**RANZCOG Additional Information Form**For Specialist International Medical Graduate (SIMG) applicants in the vocational scope of Obstetrics and Gynaecology

This form seeks additional information about your training and experience, to assist RANZCOG’s SIMG Assessment Panel to assess comparability to RANZCOG-trained specialists.

*Please return this form to the Medical Council of New Zealand when you submit your application form and documentary evidence (for VOC3 Pathway: Application for registration within a provisional vocational scope of practice).*

## Your document checklist

## *Please provide the following documents to the Medical Council with your application:*

Medical/surgical and specialist training completion certificate(s)

Copy of specialist training programme syllabus (or self-written description if syllabus not available)

Copy of specialist training procedure logbook

Description of documented in-training assessments / copies of assessment forms and feedback

CME / CPD / Recertification programme requirements summary/information

CME / CPD / Recertification certificates related to surgical upskilling

Copy of subspecialist certification documentation *(if applicable)*

## Your full name

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| --- |
|  |

## Your professional memberships

*Please include past and present memberships of all* relevant *organisations*

|  |  |
| --- | --- |
| Member from / to (dates) | Organisation |
| / |  |
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# SECTION 1

# Generalist Obstetrics and Gynaecology (O&G) specialist training

## Selection process

Was there a competitive selection process to gain entry to your training programme?

1. Was there an interview? **Y**  / **N**
2. Was it a national selection process (not regional)? **Y**  / **N**
3. Were applicants ranked? **Y**  / **N**
4. Were pre-requisites required? **Y**  / **N**

Please briefly outline the application and selection process:

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## Registrar rotations

## *Also include any time spent in subspecialties as part of your O&G specialist training.*

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| --- | --- | --- | --- | --- |
| Year | Institution | Size of hospital  *i.e. deliveries/year* | Role title | Duration |
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## Assessments undertaken during your training program

Were there documented and systematic in-training assessment systems incorporated into your training program?

**Yes**  / **No**

If *yes*, please complete this table.

|  |  |  |  |
| --- | --- | --- | --- |
| Frequency of assessment | Assessment type  (i.e. Formative, Summative, performance-based) | Person/role overseeing completion of assessment | Description of assessment completed |
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If *no*, please describe how you were assessed for competency during your training:

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## Examinations undertaken as part of your specialist training

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| Year of examination | Name of examination *and* format (i.e. written – MCQ / short answer; viva voce; clinical – OSCE; etc.) | Specify the national standards or regional standards |
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## Summary of training logbook

Please complete all fields in this section.

**Note:** Submission of a copy of your logbook is still required with your *Medical Council of New Zealand VOC3: Application for registration within a provisional vocational scope of practice.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Year of training** | | | | | |
| **Training duration** (from/until) | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** |

Key: **S** = Supervised **PO** = Primary Operator

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **OBSTETRICS** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Cumulative PO Total** |
| Normal Delivery | | | | | | | |
| Normal Vaginal Delivery | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: | PO: |
| Complex Vaginal Delivery | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: | PO: |
| Operative Vaginal Deliveries | | | | | | | |
| Breech | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: | PO: |
| Twins | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: | PO: |
| Forceps | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: | PO: |
| Ventouse | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: | PO: |
| Caesarean Sections | | | | | | | |
| Caesarean Section | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: | PO: |
| Complex C Sections | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: | PO: |
| Other Obstetric Procedures | | | | | | | |
| Major perineal repair | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: | PO: |

