| Additional information for the Royal Australasian College of Physicians applicants – Occupational 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 Occupational Medicine (or comparable degree or qualification)? | 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:**At least two years of full time equivalent postgraduate general clinical experience (i.e. regular face to face patient contact)* *May have completed at least a post-graduate Diploma on Occupational Medicine (or comparable degree or qualification).* *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 of at least two years 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 Occupational Medicine (or equivalent) | | | | |
| **Course Information** | | | | |
| Name of Degree Program: |  | | | |
| Degree |  | | | |
| University |  | | | |
| **MOM Mapping Exercise**  *You are required to map your MOM (or equivalent) degree against the Faculty’s core discipline areas.*  *To assist you in this mapping exercise we suggest you reviewing the Occupational and Environmental Medicine curriculum available here:* <https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/occupational-and-environmental-medicine> | | | | |
| Epidemiology  Complete: Yes / No |  | | | |
| Biostatics  Complete: Yes / No |  | | | |
| Critical Appraisal  Complete: Yes / No |  | | | |
| Research Methods  Complete: Yes / No |  | | | |
| Workplace Assessment  Complete: Yes / No |  | | | |
| Occupational hygiene  Complete: Yes / No |  | | | |
| Control of workplace hazards  Complete: Yes / No |  | | | |
| Rehabilitation and return to work strategies  Complete: Yes / No |  | | | |
| Diseases of occupation  Complete: Yes / No |  | | | |
| Clinical Assessment  Complete: Yes / No |  | | | |
| Environment  Complete: Yes / No |  | | | |
| Management  Complete: Yes / No |  | | | |
| Communication  Complete: Yes / No |  | | | |
| Legislation  Complete: Yes / No |  | | | |
| Age range of patients (max age in years): |  | | | |
| 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: |  | | | |
| Required AFOEM Competencies | | | | |
| 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 an Occupational 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: |  | | | |
| Occupational 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 and provide details | | |
| Details of any formal recertification or revalidation requirement for procedural skills, if relevant, including your compliance with the requirements: | |  | | |
| Other contributions to the field Occupational Medicine | | | | |
| Describe   1. any development of, or leadership, 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 occupational and environmental practice, research and professional 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 stakeholders. | |  | | |
| 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 are equivalent to, or as satisfactory as Fellowship of the Australasian Faculty of Occupational and Environmental Medicine (AFOEM) of the RACP.  You should familiarise yourself with the pathway to become a specialist in New Zealand. You should also review the Occupational and Environmental Medicine training program [<https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/occupational-and-environmental-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 Occupational and Environmental Medicine (AFOEM) RACP (FAFOEM) 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:** | | | | |