

To facilitate comprehensive and fair assessment of your training and experience, the RACS asks that you complete the following form as well as the MCNZ VOC3 form.

### Information from applicants for Vocational Registration in:

Cardiothoracic Surgery, General Surgery, Neurosurgery, Orthopaedic Surgery, Otolaryngology Head & Neck Surgery, Paediatric Surgery, Plastic & Reconstructive Surgery, Urology, Vascular Surgery

Full name:

Surgical specialty:

Please ensure supporting documents are in English.

Did you proceed directly If yes, please proceed to	(from end of Medica / from medical school into	SECTION 1 Iedical Experience al School to entering sur o surgical training? Yes	rgical training) No	
If not, please provide de Rotation Start & End Dates	etails in the table below of Employment Level e.g. house officer, registrar, medical officer	f your pre-training exper Specialty/ Subspecialty	ience. Hospital	Country





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? YesNoIf 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 <i>yes</i> , 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) <b>verified</b> by your training mentor / supervisor / professor. Please also submit raw logbook data if available.
If <i>not</i> 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	on course(s) / online learning	g modules were required?			
	al training syllabus and/or cເ	urriculum submitted with M	CNZ VOC3 applicatio	n?	
Yes No					
If not, please provide					
Please ensure the sy	/llabus/curriculum pertains to	o the dates you were in trai	ning.		
In the table below ple	ease list the rotations you co	ompleted during basic surgi	ical training:		
Rotation Start &	Employment Level	Specialty/	Hospital	Country	
End Dates	e.g. house officer,	Subspecialty			
	registrar, medical officer				
		SECTION 3			
Medical Exp	erience from end of basic	surgical training to enter	ing specialist surgi	cal training	
Did you proceed dire	ctly from basic surgical trair	ning 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	Specialty/ Subspecialty	Hospital	Country	
LIN Dales	e.g. house officer, registrar, medical officer				



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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? YesNoIf 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 your 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 <i>yes</i> , 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) <b>verified</b> by your training mentor / supervisor / professor. Please also submit raw logbook data if available.
If <i>not</i> 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 4 continued

Advanced Surgical Training

Copy of advanced 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 advanced surgical training:

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



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 re	sponsibilities:	
Acute responsibilities:			Non-acute res	sponsibilities:	
Logbook(s) maintained	during this period? Yes	1	No		
procedures (a template	opies with your MCNZ V is provided at Addendum / assistant / primary ope a if available.	A) that y	you performed	including your role in t	heatre (e.g. observer
	If <i>not,</i> 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 <u>verified</u> by the head of department / hospital.				
Please do not include patient names.					
Start & End Dates	Employment Level	Specia Subspe		Hospital	Country
Summary of role:					
On call responsibilities (	if any):				
Inpatient responsibilities	Inpatient responsibilities: Outpatient responsibilities:				
Acute responsibilities:	ute responsibilities: Non-acute responsibilities:				
Logbook(s) maintained during this period? Yes No					
If <i>yes,</i> 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 ) <b>verified</b> by the head of department or hospital. Please also submit raw logbook data if available.					
If <i>not,</i> 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 <u>verified</u> by the head of department / hospital.					
Please do not include	patient names.				Page 6 of



Section 5 continued Professional Experience Since Surgical Training						
Start & End Dates	Employment Level	Specialty/ Subspecialty		Hospital	Country	
Summary of role:	<u> </u>	1				
On call responsibilities (	if any):					
Inpatient responsibilities			Outpatient re	sponsibilities:		
Acute responsibilities:			Non-acute res	sponsibilities:		
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	-					
Start & End Dates	Employment Level	Specia Subsp	alty/ ecialty	Hospital	Country	
Summary of role:	<u> </u>			1		
On call responsibilities (	if any):					
Inpatient responsibilities: Outpatient responsibilities:						
Acute responsibilities: Non-acute responsibilities:						
Logbook(s) maintained	during this attachment? Y	′es	No			
If <i>yes,</i> 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 ) <b>verified</b> by the head of department or hospital. Please also submit raw logbook data if available.						
	ntry where you practised ocedures from the last 5 y					
Please do not include						



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:
<ul> <li>b.) Copy of CME / CPD / Recertification programme requirements submitted with MCNZ VOC3 application?</li> <li>Yes No</li> <li>If not, please provide.</li> </ul>
c.) Are you up to date with CME / CPD / Recertification requirement(s)? Yes No
<ul> <li>d.) Copy of evidence of CME / CPD / Recertification compliance submitted with MCNZ VOC3 application?</li> <li>Yes No</li> <li>If not, please provide.</li> </ul>
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	

# SUMMARY LOGBOOK

NAME: \_\_\_\_\_

HOSPITAL NAME:

**DATE RANGE:** FROM\_\_\_\_\_\_TO\_\_\_\_\_TO\_\_\_\_\_

Procedure Name	Primary	Secondary	Assistant	Total
	Surgeon	Surgeon	Surgeon	

To be signed by Head of Department
Name:
Position:
Signature:
Date: