

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.

### **SECTION 1**

### **Medical Experience**

(from end of Medical School to entering surgical training)

No

Did you proceed directly from medical school into surgical training? Yes

If yes, please proceed to Section 2.

If not, please provide details in the table below of your pre-training experience.

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



logbook data if available.

Please do not include patient names.

## **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 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

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.

# SECTION 2 continued

Basic Surgical Training						
What skills / education course(s) / online learning modules were required?						
Copy of basic surgical	al training syllabus and/or cu	urriculum submitted with M	CNZ VOC3 application	on?		
Yes No						
If not, please provide	а сору.					
Please ensure the sy	rllabus/curriculum pertains t	o the dates you were in tra	ining.			
In the table below ple	ease list the rotations you co	ompleted during basic surg	ical training:			
Rotation Start & Employment Level e.g. house officer, registrar, medical officer						
		SECTION 3		l		
Medical Exp	erience from end of basic	surgical training to ente	ring 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	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 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 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) <a href="mailto:verified">verified</a> 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	e.g. house officer, registrar, resident, medical officer, fellow	Specialty/ Subspecialty	Hospital	Country
	medical officer, fellow			



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 res	ponsibilities:		
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	Specia Subspe		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						

submit raw logbook data if available. If not, because the country where you practised does not require you to maintain professional logbooks, please

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

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? Y	'es	No				
procedures (a template	opies with your MCNZ V is provided at Addendum / assistant / primary ope a if available.	A) that	you performed i	ncluding your role in t	heatre (e.g. observer		
	ntry where you practised ocedures from the last 5 y						
Please do not include	patient names.	,					
Start & End Dates	Employment Level	Specia Subsp		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 was places submit copies with your MCNZ VOC3 application. The preferred format is an applical summary of							

It 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 <u>verified</u> 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 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					

## **SUMMARY LOGBOOK**

NAME:						
HOSPITAL NAME:						
DATE RANGE: FROMTO						
Procedure Name	Primary Surgeon	Secondary Surgeon	Assistant Surgeon	Total		
To be signed by Head of Department						
Name:						
Position:						
Signature:						
Date:						