) / online learning modules were required?

Section 5

Professional Experience Since Completion of Surgical Training

Start & End Dates	Employment Level	Specialty/ Subspecialty	Hospital	Country

Summary of role:

On call responsibilities (if any):

Inpatient responsibilities:

Outpatient responsibilities:

Acute responsibilities:

Non-acute responsibilities:

Logbook(s) maintained during this period? Yes No

If *yes*, please submit copies with your MCNZ VOC3 application. The preferred format is an annual summary of procedures (a template is provided at Addendum A) that you performed including your role in theatre (e.g. observer / supervisor of a trainee / assistant / primary operator) **verified** by the head of department or hospital. Please also submit raw logbook data if available.

If *not*, because the country where you practised does not require you to maintain professional logbooks, please provide a logbook of procedures from the last 5 years, which is verified by the head of department / hospital.

Please do not include patient names.

Start & End Dates	Employment Level	Specialty/ Subspecialty	Hospital	Country

Summary of role:

On call responsibilities (if any):

Inpatient responsibilities:

Outpatient responsibilities:

Acute responsibilities:

Non-acute responsibilities:

Logbook(s) maintained during this period? Yes No

If *yes*, please submit copies with your MCNZ VOC3 application. The preferred format is an annual summary of procedures (a template is provided at Addendum A) that you performed including your role in theatre (e.g. observer / supervisor of a trainee / assistant / primary operator) **verified** by the head of department or hospital. Please also submit raw logbook data if available.

If *not*, because the country where you practised does not require you to maintain professional logbooks, please provide a logbook of procedures from the last 5 years, which is verified by the head of department / hospital.

Please do not include patient names.

Section 5 continued

Professional Experience Since Surgical Training

Start & End Dates	Employment Level	Specialty/ Subspecialty	Hospital	Country

Summary of role:

On call responsibilities (if any):

Inpatient responsibilities:

Outpatient responsibilities:

Acute responsibilities:

Non-acute responsibilities:

Logbook(s) maintained during this attachment? Yes No

If *yes*, please submit copies with your MCNZ VOC3 application. The preferred format is an annual summary of procedures (a template is provided at Addendum A) that you performed including your role in theatre (e.g. observer / supervisor of a trainee / assistant / primary operator) **verified** by the head of department or hospital. Please also submit raw logbook data if available.

If *not* because the country where you practised does not require you to maintain professional logbooks, please provide a logbook of procedures from the last 5 years, which is verified by the head of department / hospital.

Please do not include patient names.

Start & End Dates	Employment Level	Specialty/ Subspecialty	Hospital	Country

Summary of role:

On call responsibilities (if any):

Inpatient responsibilities:

Outpatient responsibilities:

Acute responsibilities:

Non-acute responsibilities:

Logbook(s) maintained during this attachment? Yes No

If *yes*, please submit copies with your MCNZ VOC3 application. The preferred format is an annual summary of procedures (a template is provided at Addendum A) that you performed including your role in theatre (e.g. observer / supervisor of a trainee / assistant / primary operator) **verified** by the head of department or hospital. Please also submit raw logbook data if available.

If *not* because the country where you practised does not require you to maintain professional logbooks, please provide a logbook of procedures from the last 5 years, which is verified by the head of department / hospital.

Please do not include patient names.

Section 6

Continuing Medical Education / Continuing Professional Development

Is there a formal CME / CPD / Recertification requirement in your current country of practice? Yes No

If yes, please provide details in sections a, b, c and d below.

If not a requirement, what activities do you undertake to maintain your professional abilities?

a.) Name of the overseeing organization that has set the CME / CPD / Recertification programme requirements:

b.) Copy of CME / CPD / Recertification programme requirements submitted with MCNZ VOC3 application?

Yes No

If not, please provide.

c.) Are you up to date with CME / CPD / Recertification requirement(s)? Yes No

d.) Copy of evidence of CME / CPD / Recertification compliance submitted with MCNZ VOC3 application?

Yes No

If not, please provide.

Copies of course attendance certificates submitted with MCNZ VOC3 application? Yes No

Do you participate in clinical audit? Yes No

If yes, is your clinical audit information peer reviewed? Yes No

If yes, please describe the peer review process:

Please describe any CME / CPD activities that promote self-reflection:

Section 7

Referee

If you are currently working in Aotearoa New Zealand please ensure a local consultant is one of your referees

Section 8

Document Checklist

1.	Basic surgical training completion certificate (e.g. BST, FRCS, MRCS etc.)	
2.	Documented in-training assessments for basic surgical training (e.g. DOPS, CBD, CEX, PBA etc.)	
3.	Verified basic surgical training logbook	
4.	Basic surgical training curriculum and/or syllabus for the time you trained	
5.	Advanced surgical training completion certificate (e.g. FRCS, MMed Specialist Certificate etc.)	
6.	Documented in-training assessments for advanced surgical training	
7.	Verified advanced surgical training logbook	
8.	Advanced surgical training curriculum and/or syllabus for the time you trained	
9.	Verified specialist logbook	
10.	CME / CPD / Recertification requirements	
11.	CME / CPD / Recertification compliance certificate	
12.	CME / CPD / Recertification course attendance certificates	

