Subspecialty Overseas Training

Registration and Prospective Approval

2022

All overseas training must be prospectively approved and assessed by the Chair of the relevant subspecialty committee. Trainees must provide a plan for completion of training on return to Australia or New Zealand and commitment of support from an Australian or New Zealand Training Supervisor.

As with training in Australia or New Zealand, trainees overseas are required to submit all training documentation within the specified timelines to the subspecialties department. The guidelines and regulations that govern registration, fees and training documentation also apply to trainees overseas.

In some overseas hospitals, the consultants with whom the trainee works, and the training supervisor may not be familiar with the forms and training documentation requirements.

Trainees will need to provide consultants and their training supervisors with the necessary documentation and explain how it is used.

## Registration and Prospective Approval

Trainees must submit their application which includes Registration (Reg) and Prospective Approval (PA) of Overseas Training to the relevant subspecialty coordinator not less than eight (8) weeks prior to the commencement of training

## Payment of Fees

Overseas trainees must pay the full annual training fee to College House by 31 January of each year. Trainees who have not paid fees by 31 January will incur a late fee for each month they are overdue.

**REGISTRATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Trainee Details | | | |
| First Name |  | Last Name |  |
| ID Number |  | Date of Birth |  |
| Male  Female  Indeterminate/intersex/unspecified | | | |
| Home Address | | | |
| Email Address: | | | |

**CURRENT SUBSPECIALTY TRAINING IN AUSTRALIA or NEW ZEALAND**

**Indigenous Status**

*Are you of Aboriginal / Torres Strati Islander, Māori or Pacific People Origin?*

No  Yes

**FRANZCOG Training**

**Date FRANZCOG Training Commence** **FRANZCOG Elevation Date**

**Current Previous / Current Training Details**

Is this your first PA?

No  Yes

*Please tick*

CGO CMFM COGU CREI CU

Year of Training  Year 2  Year 3

How many weeks of training satisfactorily completed weeks ……………………………………….

Current Training Unit …………………………………………………………………………….

Current Training Supervisor …………………………………………………………………………….

Details of Overseas Training (attached additional sheets if necessary)

|  |  |
| --- | --- |
| Hospital  Address  Country  Overseas Training Supervisor | Proposed transfer date  Overseas Hospital Letter of Employment received and attached  Yes  No  Letter of commitment of support from current training supervisor  Yes  No  Proposed return date  Unit and Training Supervisor  to which you will return *(if known)* |
| Application for visa approved  Applications for visa not yet approved  How will your overseas training be funded? |

Location of Training

Please list hospital at which you will be undertaking the overseas training indicating whether public/private

e.g. hospital, clinic, consulting rooms, tertiary institution etc

Objectives, description and skills to be undertaken and developed while Training Overseas

## Weekly Timetable

The Weekly Timetable is for recording your weekly timetable activities. Please include the activity, site and supervisor for each of the 10 sessions undertaken each week / fortnight / month. If there is a significant change in the Training Program during the overseas training period, subspecialties department must be notified, and a revised Prospective Approval application submitted for approval by the relevant Subspecialty Committee Chair.

For each activity you **MUST** indicate whether the site is Public or Private

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Day of Week | Morning Please tick | | | Afternoon | | |
| MONDAY | A | Procedural  Assisting  Observing |  | A | Procedural  Assisting  Observing |  |
| U/S | | | U/S | | |
| S | | | S | | |
| TUESDAY | A | Procedural  Assisting  Observing |  | A | Procedural  Assisting  Observing |  |
| U/S | | | U/S | | |
| S | | | S | | |
| WEDNESDAY | A | Procedural  Assisting  Observing |  | A | Procedural  Assisting  Observing |  |
| U/S | | | U/S | | |
| S | | | S | | |
| THURSDAY | A | Procedural  Assisting  Observing |  | A | Procedural  Assisting  Observing |  |
| U/S | | | U/S | | |
| S | | | S | | |
| FRIDAY | A | Procedural  Assisting  Observing |  | A | Procedural  Assisting  Observing |  |
| U/S | | | U/S | | |
| S | | | S | | |

A = Activity U/S = Unit / Site S = Supervisor

## Statement from Overseas Training Supervisor

I confirm that the above proposed timetable accurately reflects the subspecialty training activities for

Dr \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_during each week of overseas training in the subspecialty for the time fraction and period specified on page 1 of this form.

Signature …………………………………………………………… Date …………………………………

## Statement from Principal Overseas Training Supervisor

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am willing to act as the Principal Training Supervisor for the above-mentioned trainee. I have read the training proposal of the trainee and can confirm the nature of the overseas training to be undertaken and the role of the trainee.

I understand that as the Training Supervisor of a trainee completing a period of training

* I must complete a compulsory Formative Appraisal Report (FAR) for the trainee, at three and nine months of overseas training and meet with him / her to discuss and sign the report, and
* I must complete a compulsory Training Assessment Record (TAR) including the six-monthly summative assessment report, for the trainee, at six and twelve months of overseas training, and meet with him / her to discuss and sign the report.

Overseas Training Supervisor Signature ………………………………………………………. Date …………………………………

The following documentation must be submitted with this form (please tick each box)

Statement of Understanding

Overseas Hospital Letter of Employment confirming appointment (and fractional training (FTE) if relevant)

Letter of commitment of support from current training supervisor

Copy of current Overseas Medical Board Registration

Training Plan completed (page 7 of this form)

|  |
| --- |
| Declaration of Registration and Prospective Approval |
| I understand that:   * Approval of training is conditional on fee payment. Payment of the annual training fee be made by 31 January * I am applying for prospective approval of overseas training to be undertaken at the above-named training unit and acknowledge that my registration is conditional upon obtaining prospective approval. * If any of the above information changes during my training year, it is my responsibility to notify the College immediately and obtain prospective approval from the relevant Subspecialty Committee accordingly. * I understand that if I submit this form after commencement of the above specified subspecialty training, no period of training undertaken prior to submission and receipt of the document will be credited. * I acknowledge that my registration as a trainee is conditional on obtaining prospective approval for the training period, and payment of training fees. Additionally, I am aware that it is my responsibility to contact the College immediately if any of my contact and/or training details change from that previously provided.   Trainee Signature …………………………………………………………………….. Date ………………………………… |

## Approval by Chair of Relevant Subspecialty

Based on information provided in this form the proposed overseas training is  Approved  Not Approved

Name ………………………………………………………………………

Signature …………………………………………………………………….. Date …………………………………

Comment

## Training Plan for Year

*Please provide a short description of your objectives for the following periods*

Semester 1

*Please indicate period of training*

Semester 2

*Please indicate period of training*