

To facilitate a comprehensive and fair assessment of your qualifications, 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 vocational specialty/specialties:	

Please ensure supporting documents are in English.

SECTION 1 Medical Experience from end of Medical School to entering surgical training				
Did you proceed directly from medical school into surgical training? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please proceed to Section 2.</i> <i>If not, please provide details in the table below of your pretraining experience.</i>				
Rotation Start & End Dates	Employment Level e.g. house officer, registrar, medical officer, fellow	Specialty/ Subspecialty	Hospital	Country



SECTION 2

Basic Surgical Training

Did you complete a formal programme of basic surgical training before being accepted onto your vocational specialty programme? Yes No

If not, please proceed to Section 4.

If yes, please provide details below.

Name of basic surgical training programme:

Institution awarding satisfactory completion of programme:

Year awarded:

Copy of confirmation of completion submitted with MCNZ VOC3 application? Yes No

If not, please provide a copy.

Describe entry requirements (if any):

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:

Examination(s): *If your basic surgical training included examinations please provide the timeframe within your training each was required (e.g. within first two years, final year), 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 basic surgical training? Yes No

If yes, please submit copies with your MCNZ VOC3 application.

Preferred logbook format – an annual summary of procedures you performed including your role in theatre (e.g. observer / assistant / primary operator) **verified** by your training mentor / supervisor / professor / hospital. Please also submit raw logbook data if this is available. (Refer to 'Addendum A' for an example of a logbook.)

Do not include patient names.

SECTION 2 *continued*
Basic Surgical Training

What skills / education course(s) / online learning modules were required?

Copy of basic 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 basic surgical training:

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

SECTION 3

Medical Experience from end of basic surgical training to entering specialist surgical training

Did you proceed directly from basic surgical training 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 specialist training.

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

SECTION 4

Vocational Specialty Training

Name of vocational specialty programme:	
Institution awarding satisfactory completion of programme:	
Year awarded:	
Copy of confirmation of completion submitted with MCNZ VOC3 application? Yes	No
<i>If not, please provide a copy.</i>	
Describe entry requirements (if any) :	
Length of vocational specialty training programme:	
Describe supervision during vocational specialty training:	
Did you complete documented in-training assessment(s) during your specialty training? Yes	No
<i>If yes, please submit copies with your MCNZ VOC3 application.</i>	
If there were undocumented in-training assessments, please describe:	
Examination(s): <i>If your vocational specialty training included examinations please provide the timeframe within your training each was required (e.g. within first two years, final year), 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.).</i>	
Did you maintain a logbook(s) during vocational specialty training? Yes	No
<i>If yes, please submit copies with your MCNZ VOC3 application.</i>	
Preferred logbook format – an annual summary of procedures you performed including your role in theatre (e.g. observer / assistant / primary operator) verified by your training mentor / supervisor / professor. Please also submit raw logbook data if this is available. (Refer to 'Addendum A' for an example of a logbook.)	
Do not include patient names.	
What skills / education course(s) / online learning modules were required?	

SECTION 4 *continued*
Specialty Surgical Training

Copy of specialty 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 specialist surgical training:

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

Section 5

Professional Experience Since Completion of Surgical Training

Space is provided to list four roles. Please continue on a separate sheet if necessary.

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 period? Yes No

If yes, please submit copies with your MCNZ VOC3 application.

Preferred logbook format – an annual summary of procedures you performed including your role in theatre (e.g. observer / supervisor of trainee / assistant / primary operator) **verified** by your head of department / hospital Please also submit raw logbook data if this is available. (Refer to 'Addendum A' for an example of a logbook.)

Do not include patient names.

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 period? Yes No

If yes, please submit copies with your MCNZ VOC3 application.

Preferred logbook format – an annual summary of procedures you performed including your role in theatre (e.g. observer / supervisor of trainee / assistant / primary operator) **verified** by your head of department / hospital Please also submit raw logbook data if this is available. (Refer to 'Addendum A' for an example of a logbook.)

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? Yes No

If yes, please submit copies with your MCNZ VOC3 application.

Preferred logbook format – an annual summary of procedures you performed including your role in theatre (e.g. observer / supervisor of trainee / assistant / primary operator) **verified** by your head of department / hospital. Please also submit raw logbook data if this is available. (Refer to 'Addendum A' for an example of a logbook.)

Do not include patient names.

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? Yes No

If yes, please submit copies with your MCNZ VOC3 application.

Preferred logbook format – an annual summary of procedures you performed including your role in theatre (e.g. observer / supervisor of trainee / assistant / primary operator) **verified** by your head of department / hospital. Please also submit raw logbook data if this is available. (Refer to 'Addendum A' for an example of a logbook.)

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 No

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 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	
5.	Vocational specialty training completion certificate (e.g. FRCS, MMed Specialist Certificate etc.)	
6.	Documented in-training assessments for vocational specialty training	
7.	Verified vocational specialty training logbook	
8.	Vocational specialty training curriculum and/or syllabus	
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: FROM _____ TO _____

Procedure Name	Primary Surgeon	Secondary Surgeon	Assistant Surgeon	Total

To be signed by Head of Department
Name: _____
Position: _____
Signature: _____
Date: ____/____/____

VERIFICATION STAMP
