| Additional information for the Royal Australasian College of Physicians applicants – Rehabilitation 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? |  | | |
| 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 completed:**At least two years of full time equivalent postgraduate supervised training in general medical and surgical areas*  *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 postgraduate supervised training in general medical and surgical areas? | 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: |  | | |
| Was it a structured teaching program? | *Yes/No and provide details* | | |
| Details of terms completed (including the length of terms *Vs* total length of training): |  | | |
| Details of levels of Supervision: |  | | |
| Details of levels of responsibilities (including number of patients cared for during individual rotation): |  | | |
| Details of involvement in continuity of care including involvement in emergency department, after-hours roster and outpatients: |  | | |
| Details of practical procedures performed: |  | | |
| Any other additional details you wish to provide: |  | | |
| Advanced training | | | |
| 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: |  | | |
| Details of terms completed (including the length of terms *Vs* total length of training): |  | | |
| Did you complete training in Clinical Neuropsychology? | Yes/No  *If Yes, provide details* | | |
| Did you complete training in Behavioural Sciences? | Yes/No  *If Yes, provide details* | | |
| Details of levels of Supervision: |  | | |
| Details of levels of responsibilities (including number of patients cared for during individual rotation): |  | | |
| Details of involvement in continuity of care including involvement in emergency department, after-hours roster and outpatients: |  | | |
| Details of practical procedures performed: |  | | |
| Details of research and/or presentations undertaken during advanced training: |  | | |
| Involvement with teaching of junior staff and other members of the health professions: | Provide details. | | |
| Any other additional details you wish to provide: |  | | |
| 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: |  | | |
| 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 Rehabilitation Medicine 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: |  | | |
| Length of practice and nature of environment (hospital based, private practice, etc), as well as referred or non-referred: |  | | |
| Nature of practice and case load and proportion of clinical, research, administration, teaching activities: |  | | |
| Clinical interaction with peers: |  | | |
| Age range of patients (max age in years): |  | | |
| 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 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 Rehabilitation Medicine training program [<https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/general-rehabilitation-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 Rehabilitation Medicine (AFRM) RACP (FAFRM) 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:** | | | |