Key: **S =** Supervised **PO =** Primary Operator

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| **GYNAECOLOGY** | **Year 1** | | **Year 2** | | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Cumulative PO Total** |
| Major Abdominal Procedures (open) | | | | | | | | | |
| Basic laparotomy  *(e.g. oophorectomy, salpingo-oophorectomy, ovarian cystectomy)* | S:  PO: | | S:  PO: | | S:  PO: | S:  PO: | S:  PO: | S:  PO: | PO: |
| Intermediate laparotomy  *(e.g. hysterectomy, myomectomy, hysterotomy)* | S:  PO: | | S:  PO: | | S:  PO: | S:  PO: | S:  PO: | S:  PO: | PO: |
| Advanced laparotomy *(e.g. pelvic sidewall dissection)* | S:  PO: | S:  PO: | | S:  PO: | | S:  PO: | S:  PO: | S:  PO: | PO: |
| Major Vaginal Procedures | | | | | | | | | |
| Hysterectomy | S:  PO: | S:  PO: | | S:  PO: | | S:  PO: | S:  PO: | S:  PO: | PO: |
| Vaginal repairs & ‘other’ | S:  PO: | S:  PO: | | S:  PO: | | S:  PO: | S:  PO: | S:  PO: | PO: |
| Hysteroscopy | | | | | | | | | |
| Hysteroscopy | S:  PO: | S:  PO: | | S:  PO: | | S:  PO: | S:  PO: | S:  PO: | PO: |
| Colposcopies | | | | | | | | | |
| Colposcopy | S:  PO: | S:  PO: | | S:  PO: | | S:  PO: | S:  PO: | S:  PO: | PO: |
| LLETZ/LEEP/Laser | S:  PO: | S:  PO: | | S:  PO: | | S:  PO: | S:  PO: | S:  PO: | PO: |
| Cone biopsies | S:  PO: | S:  PO: | | S:  PO: | | S:  PO: | S:  PO: | S:  PO: | PO: |
| Laparoscopies | | | | | | | | | |
| **Skill level 1**  Diagnostic Laparoscopy | S:  PO: | S:  PO: | | S:  PO: | | S:  PO: | S:  PO: | S:  PO: | PO: |
| **Skill level 2**  Simple Operative Laparoscopy *(Colposuspension, Tubal Ligation, Simple Adhesiolysis, Ablation of Minor Stage (AFS I-II) Endometriosis)* | S:  PO: | S:  PO: | | S:  PO: | | S:  PO: | S:  PO: | S:  PO: | PO: |
| **Skill level 3**  *(Ovarian Cystectomy with Oophorectory with Normal Anatomy, Salpingectomy/Salpingotomy for Ectopic Pregnancy Dissection)* | S:  PO: | S:  PO: | | S:  PO: | | S:  PO: | S:  PO: | S:  PO: | PO: |
| Antenatal Clinic |  |  | |  | |  |  |  |  |
| Gynaecology Clinic |  |  | |  | |  |  |  |  |
| Ultrasound Training |  |  | |  | |  |  |  |  |

# SECTION 2

# Experience and practice as a consultant

Please complete all fields in this section.

**Note:** Submission of a copy of your logbook is still required with your *Medical Council of New Zealand VOC3: Application for registration within a provisional vocational scope of practice.*

Please provide a brief (or dot-point) description of your professional experience over the last 5 years:

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| *(Include things like work hours; public/private practice; responsibilities; leadership; periods of extended leave; special interest practice, etc.)* |

Please provide details in the table below, of O&G consultant (post specialist training) experience outside of Australia or New Zealand.

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| **OBSTETRICS** | Brief description of experience as a consultant, including number of years of practice, in each of the following areas | **Date**  *(Most recent primary operator experience)* |
| Normal Delivery | | |
| Normal Vaginal Delivery |  |  |
| Complex Vaginal Delivery |  |  |
| Operative Vaginal Deliveries | | |
| Breech |  |  |
| Twins |  |  |
| Forceps |  |  |
| Ventouse |  |  |
| Caesarean Sections | | |
| Caesarean Section |  |  |
| Complex C Sections |  |  |
| Other Obstetric Procedures | | |
| Major perineal repair |  |  |

