

CHECKLIST OF DOCUMENTATION TO BE SUBMITTED BY NEW ZEALAND VOCATIONALLY REGISTERED DOCTORS APPLYING FOR FELLOWSHIP

Please ensure that you have submitted all documentation listed below and any additional information you feel may be relevant to your application

Please ensure that all documents have been completed and certified correctly

Where documentation is in a language other than English a certified or validated English translation must be provided

Please note that the recommendation will be made on the basis of documentation received and findings following interview

Once a final recommendation has been made there is no opportunity for this decision to be reconsidered based on additional information

- Certified copy of current passport**
- 1 colour passport size photograph**
- Certified copy of evidence of change of name** (if applicable)
- Evidence of New Zealand Vocational Registration**
 - Evidence of current vocational registration in New Zealand in one of the nine surgical specialties (must include information on any restrictions that may be linked to that registration)
 - Copy of recommendation made by the NZ National Board to the MCNZ following vocational registration interview in New Zealand
 - Evidence of completion of vocational assessment recommendation
- Primary Medical Qualification and certified English translation** (translation if applicable)
- Specialist Qualification and certified English translation** (translation if applicable)
***Note:** United Kingdom trained applicants who have completed a FRCS from 2010 onwards must also hold a Certificate of Completion of Training (CCT)*
- Secondary Specialist Qualification and certified English translation** (translation if applicable)
- Additional Qualification(s) and certified English translation** (translation if applicable)
- Certificate(s) of Fellowship of Specialist Medical Bodies and certified English translation** (translation if applicable)
***Note:** United Kingdom trained applicants who have completed a FRCS from 2010 onwards must also hold a Certificate of Completion of Training (CCT)*
- Curriculum Vitae in [RACS specific format](#)**
Must include details of Continuing Professional Development (CPD) activities and a list of research activities and publications.

360 degree Multi-Source Feedback (MSF) Evaluation

Evaluation must be from a New Zealand setting and include a minimum of six raters from the following list:

- Theatre nurse
- Ward nurses on relevant specialty surgical unit
- Surgical trainee
- Registrar
- Fellows within the relevant specialty surgical unit
- Radiologist
- Anaesthetist
- Emergency Department physicians
- ICU staff
- Hospital administration (HR)

Referee Reports

RACS requires a minimum of three referee letters. Letters provided by the referees need to be **original, dated within the last two years, on letterhead, and bearing the referee's signature and medical registration number.**

Referees must be Fellows of RACS who have in the two years prior to application had the opportunity to observe the applicant's current practice and must include:

- At least two referees from the same surgical specialty that the applicant is seeking Fellowship in; and
- A surgical colleague who has worked with the applicant within the District Health Board within the last two years.

Referees should consider and comment on the following matters:

- The nature and duration of your professional relationship
- Any aspect of your surgical practice that is considered relevant to the application
- Your level in each area with that demonstrated by or required of the average competent practicing surgeon i.e.
 - Medical Expertise
 - Technical Expertise
 - Judgment – Clinical Decision Making
 - Health Advocacy
 - Communication
 - Collaboration
 - Management and Leadership
 - Scholar and Teacher
 - Professionalism and Ethics

Full details of specialty surgical training and specialist examination undertaken

- Evidence of accreditation of surgical training program you completed
- Information on the registration standards published by the medical registration authority where you completed your specialty surgical training
- Copies of regulations of the specialty surgical training program you completed
- Copies of syllabus and/or curriculum of the specialty surgical training program you completed
- Copies of formative and summative assessment reports of technical and non-technical competencies undertaken during the specialty surgical training program you completed
- Outline of exit examination you undertook (including policies for the examination you undertook and confirmation of your examination results)
- Copies of certificates of courses completed

Note: Evidence provided must have been issued during the specialty surgical training program you undertook

Details of postgraduate training

- Position description form/s
- Assessment reports which indicate performance across all RACS nine competencies
- Summary logbook/s in summary format containing data from the last two years of surgical practice and which outline whether you were the primary or an assistant surgeon. The logbook/s needs to be dated, verified and signed by the Head of the Department or Hospital where the procedures took place.

Note: Evidence provided must have been issued during the postgraduate training program/s you undertook

Logbook Data as evidence of clinical experiences

- A summary logbook in [RACS summary format](#) containing data from the last two years of surgical practice and which outlines whether you were the primary or an assistant surgeon. The logbook needs to be **dated, verified** and **signed by the Head of the Department or Hospital** where the procedures took place; and
- Verified copies of training logbooks in summary format where possible. Logbooks must demonstrate procedural experience and responsibility equivalent to that of the RACS training program (including exposure to operative and non-operative cases of both acute and elective work).

Note: Logbooks provided must be de-identified and not include any patient information

Details of Specialist Practice (if applicable)

- A letter from the privileges/credentialing committee of each hospital in which you have practiced. Letter(s) provided must confirm your practicing privileges and include the **location, nature, scope** and **duration** of specialist practice.
- A [surgical audit or peer review](#) for, at a minimum, the most recent year of specialist practice.

[NZ Fellowship Assessment Fee](#)