Division of Rural Hospital Medicine
NEW ZEALAND
Te Whare Taiwhenua

Questions about this form?
Call: +64 4 496 5999
Email: drhmnz@rnzcgp.org.nz

APPLICATION FORM

DRHM Prior Specialist Pathway to Fellowship

Before completing this form, please read the Division of Rural Hospital Medicine's (the Division's) Fellowship Pathway Regulations and this form in their entirety.

Two additional pages have been included at the end of this application, which may be used if you need more space to answer any of the questions – please remember to indicate which question(s) your answer(s) refers to.

Email your completed application and supporting documents to the Rural Advisor (drhmnz@rnzcgp.org.nz) before the cut-off dates (refer to the College website).

1. Personal details (please provide name as registered with the Medical Council of New Zealand)

Title: Surname: First names:

Prefer to be known as (if different from first name):

Gender (e.g. male, female, non-binary). I identify as: (fill in the blank)

or: ☐ I prefer not to disclose

Date of birth: / /

Preferred email address (individual):

Home address:

City: Postcode:

Home phone: ( ) Mobile:

Hospital/Practice name:

Hospital/Practice address:

City: Postcode:

Work phone: ( )

Preferred mailing address: ☐ Home ☐ Hospital/practice

Are you a New Zealand citizen? ☐ Yes ☐ No

Answer the following only if you are NOT a New Zealand citizen:

Do you have permanent resident status? ☐ Yes ☐ No

If you do not have permanent residency, have you applied? ☐ Yes ☐ No

When was the application for permanent residency made?

Certified copy of residency status provided: ☐ Yes ☐ No

The Royal New Zealand College of General Practitioners
Te Whare Tohu Rata o Aotearoa

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To which ethnic group(s) do you belong?

☐ New Zealand European ☐ Māori Please state iwi:

☐ Other European Please state rohe (iwi area):

☐ Samoan ☐ Cook Island Māori ☐ Tongan ☐ Niuean

☐ Tokelauan ☐ Fijian ☐ Other Pacific Peoples

☐ Southeast Asian ☐ Chinese ☐ Indian ☐ Other Asian

☐ Middle Eastern ☐ Latin American ☐ African

☐ Other – please specify:

2. New Zealand medical registration:

Date of registration in New Zealand: MCNZ reg. no:

Type of registration:

☐ Provisional ☐ General ☐ Vocational ☐ Other – please specify:

Any restrictions, conditions or undertakings:

Copy of annual practising certificate provided: ☐ Yes ☐ No

3. Other previous or current medical registration(s):

Type of registration: Date (from/to):

Registering authority:

Any restrictions, conditions or undertakings:

Type of registration: Date (from/to):

Registering authority:

Any restrictions, conditions or undertakings:

4. Primary medical qualification (MBChB or equivalent):

Qualification title:

Year awarded:

Country:

Medical school:

University:

Certified copy of certificate provided:[1] ☐ Yes

1 Certificates can be certified either by a Justice of the Peace, the issuing organisation/education provider or by a Fellow of the DRHM.

5. Specialist qualification:

Qualification title:

Year awarded:

Country:

Institution awarding qualification:

Duration of training (years):

Certified copy of certificate and College membership provided:[2] ☐ Yes

6. Additional postgraduate professional qualifications (if applicable):

Qualification/certificate:	Granting body:	Year of completion: *(If not completed, please indicate)*

7. Summary of all postgraduate clinical work experience (starting with the most recent):

Employer and place of employment:	Position including level:	Starting date:	Finishing date:	10ths per week:	No. of weeks:

Continue on separate sheet if required, or use the blank pages provided at the end of this form.

2 Certificates can be certified either by a Justice of the Peace, the issuing organisation/education provider or by a Fellow of the DRHM.

8. Other relevant work experience (starting with the most recent):

Name and type of organisation:	Position:	Starting date:	Finishing date:	10ths per week:	No. of weeks:

Continue on separate sheet if required, or use the blank page provided at the end of this form.

9. Detailed employment history:

Please list all recent and/or relevant employment you wish considered as part of this application in reverse chronological order, starting with your current or most recent position. Clearly identify any clinical rotations undertaken in PGY1 or 2 if included. If insufficient space, please provide on separate page in the same format.

