**RANZCOG Additional Information Form**For applicants in the scope of practice of Obstetrics and Gynaecology

This form seeks additional information about the International Medical Graduate’s training and experience to assist RANZCOG’s Specialist International Medical Graduate Assessment Panel to assess and to understand your comparability to RANZCOG trained specialists. Return this form to the Medical Council of New Zealand when you submit your application forms (VOC3: Application for registration within a provisional vocational scope of practice).

Please check and provide the following documents to the Medical Council:

|  |  |
| --- | --- |
|  | Basic surgical training completion certificate |
|  | Documented in-training assessments for basic surgical training |
|  | Verified basic surgical training logbook |
|  | Copy of specialist training programme syllabus or self-written description |
|  | Copy of specialist training logbook |
|  | Documented in-training assessments |
|  | CME / CPD / Recertification requirements summary |
|  | CME / CPD / Recertification certificates related to surgical upskilling |

# Your full name

|  |
| --- |
|  |

# Professional memberships

|  |  |
| --- | --- |
| *Please include memberships of all relevant organisations* | |
| Date From/To | Organisation |
|  |  |
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# Generalist O&G training

## Selection process

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| Was entry into the program was via a competitive process? (national selection, not regional)  YES / NO |
| Briefly outline the application process. |

## Registrar rotations (include any time spent in subspecialties as part of your training)

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

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| --- | --- | --- | --- |
| Was there documented and systematic in-training assessment system incorporating in your 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 assessments | Description of assessment completed |
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## Examinations undertaken as part of your specialist training

|  |  |  |
| --- | --- | --- |
| Year of examination | Name of examination and format (MCQ, Viva Voce, Clinical) | National standards or regional standards |
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# Summary of training logbook

*Please note: 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 S = Supervised PO = Primary Operator | | | | | |  |
| **Training duration (from/until)** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** |  |
| **OBSTETRICS** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Cumulative PO Totals** |
| Normal Delivery |  |  |  |  |  |  |  |
| - Normal Vaginal Delivery | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: |  |
| - Complex Vaginal Delivery | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: |  |
| Operative Vaginal Deliveries | |  |  |  |  |  |  |
| -Breech | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: |  |
| -Twins | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: |  |
| -Forceps/Ventouse | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: |  |
| Caesarean Sections |  |  |  |  |  |  |  |
| **-**Caesarean Section | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: |  |
| -Complex C Sections | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: |  |
| Other Obstetric Procedures | |  |  |  |  |  |  |
| **-**Major perineal repair | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: |  |
| **GYNAECOLOGY** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Cumulative PO Totals** |
| |  | | --- | | Major Abdominal Procedures (open) | | | |  |  |  |  |  |
| -Basic laparotomy  *(eg oophorectomy, salpingo-oophorectomy, ovarian cystectomy)* | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: |  |
| -Intermediate laparotomy  *(eg hysterectomy, myomectomy, hysterotomy)* | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **GYNAECOLOGY** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Cumulative PO Totals** |
| -Advanced laparotomy *(eg pelvic sidewall dissection)* | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: |  |
| Major Vaginal Procedures | |  |  |  |  |  |  |
| - Hysterectomy | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: |  |
| - Other | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: |  |
| Hysteroscopy |  |  |  |  |  |  |  |
| Hysteroscopy | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: |  |
| Colposcopies |  |  |  |  |  |  |  |
| - Colposcopy | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: |  |
| - LLETZ/LEEP/Laser | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: |  |
| - Cone biopsies | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: |  |
| Laparoscopies |  |  |  |  |  |  |  |
| - Skill level 1  Diagnostic Laparoscopy | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  PO: | S:  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: |  |
| - 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: |  |
| Antenatal Clinic |  |  |  |  |  |  |  |
| Gynaecology Clinic |  |  |  |  |  |  |  |
| Ultrasound Training |  |  |  |  |  |  |  |

# Experience and practice as a consultant

*Please note: 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 details of O&G consultant (post-training) experience outside Australia and New Zealand.

|  |  |
| --- | --- |
| **OBSTETRICS** | **Comments on experience as a consultant, including years of practice** |
| 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** | **Comments on experience as a consultant** |
| -Basic laparotomy  *(eg oophorectomy, salpingo-oophorectomy, ovarian cystectomy)* |  |
| -Intermediate laparotomy  *(eg hysterectomy, myomectomy, hysterotomy)* |  |
| -Advanced laparotomy  *(eg pelvic sidewall dissection)* |  |
| Major Vaginal Procedures | |
| - Hysterectomy |  |
| - 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)* |  |

# Subspecialist training (if applicable)

|  |
| --- |
| RANZCOG Recognised Subspecialty Scope of Practice training 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 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 process |

## Subspecialty rotations completed while in training

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

|  |  |  |  |
| --- | --- | --- | --- |
| Was there documented and systematic in-training assessment system incorporating in your 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 assessments | Description of assessment completed |
|  |  |  |  |
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## Examinations undertaken as part of your subspecialist training

|  |  |  |
| --- | --- | --- |
| Year of examination | Name of examination and format (MCQ, Viva Voce, Clinical) | National standards or regional standards |
|  |  |  |
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# 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 of academic institutions. | |
| Dates | Institution |
|  |  |
|  |  |

## Audit Participation Reports and Research Experience

|  |  |
| --- | --- |
| Year | Summary of experience |
|  |  |
|  |  |
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## Published Research Papers

|  |  |
| --- | --- |
| Year | Paper and publication |
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## CPD and other Activities

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

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

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