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| --- | --- | --- |
| **GYNAECOLOGY** | Brief description of experience as a consultant, as primary operator, including number of years of practice, in each of the following areas | **Date**  *(Most recent primary operator experience)* |
| Basic laparotomy  *(e.g. oophorectomy, salpingo-oophorectomy, ovarian cystectomy)* |  |  |
| Intermediate laparotomy  *(e.g. hysterectomy, myomectomy, hysterotomy)* |  |  |
| Advanced laparotomy  *(e.g. pelvic sidewall dissection)* |  |  |
| Major Vaginal Procedures | | |
| Hysterectomy |  |  |
| Vaginal repairs & ‘other’ |  |  |
| Hysteroscopy | | |
| Hysteroscopy |  |  |
| Colposcopies | | |
| Colposcopy |  |  |
| LLETZ/LEEP/Laser |  |  |
| Cone biopsies |  |  |
| Laparoscopies | | |
| **Skill level 1**  Diagnostic Laparoscopy |  |  |
| **Skill level 2**  Simple Operative Laparoscopy *(Colposuspension, Tubal Ligation, Simple Adhesiolysis, Ablation of Minor Stage (AFS I-II) Endometriosis)* |  |  |
| **Skill level 3**  *(Ovarian Cystectomy with Oophorectory with Normal Anatomy, Salpingectomy/Salpingotomy for Ectopic Pregnancy Dissection)* |  |  |

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| **COMPLICATIONS** | Description of complication & brief explanation of your management of it | **Date** |
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| **ON-CALL** |

Please describe your most recent on-call roster (include staffing arrangements and your responsibilities):

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# SECTION 3

**Experience in teaching, research and professional activities**

## Teaching experience

|  |  |  |
| --- | --- | --- |
| Please list all experience you have gained in delivering medical education (including the dates and institutions). Include formal appointments within academic institutions. | | |
| Dates / duration | Institution | Your role/responsibilities |
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## Audit participation reports and research experience

|  |  |
| --- | --- |
| Year | Summary of experience / role |
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## Published research papers

|  |  |
| --- | --- |
| Year | Paper and publication |
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## CPD and other education activities

Please include details of any other relevant professional activities or achievements undertaken in the past three years (*e.g. officer bearer in a professional organisation, course instructor or examiner appointment, or key CPD activities you wish to highlight*).

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**SECTION 4**

# Subspecialist training (*if applicable*)

*Please only complete this section if you have a subspecialty qualification.*

## Formalised, certified training undertaken *after* specialist O&G qualification

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| --- | --- | --- |
| Completed subspecialty scope of practice training  *(as recognised by RANZCOG):* | Duration of programme | Year completed |
| Gynaecological Oncology (CGO) |  |  |
| Maternal Fetal Medicine (MFM) |  |  |
| Obstetrical and Gynaecological Ultrasound (CGO) |  |  |
| Urogynaecology (CU) |  |  |
| Reproductive Endocrinology and Infertility (CREI) |  |  |
| Other subspecialty scope of practice training completed (that is not RANZCOG recognised): |  |  |

## Selection process

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| Was entry into the program via a competitive *national* selection process? (*not regional*) **Yes**  / **No** |
| Briefly outline the application/selection process: |

## Subspecialty rotations completed during sub-specialist training

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| --- | --- | --- | --- |
| Year | Institution | Name of position | Duration |
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## Assessments undertaken during your subspecialist training program

|  |  |  |  |
| --- | --- | --- | --- |
| Was there a documented and systematic in-training assessment system incorporated in your subspecialist training program? **Yes**  / **No**  If *yes*, please complete the table below. | | | |
| Frequency of assessment | Assessment type  (i.e. Formative, Summative, performance -based) | Person overseeing completion of assessment | Description of assessment completed |
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## Examinations undertaken as part of your subspecialist training

|  |  |  |
| --- | --- | --- |
| Year of examination | Name of examination *and* format (i.e. written – MCQ / short answer; viva voce; clinical – OSCE; etc.) | Specify the national standards or regional standards |
|  |  |  |
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**Assessment for subspecialty certification**

As part of your application for registration in the vocational scope of O&G in Aotearoa New Zealand, do you wish to also be assessed for RANZCOG certification in your subspecialty (as outlined in this section)? **Yes  / No**

**SECTION 5**

# Verification statement

All applicants must complete this section.

**I verify that the information provided in this form is true and correct as at** **\_\_\_ \_\_\_** (*insert date).*

**Name:** **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**