Institution/hospital and location:

Department/specialty:

Position title:

Supervisor name(s):

Date (from/to):

FTE:

Total weeks worked FTE:

Duties:

Institution/hospital and location:

Department/specialty:

Position title:

Supervisor name(s):

Date (from/to):

FTE:

Total weeks worked FTE:

Duties:

Institution/hospital and location:

Department/specialty:

Position title:

Supervisor name(s):

Date (from/to):

FTE:

Total weeks worked FTE:

Duties:

Institution/hospital and location:

Department/specialty:

Position title:

Supervisor name(s):

Date (from/to):

FTE:

Total weeks worked FTE:

Duties:

Institution/hospital and location:

Department/specialty:

Position title:

Supervisor name(s):

Date (from/to):

FTE:

Total weeks worked FTE:

Duties:

10. Additional specialty examinations (please provide certified copies of certificates relevant to this application):

Date:	Institution:	Speciality/ Subspecialty:	Components of Examination (MCQ, Viva, Clinical):	Certified copies of certificates provided:
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

11. Postgraduate academic qualifications (in addition to those outlined in question 13 below) – please provide certified copies of certificates and/or academic transcripts relevant to this application

Institution:	Paper/Certificate/Diploma/Degree:	Year of completion:	Certified copies of certificates/academic transcript(s) provided
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

12. Certificates and courses (including resuscitation courses):

Date:	Course/certificate	Copies of certificates provided
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

13. Equivalence of previous training and experience with the Division Training Programme

This section lists the various clinical attachments and academic requirements of the Division Registrar Training Programme in order that the applicant can describe how their own clinical experiences and qualifications may be considered equivalent, and therefore sufficient to exempt them from further training or study in these areas while meeting standards for Fellowship of the Division. Please note that only clinical rotations at PGY3 or above (SHO or Registrar level) will be considered for equivalence to those listed. Although there are no specified time limits on how far back clinical experiences will be considered, if historic clinical attachments are included the applicant is expected to describe how knowledge and skills have been maintained within these specialties over time. Proof of employment and satisfactory performance is expected to be provided for all rotations considered for equivalence (written unless supervisor included as referee below). There are specified exemptions for several of the Academic Papers (see Fellowship Regulations). An applicant can include additional courses of study for consideration if they consider these equivalent.

Clinical rotations – In addition, please attach evidence of employment and satisfactory performance for each attachment

12 months Rural Hospital Medicine

Completed 12 months Rural Hospital Medicine at PGY3 or above: ☐ Yes ☐ No

If yes:	**Location:**	**Dates:**	**Duration (at FTE):**

If no: **Experience/qualifications applicant feels (fully or partially) equivalent for consideration:**

6 months Emergency Medicine

Completed 6 months Emergency Medicine at PGY3 or above: ☐ Yes ☐ No

If yes:	**Location:**	**Dates:**	**Duration (at FTE):**

If no: **Experience/qualifications applicant feels (fully or partially) equivalent for consideration:**

6 months Rural General Practice

Completed 6 months Rural General Practice at PGY3 or above: ☐ Yes ☐ No

If yes:	**Location:**	**Dates:**	**Duration (at FTE):**

If no: **Experience/qualifications applicant feels (fully or partially) equivalent for consideration:**

3 months Paediatrics

Completed 3 months Paediatrics at PGY3 or above: ☐ Yes ☐ No

If yes:	**Location:**	**Dates:**	**Duration (at FTE):**

If no: **Experience/qualifications applicant feels (fully or partially) equivalent for consideration:**

6 months General Medicine

Completed 6 months General Medicine at PGY3 or above: ☐ Yes ☐ No

If yes:	**Location:**	**Dates:**	**Duration (at FTE):**

If no: **Experience/qualifications applicant feels (fully or partially) equivalent for consideration:**

3 months Anaesthetics/ICU

Completed 3 months Anaesthetics/ICU at PGY3 or above: ☐ Yes ☐ No

If yes:	**Location:**	**Dates:**	**Duration (at FTE):**

If no: **Experience/qualifications applicant feels (fully or partially) equivalent for consideration:**

Academic Papers (University of Otago)[3] – Please indicate if you have successfully passed any of the following papers listed below or if you have completed an equivalent paper/course:

GEN 724: The Context of Rural Hospital Medicine

Gen 724 passed: ☐ Yes ☐ No

If no: **Qualification applicant feels equivalent for consideration:**

GEN 725: Communication in Rural Hospital Medicine

Gen 725 passed: ☐ Yes ☐ No

If no: **Qualification applicant feels equivalent for consideration:**

GEN 726: Obstetrics and Paediatrics in Rural Hospitals

Gen 726 passed: ☐ Yes ☐ No

If no: **Qualification applicant feels equivalent for consideration:**

GEN 727: Surgical Specialties in Rural Hospitals

Gen 727 passed: ☐ Yes ☐ No

If no: **Qualification applicant feels equivalent for consideration:**

3 If equivalent papers are offered for consideration, applicants must provide certified copies of the equivalent academic transcript(s).

GEN 728: Cardiorespiratory Medicine in Rural Hospitals

Gen 728 passed: ☐ Yes ☐ No

If no: **Qualification applicant feels equivalent for consideration:**

GEN 729: Medical Specialties in Rural Hospitals

Gen 729 passed: ☐ Yes ☐ No

If no: **Qualification applicant feels equivalent for consideration:**

GEN 723: Trauma and Emergencies in Rural Settings

Gen 723 passed: ☐ Yes ☐ No

If no: **Qualification applicant feels equivalent for consideration:**

14. Curriculum domain standards

The Division Training Programme Curriculum identifies the core capabilities (knowledge, skills, values and attitudes) required of a rural hospital doctor working in New Zealand. These are organised under six Domains: the rural hospital context, communication, clinical expertise, professionalism, scholarship, leadership and management. Additional capabilities for health equity and Māori health are included under the rural hospital context, while cultural competency is included under the communication domain. It is these Domains that registrars are assessed against across 16 curriculum areas. For the purposes of this application the applicant is asked to identify and describe examples (and where appropriate provide evidence) for their achievements relative to each of these Domains in experiences (clinical or non-clinical) to date, in a way that shows relevance to rural hospital practice and that they have met standards compatible with the Division Fellowship.

Domain	Example(s)	Evidence provided
Rural hospital context (including health equity and Māori health)		☐ Yes ☐ No
Communication (including cultural competence)		☐ Yes ☐ No
Clinical expertise		☐ Yes ☐ No

Domain	Example(s)	Evidence provided
Professionalism		☐ Yes ☐ No
Scholarship		☐ Yes ☐ No
Leadership and Management		☐ Yes ☐ No

15. Referees

Provide two Senior Clinical staff members you have worked with in the last five years (direct contact or supervision) with at least one from a New Zealand supervisor/employer.

Name:
Title:
Place of work:
Email:
Phone:
Clinical relationship to you:
Date worked together from:
Date worked together to:

Name:
Title:
Place of work:
Email:
Phone:
Clinical relationship to you:
Date worked together from:
Date worked together to:

16. Other information

Please submit any other information (eg career gaps, family commitments) that you wish to be considered and is relevant to your application.

17. Health and professional conduct disclosure

Have you ever been, or are now, affected by a mental or physical condition with the capacity to affect your ability to perform the functions required for the practice of medicine? These include neurological, psychiatric or addictive (drug or alcohol) conditions, including physical deterioration due to injury, disease or degeneration.

☐ Yes ☐ No

(If yes, please attach further documentation to this application)

Have you been the subject of disciplinary procedures, criminal convictions or unresolved complaints in the past or present? Have you ever had your employment as a doctor terminated on the grounds of poor performance or had your practising certificate suspended, restricted or revoked by the Medical Council of New Zealand?

☐ Yes ☐ No

(If yes, please attach further documentation to this application)

The Division requires Prior Specialist Pathway applicants to keep the College informed should there be any change in this disclosure through the application or undertaking of this Pathway.

All disclosures received are kept confidential to senior programme staff and contractors and will not form part of the application record.

18. Declaration

Please read and then sign this declaration.

☐ I hereby certify that I am the person who is applying for the Division of Rural Hospital Medicine Prior Specialist Pathway with the Royal New Zealand College of General Practitioners and that the information I have given is true and correct.

☐ I give permission for the Assessment Committee to receive a confidential report from my nominated referees.

☐ I understand that the information that I have provided is to be used by the Royal New Zealand College of General Practitioners for considering my application for the Prior Specialist Pathway and may be disclosed to contractors of the College for these purposes.

☐ I understand that if the application and interview process is successful, I will be offered an individualised or generic Pathway to Fellowship of the Division detailing any clinical rotations, academic papers, courses and/or assessments required in order to meet Fellowship standard.

☐ I understand that if I accept this Pathway, results from any required assessments and feedback will be forwarded to clinical leaders, the Division Board of Studies, Fellowship assessors and/or censors.

☐ I authorise the Royal New Zealand College of General Practitioners to disclose information about me (within the provisions of the Privacy Act 1993) to other agencies, if the College believes on reasonable grounds that the disclosure is necessary (eg MCNZ, Employers, other Medical Colleges, NZ Immigration Services, etc).

☐ I understand that the Division Prior Specialist Pathway is governed by the Division's Fellowship Pathway Regulations.

Signature of applicant
(or signed electronically)

Date

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Checklist (for applicants reference only)	
☐	Did you refer to DRHM Fellowship Regulations and attached information before completing this application?
☐	Have you rechecked your application form and ensured it has been correctly completed?
☐	Have you signed the declaration?

Have you enclosed (if applicable):

☐	Certified copies of your residency status, medical and academic qualifications and other College memberships?
☐	Copies of resuscitation course certificates
☐	Evidence of previous work experience and satisfactory performance?
☐	Current Certificate of Professional Status (COPS) from the Medical Council of New Zealand or from country of origin if not currently working in New Zealand, no older than 3 months from date of issue?
☐	Confidential disclosures regarding health issues, complaints, disciplinary procedures or previous criminal convictions?

Please email your completed application form and scanned, certified supporting documents to:

drhmnz@rnzcgp.org.nz

Please use the spaces below, if needed, to expand upon any of your answers in this application.
Please remember to indicate the question or section number being referred to.

Question/section:

Additional information:

Question/section:

Additional information:

Question/section:

Additional information:

Question/section:

Additional information: