

RANZCOG Additional Information Form

For International Medical Graduates applying for provisional vocational (specialist) registration in Obstetrics and Gynaecology via the VOC3 pathway.

This form seeks additional information about your training and experience, to enable RANZCOG's SIMG Assessment Panel to assess equivalence to a RANZCOG-trained specialist working in Aotearoa New Zealand.

Please upload this form online to the Medical Council, with your application for registration.

Document checklist

Please provide copies of the following documents to the Medical Council with your application:

- ☐ Medical/surgical and specialist training completion certificate(s)
- ☐ Specialist training programme curriculum (or a self-written description if official curriculum not available)
- ☐ Specialist training procedure logbook
- ☐ Curriculum vitae (CV)
- ☐ Description of documented in-training assessments or copies of assessment forms and feedback
- ☐ CME / CPD / Recertification programme requirements summary or information
- ☐ CME / CPD / Recertification certificates, lists of relevant activities undertaken
- ☐ Consultant logbook(s) or case lists
- ☐ Subspecialist certification documentation (*only if applicable*)

Your full name

Your professional memberships

Please include past and present memberships of all relevant organisations

Member from / to (dates)	Organisation
/	
/	
/	
/	

SECTION 1

Generalist Obstetrics and Gynaecology (O&G) specialist training

Please complete all fields in this section.

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 here:

Registrar rotations in your specialist training programme

Please list all training rotations undertaken. Include any time spent in subspecialties during your O&G training.

Year	Hospital or health service	Size of hospital <i>i.e. deliveries/year</i>	Rotation name <i>i.e. area of O&G or ward</i>	Duration

Assessments undertaken during your specialist training

Did your specialist training programme incorporate a systematic in-training assessment system?

Yes ☐ / No ☐

If yes, please list all in-training assessments in this table.

Frequency of assessment item	Type of assessment (i.e. formative, summative, performance-based etc.)	Person/role overseeing completion of this assessment	Description of assessment

If no, please describe how you were assessed for competency during your training, here:

Examinations undertaken in your specialist training

Year of examination	Name of examination <i>and</i> format (i.e. written, MCQ, short answer, viva voce, clinical, OSCE etc.)	Specify the national or regional standards

Summary of specialist training logbook

Note: Submission of a copy of your full training logbook is still required with your Medical Council of New Zealand VOC3 application in addition to completing this summary

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

Please provide **number of procedures** completed, in the following two tables.

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:	S:	S:	S:	S:	S:	PO:
	PO:	PO:	PO:	PO:	PO:	PO:	
Complex Vaginal Delivery	S:	S:	S:	S:	S:	S:	PO:
	PO:	PO:	PO:	PO:	PO:	PO:	
Operative Vaginal Deliveries							
Breech	S:	S:	S:	S:	S:	S:	PO:
	PO:	PO:	PO:	PO:	PO:	PO:	
Twins	S:	S:	S:	S:	S:	S:	PO:
	PO:	PO:	PO:	PO:	PO:	PO:	
Forceps	S:	S:	S:	S:	S:	S:	PO:
	PO:	PO:	PO:	PO:	PO:	PO:	
Ventouse	S:	S:	S:	S:	S:	S:	PO:
	PO:	PO:	PO:	PO:	PO:	PO:	
Caesarean Sections							
Caesarean Section	S:	S:	S:	S:	S:	S:	PO:
	PO:	PO:	PO:	PO:	PO:	PO:	
Complex C Sections	S:	S:	S:	S:	S:	S:	PO:
	PO:	PO:	PO:	PO:	PO:	PO:	
Other Obstetric Procedures							
Major perineal repair	S:	S:	S:	S:	S:	S:	PO:
	PO:	PO:	PO:	PO:	PO:	PO:	

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

GYNAECOLOGY	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Cumulative PO Total
Major Abdominal Procedures (open)							
Basic laparotomy <i>(e.g. oophorectomy, salpingo-oophorectomy, ovarian cystectomy)</i>	S: PO:	S: PO:	S: PO:	S: PO:	S: PO:	S: PO:	PO:
Intermediate laparotomy <i>(e.g. hysterectomy, myomectomy, hysterotomy)</i>	S: PO:	S: PO:	S: PO:	S: PO:	S: PO:	S: PO:	PO:
Advanced laparotomy <i>(e.g. pelvic sidewall dissection)</i>	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 <i>(Colposuspension, Tubal Ligation, Simple Adhesiolysis, Ablation of Minor Stage (AFS I-II) Endometriosis)</i>	S: PO:	S: PO:	S: PO:	S: PO:	S: PO:	S: PO:	PO:
Skill level 3 <i>(Ovarian Cystectomy with Oophorectomy with Normal Anatomy, Salpingectomy/Salpingotomy for Ectopic Pregnancy Dissection)</i>	S: PO:	S: PO:	S: PO:	S: PO:	S: PO:	S: PO:	PO:
Antenatal clinics							
Gynaecology clinics							
Ultrasound training & procedures							

SECTION 2

Experience and practice as a consultant

Please complete all fields in this section.

Note: Submission of a copy of your consultant logbook/case list is still required with your Medical Council VOC3 application

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

(Include things like work hours; public/private practice; responsibilities; positions of responsibility; any periods of extended leave; special interest practice)

Please provide details in the table below of O&G Consultant (post specialist training) experience *outside* of New Zealand

OBSTETRICS	Brief description of experience as a consultant, as primary operator, including number of years of practice, in each of the following procedures	Date (Most recent 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		

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 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 Oophorectomy with Normal Anatomy, Salpingectomy/Salpingotomy for Ectopic Pregnancy Dissection)		

COMPLICATIONS	Description of complication and brief explanation of your management of it	Date

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

Please complete any fields in this section that apply to you.

Teaching experience

Please list experience delivering medical education. Include formal appointments within academic institutions.

Dates / duration	Institution	Your role / responsibilities

Audit participation reports and research experience

Year	Summary of experience / role

Published research papers

Year	Paper and publication

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).

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

Completed subspecialty training (as recognised by RANZCOG):	Duration of programme	Year completed
<input type="checkbox"/> Gynaecological Oncology (CGO)		
<input type="checkbox"/> Maternal Fetal Medicine (MFM)		
<input type="checkbox"/> Obstetrical and Gynaecological Ultrasound (CGO)		
<input type="checkbox"/> Urogynaecology (CU)		
<input type="checkbox"/> Reproductive Endocrinology and Infertility (CREI)		
<input type="checkbox"/> Other subspecialty scope of practice training completed (that is not RANZCOG recognised):		

Selection process

Was entry into the program via a competitive <i>national</i> selection process? (not regional) Yes <input type="checkbox"/> / No <input type="checkbox"/>
Briefly outline the application/selection process:

Training rotations completed during subspecialty training programme

Year	Hospital or health service	Name of rotation and position	Duration

Assessments undertaken in your subspecialist training

Did your specialist training programme incorporate a systematic in-training assessment system? Yes <input type="checkbox"/> / No <input type="checkbox"/> 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

Examinations undertaken in your subspecialist training

Year of examination	Name of examination <i>and</i> format (i.e. written, MCQ, short answer, viva voce, clinical, OSCE etc.)	Specify the national standards or regional standards

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:
