

**Specialist Assessment of Overseas Trained Physicians/Paediatricians**

Australian Application Form

**Instructions:**

Use this form to apply for specialist assessment by The Royal Australasian College of Physicians (RACP). You must be a recognised specialist in your country of training to be eligible to apply for specialist assessment in Australia.

Before submitting an application for specialist assessment you must:

* Acquaint yourself with the registration requirements in Australia and the documentation that may be requested. Please refer to the Medical Board of Australia[[1]](#footnote-2) for further details.
* Read the RACP’s Specialist Assessment of Overseas Trained Physicians – A Guide for Applicants (Australia)[[2]](#footnote-3).
* Apply to the Australian Medical Council (AMC) for primary source verification[[3]](#footnote-4) of your qualifications.
* Be aware of relevant [fees](https://www.racp.edu.au/overseas-specialists/specialist-assessment/area-of-need-positions-in-australia) payable at each stage of the assessment process.

Please ensure that all sections of this form are completed and that sufficient detail is provided in each section. Incomplete application forms or forms submitted with minimal information will be returned. You can copy and paste tables as required to provide all relevant details to support your application for specialist assessment. We recommend the use of Arial font and to avoid writing in All Caps (capital letters). **Your application form should not exceed 25 pages**. If you need to go over this page limit for a specific reason, please discuss this with the OTP Team.

Your application should be accounting your personal journey. Should your training and experience present high level of similarities with other applications, the OTP Team might request further evidence regarding those similarities.

This form should be typed and submitted electronically along with all supporting documentation to [OTP@racp.edu.au](mailto:OTP@racp.edu.au). There will be significant delays to the application process if you do not submit all of the required documentation (please refer to the checklist on page ii). References to the CV throughout the application form will not be accepted by the RACP.

Upon receipt of your application, the RACP will request that you pay the OTP application submission fee[[4]](#footnote-5) online. You will receive a link from the RACP in order to pay this fee. Your application will not progress until this fee is paid.

For all additional questions please contact the OTP Unit at [OTP@racp.edu.au](mailto:OTP@racp.edu.au).

**Checklist of evidence required for specialist assessment applications**

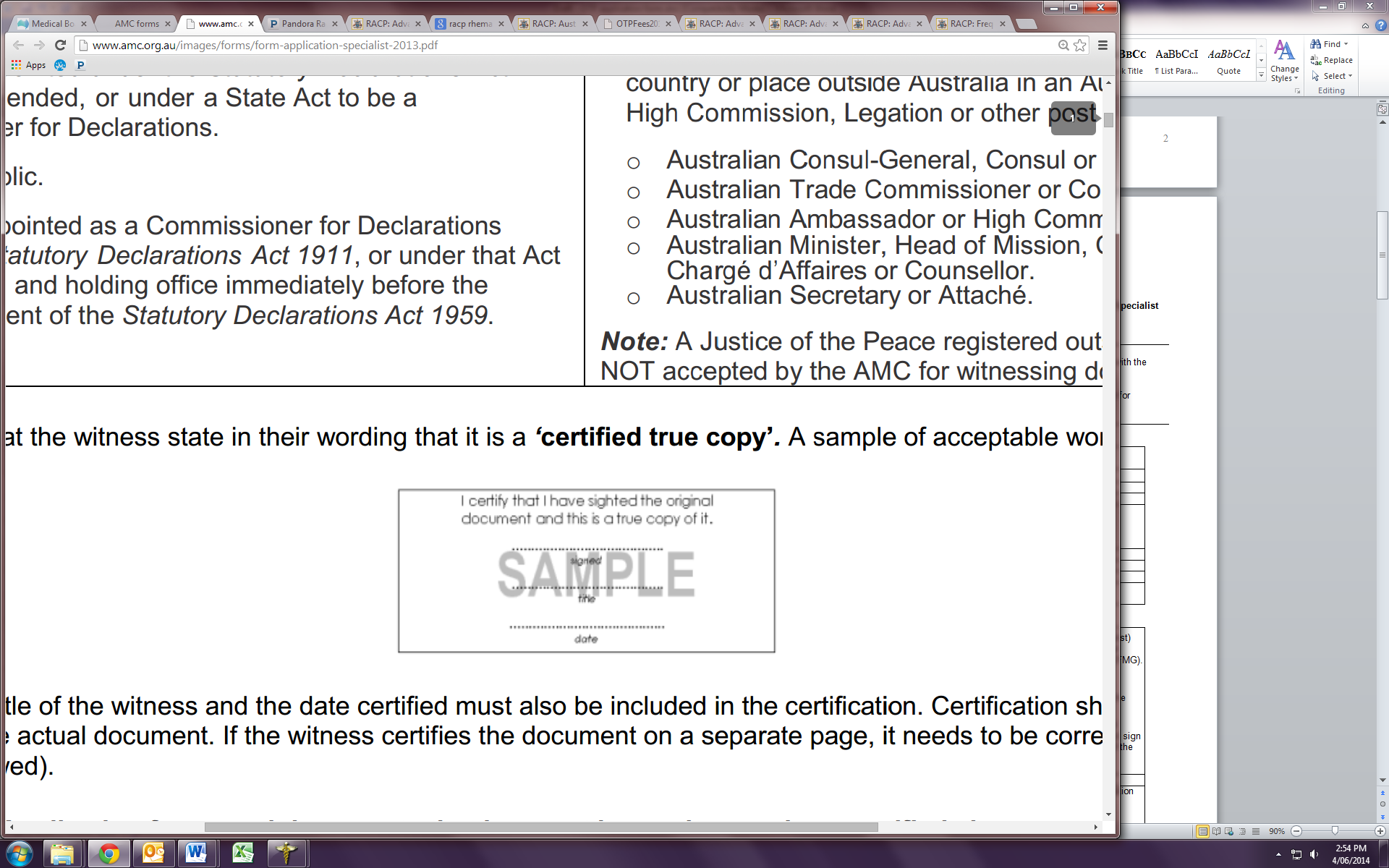
|  |
| --- |
| **The following items are mandatory. Your application will not be progressed until all of the below documents are received by the RACP.** |
| Proof of primary source verification (PSV) via the Australian Medical Council (AMC).  Before applying to the College, applicants should complete primary source verification of their primary medical degree and specialist qualification(s) via [ECFMG](https://www.ecfmg.org/psv/instructions-amc.html). Once your qualifications are verified, you should ensure that RACP is listed as your medical college with the AMC, so that we can view the qualifications on your portfolio. Original language and English translations that must comply with the AHPRA translation policy)[[5]](#footnote-6).  Completed RACP specialist assessment application form.  Payment of the OTP application submission fee online (you will receive a link from the RACP upon submission of your application)  EPIC identification form. This must be certified and signed.  Logbook of procedures relevant to your specialty. Specialties marked with an Asterix (\*) on Page 1 of the application form must submit a logbook of procedures. The College may request a logbook of procedures for other specialties if required. Logbooks are normally completed during specialist training and should be signed by your supervisor or the institution that accredited your specialist training. Patient privacy must be protected at all times, so unique identifiers must be removed prior to submission. A 1-page summary sheet with the numbers of procedures listed in the logbook must be submitted in addition to the logbook.  Documentary evidence of Continuing Professional Development (CPD):   * a record/transcript of CPD activities (no longer than a page) *and/or* * CPD activities for the past 24 months *and/or* * CPD Certificate from relevant overseas body.   Proof of completion of an appropriate English Language examination. Applicants should refer to the Medical Board of Australia’s (MBA) registration standards for English language[[6]](#footnote-7). |
| **The following items may be required. Please submit if applicable to your application.** |
| Certificate of specialist registration: in some instances, we may require a certificate of specialist registration from the appropriate overseas registration body to demonstrate your status as a specialist in your country of training. This certificate must confirm your eligibility for practice as a consultant physician/paediatrician in the specialty in which you are applying for assessment.  Certified copy of change of name documentation (if applicable)  Disclosure of personal information form (if applicable)  Area of Need (AoN) application form (if concurrently applying for AoN assessment) |

**Certification of documentation**

**The RACP accepts the following as eligible to certify documents:**

|  |  |
| --- | --- |
| **In Australia** | **Overseas** |
| * A justice of the peace * Chief Magistrate, Police Magistrate, Resident Magistrate, or Special Magistrate * A person appointed under the Statutory Declarations Act 1959, as amended, or under a State Act to be a Commissioner for Declarations * A Notary Public * A person appointed as a Commissioner for Declarations under the Statutory Declarations Act 1911, or under that Act as amended, and holding office immediately before the commencement of the Statutory Declarations Act 1959. | * Notary Public * Commissioner of Oaths (South Africa, Sudan and Canada only) * A person appointed to hold, or act in, the office in a country or place outside Australia in an Australian Embassy,   High Commission, Legation or other post as:   * Australian Consul-General, Consul or Vice-Consul * Australian Trade Commissioner or Consular Agent * Australian Ambassador or High Commissioner * Australian Minister, Head of Mission, Commissioner, Chargé d’Affaires or Counsellor * Australian Secretary or Attaché.   ***Note:*** *A Justice of the Peace registered outside Australia is NOT accepted by the RACP for certification of documentation.* |

It is important that the wording on the certified copy includes **‘certified true copy’**. A sample of acceptable wording is shown below.



The name and title of the person that certifies the copy must also be included in the certified copy. Certification should be made on each page of the actual document. If the document is certified on a separate page, it needs to be correctly notary bounded.

Application forms and documents that have not been certified as specified above are not legally recognised in Australia and will not be accepted.



**Specialist Assessment of Overseas Trained Physicians/Paediatricians Application Form**

**Personal details:**

|  |  |  |
| --- | --- | --- |
| Family name (surname): | Click here to enter text. | |
| Given names: | Click here to enter text. | |
| Date of birth: | Click here to enter a date. | |
| Gender: | Male / female / Prefer not to say  Self-described (please specify): Click here to enter text. | |
| Preferred contact address for correspondence: | Click here to enter text. | |
| Phone: | (h)Click here to enter text. | (m)Click here to enter text. |
| (w)Click here to enter text. |  |
| Contact email address: | Click here to enter text. | |
| Work email address (if different): | Click here to enter text. | |

Area of medical practice for which assessment is sought:

You will be assessed against the full scope of the specialties in which you apply. See the RACP Advanced Training Curricula for an outline of the skills and experience expected in each specialty.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Division:**  Adult Medicine  Paediatrics & Child Health | | | | | |
|  | | |  | | |
| [Addiction Medicine](https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/addiction-medicine) |  | [Geriatric Medicine](https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/geriatric-medicine) |  | [Paediatric Emergency Medicine](https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/paediatric-emergency-medicine)**\*** |  |
| [Cardiology](https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/cardiology)\* |  | [Haematology](https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/clinical-haematology) |  | [Palliative Medicine](https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/palliative-medicine) |  |
| [Clinical Genetics](https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/clinical-genetics) |  | [Immunology and Allergy\*](https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/clinical-immunology-and-allergy) |  | [Respiratory Medicine\*](https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/respiratory-medicine-sleep-medicine) |  |
| [Clinical Pharmacology](https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/clinical-pharmacology) |  | [Infectious Diseases](https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/infectious-diseases) |  | [Sleep Medicine](https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/respiratory-and-sleep-medicine)\* |  |
| [Community Child Health](https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/community-child-health) |  | [Medical Oncology](https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/medical-oncology) |  | [Rheumatology](https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/rheumatology)\* |  |
| [Endocrinology](https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/endocrinology) |  | [Neonatal and Perinatal Medicine](https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/neonatal-perinatal-medicine)\* |  | [Sexual Health Medicine](https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/sexual-health-medicine) |  |
| [Gastroenterology\*](https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/gastroenterology) |  | [Nephrology](https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/nephrology)\* |  | [Public Health Medicine](https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/public-health-medicine) |  |
| [General Medicine](https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/general-and-acute-care-medicine) |  | [Neurology](https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/neurology)\* |  | [Rehabilitation Medicine](https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/rehabilitation-medicine-(general)) |  |
| [General Paediatrics](https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/general-paediatrics)\* |  | [Nuclear Medicine](https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/nuclear-medicine)\* |  | [Occupational and Environmental Medicine](https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/occupational-and-environmental-medicine) |  |

**\***Logbook required for the above specialties.

**Limited scope of practice (optional):**

If you cannot demonstrate substantially comparable skill across the full scope of a recognised specialty (indicated above) but have a high level of subspecialist skill in a limited scope of practice, you may be eligible to apply for recognition in that limited scope of practice.

To apply for recognition in a limited scope of practice, you must have substantial experience in your country of origin as a subspecialist. A limited scope of practice must be broad enough to represent a functional medical role in which a physician could feasibly be employed and one in which Australian-trained physicians/paediatricians are currently employed. OTPs that successfully complete assessment in a limited scope of practice will be recommended for specialist recognition with conditions placed upon their registration restricting their scope of practice. To achieve specialist recognition without conditions upon your registration, you must be assessed against the full scope of the specialty.

|  |
| --- |
| **Limited scope of practice:** *State subspecialty:* Click here to enter text. |

**Previous applications with the RACP:**

|  |  |  |
| --- | --- | --- |
| Have you previously submitted an application for specialist assessment in Australia with the RACP? | Yes  No  If yes, provide further information | |
| Have you previously applied to the Medical Council of New Zealand (MCNZ) for registration? | Yes  No  If yes, provide further information | |
| Have you previously been registered with the RACP under any of the following pathways? | Basic Trainee  Short term specialist trainee | Advanced Trainee  Other |
| If yes, provide further information | |
| Do you have general registration with AHPRA (Australian Health Practitioner Regulation Agency)? | Yes  No | |

Copy table here as required

**Practice intentions in Australia:**

|  |  |
| --- | --- |
| Have you secured a position in Australia? | Yes – If yes, provide further information  No |

**Primary source verification:**

|  |  |
| --- | --- |
| All specialist assessment applicants require primary source verification of their medical qualifications through the International Credentials Services of the Educational Commission for Foreign Medical Graduates (ECFMG).  Applicants must apply to the AMC (<https://www.amc.org.au/pathways/how-to-apply/>) for EPIC verification. The documents will be forwarded to the ECFMG for verification through the original issuing university or institution. When confirmation of verification is received by the AMC, the candidate will be informed.  If you are unsure which qualifications you are required to have verified, you should contact the OTP Team at: OTP@racp.edu.au. | |
| EPIC number: | Click here to enter text. |
| AMC number: | Click here to enter text. |
| Have your qualifications verified? Yes  No | |

Qualifications:

Primary medical qualification (MBBS or equivalent):

|  |  |
| --- | --- |
| Qualification title: | Click here to enter text. |
| Year qualified: | Click here to enter a date. |
| Year awarded (if different to year qualified for degree): | YYYY |
| Country of training: | Click here to enter text. |
| Medical school: | Click here to enter text. |
| Duration of training (in years): | Click here to enter text. |
| Was a period of internship included in qualification? Yes  / No  If yes, what dates? From: MM/YYYY To: MM/YYYY | |

Specialist qualification (principal/highest):

|  |  |
| --- | --- |
| Qualification title: | Click here to enter text. |
| Year qualified: | Click here to enter a date. |
| Year awarded (if different to year qualified for degree): | YYYY |
| Country of training: | Click here to enter text. |
| Medical school: | Click here to enter text. |
| Duration of training (in years): | Click here to enter text. |
| Was a period of internship included in qualification? Yes  / No  If yes, what dates? From: MM/YYYY To: MM/YYYY | |

Additional qualifications:

Please list all additional qualifications you have obtained including Memberships, Fellowships, Diplomas, Masters and Doctorates.

|  |  |
| --- | --- |
| Qualification title: | Click here to enter text. |
| Year qualified: | YYYY |
| Year awarded: | YYYY |
| Country of training: | Click here to enter text. |
| Institution awarding qualification: | Click here to enter text. |
| Duration of training (in years): | Click here to enter text. |

|  |  |
| --- | --- |
| Qualification title: | Click here to enter text. |
| Year qualified: | YYYY |
| Year awarded: | YYYY |
| Country of training: | Click here to enter text. |
| Institution awarding qualification: | Click here to enter text. |
| Duration of training (in years): | Click here to enter text. |

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Examinations and Logbook

Medical registration/licensing examinations completed:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Have you completed any of the following medical registration examinations? | |  |  | | --- | --- | | AMC MCQ examination (Australia) | Yes No | | AMC Clinical examination (Australia) | Yes No | | NZREX examination (New Zealand) | Yes No | | LMCC examinations (Canada) | Yes No | | PLAB examinations (UK) | Yes No | | USMLE examinations (USA) | Yes No | | COMLEX examinations (USA) | Yes No | |
| If yes, you must provide further information including the dates in which you completed the examination(s)  Click here to enter text. |
| Have you ever attempted the RACP Written or Clinical examinations? | Yes No |
| If yes, you must provide further information including the dates in which you attempted the examination(s)  Click here to enter text. |

Please include details of all written examinations completed towards your specialist qualification(s):

Please list all formal examinations including entry and exit examinations. We do not require details of your primary medical degree examinations.

|  |  |
| --- | --- |
| Date of completion: | Click here to enter a date. |
| Examining/assessment body: | Click here to enter text. |
| Specialty/ sub-specialty: | Click here to enter text. |
| Components of examination  (e.g. Multiple choice, essays): | Click here to enter text. |
| Duration (hours): | Click here to enter text. |
| Stage of training which examination/assessment was undertaken: | Click here to enter text. |

|  |  |
| --- | --- |
| Date of completion: | Click here to enter a date. |
| Examining/assessment body: | Click here to enter text. |
| Specialty/ sub-specialty: | Click here to enter text. |
| Components of examination  (e.g. Multiple choice, essays): | Click here to enter text. |
| Duration (hours): | Click here to enter text. |
| Stage of training which examination/assessment was undertaken: | Click here to enter text. |

[Copy table here as required]

Please include details of all clinical examinations completed towards your specialist qualification(s):

Please list all formal examinations including entry and exit examinations. We do not require details of your primary medical degree examinations.

|  |  |
| --- | --- |
| Date of completion: | Click here to enter a date. |
| Examining/assessment body: | Click here to enter text. |
| Specialty/ sub-specialty: | Click here to enter text. |
| Components of examination/assessment  (e.g. OSCE, long case assessments): | Click here to enter text. |
| Duration (hours): | Click here to enter text. |
| Stage of training which examination was undertaken: | Click here to enter text. |

|  |  |
| --- | --- |
| Date of completion: | Click here to enter a date. |
| Examining/assessment body: | Click here to enter text. |
| Specialty/ sub-specialty: | Click here to enter text. |
| Components of examination/assessment  (e.g. OSCE, long case assessments): | Click here to enter text. |
| Duration (hours): | Click here to enter text. |
| Stage of training which examination was undertaken: | Click here to enter text. |

[Copy table here as required]

Logbook requirements for procedural specialties:

If you are applying in a procedural specialty, (Cardiology, Gastroenterology, General Paediatrics, Clinical Immunology & Allergy, Neonatal & Perinatal Medicine, Nephrology, Neurology, Nuclear Medicine, Paediatric Emergency Medicine, Respiratory Medicine, Sleep Medicine or Rheumatology) you are required to submit a logbook of procedures relevant to your specialty. Logbooks are normally completed during specialist training and should be signed by your supervisor or the institution that accredited your specialist training.

Patient privacy must be protected at all times, so unique identifiers must be removed prior to submission.

A 1-page summary sheet with the numbers of procedures listed in the logbook must be submitted in addition to the logbook.

|  |  |
| --- | --- |
| Are you submitting a logbook with your application? | Yes  No  Not Applicable |
| If no, please explain why? | Click here to enter text. |

Internship/Work Experience Prior to Entry into Training:

In this section, you must clearly describe your intern year (postgraduate year 1) and other years between obtaining your primary medical degree and commencing accredited training. Please ensure that you list the dates you commenced and ceased in each position (in month and year format MM/YYYY). You must provide an explanation for any gaps that appear throughout training.

|  |  |  |  |
| --- | --- | --- | --- |
| Start/end dates: | MM/YYYY to MM/YYYY | | |
| Institution/hospital: | Click here to enter text. | | |
| Position title: | Click here to enter text. | | |
| Location (include country): | Click here to enter text. | | |
| Registering authority & type of registration held (general/specialist): | Click here to enter text. | | |
| Responsibilities: | **Rotations completed & time spent in each unit**:  Click here to enter text.  **Inpatient duties**:  Click here to enter text.  **Outpatient duties**:  Click here to enter text.  **On-call responsibilities**:  Click here to enter text. | | |
| Please describe the procedures performed and whether you kept a logbook? | Click here to enter text. | | |
| Please provide details of any in training assessments completed  (please tick the relevant boxes or provide further details under other) | Mini Clinical Examination  Learning needs analysis  Direct observation of procedural skills | Case based discussions  Multi source  feedback  Professional qualities reflection | Supervision reports  Annual review of competence  Other, please specify: Click here to enter text. |

[Copy table here as required]

Specialist Training:

You should only provide details of accredited training in this section. All experience obtained prior to entry into training such as an internship or mandatory/military service should be provided in the section above.

Please list all training positions in chronological order starting with year 1 of the accredited training program. Please ensure that you list the dates you commenced and ceased training in each position (in month and year format MM/YYYY). You must provide an explanation for any gaps that appear throughout training.

|  |  |  |  |
| --- | --- | --- | --- |
| Start/end dates: | MM/YYYY to MM/YYYY | | |
| Institution/hospital: | Click here to enter text. | | |
| Position title: | Click here to enter text. | | |
| Location (include country): | Click here to enter text. | | |
| Were you enrolled in a formal training program: | Yes  No | | |
| Registering authority & type of registration held (general/specialist): | Click here to enter text. | | |
| Responsibilities: | **Rotations completed & time spent in each unit**:  Click here to enter text.  **Inpatient duties**:  Click here to enter text.  **Outpatient duties**:  Click here to enter text.  **On-call responsibilities**:  Click here to enter text. | | |
| Please describe the procedures performed and whether you kept a logbook? | Click here to enter text. | | |
| Please provide details of any in training assessments completed  (please tick the relevant boxes or provide further details under other) | Mini Clinical Examination  Learning needs analysis  Direct observation of procedural skills | Case based discussions  Multi source  feedback  Professional qualities reflection | Supervision reports  Annual review of competence  Other, please specify: Click here to enter text. |
| Start/end dates: | MM/YYYY to MM/YYYY | | |
| Institution/hospital: | Click here to enter text. | | |
| Position title: | Click here to enter text. | | |
| Location (include country): | Click here to enter text. | | |
| Were you enrolled in a formal training program: | Yes  No | | |
| Registering authority & type of registration held (general/specialist): | Click here to enter text. | | |
| Responsibilities: | **Rotations completed & time spent in each unit**:  Click here to enter text.  **Inpatient duties**:  Click here to enter text.  **Outpatient duties**:  Click here to enter text.  **On-call responsibilities**:  Click here to enter text. | | |
| Please describe the procedures performed and whether you kept a logbook? | Click here to enter text. | | |
| Please provide details of any in training assessments completed  (please tick the relevant boxes or provide further details under other) | Mini Clinical Examination  Learning needs analysis  Direct observation of procedural skills | Case based discussions  Multi source  feedback  Professional qualities reflection | Supervision reports  Annual review of competence  Other, please specify: Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Start/end dates: | MM/YYYY to MM/YYYY | | |
| Institution/hospital: | Click here to enter text. | | |
| Position title: | Click here to enter text. | | |
| Location (include country): | Click here to enter text. | | |
| Were you enrolled in a formal training program: | Yes  No | | |
| Registering authority & type of registration held (general/specialist): | Click here to enter text. | | |
| Responsibilities: | **Rotations completed & time spent in each unit**:  Click here to enter text.  **Inpatient duties**:  Click here to enter text.  **Outpatient duties**:  Click here to enter text.  **On-call responsibilities**:  Click here to enter text. | | |
| Please describe the procedures performed and whether you kept a logbook? | Click here to enter text. | | |
| Please provide details of any in training assessments completed  (please tick the relevant boxes or provide further details under other) | Mini Clinical Examination  Learning needs analysis  Direct observation of procedural skills | Case based discussions  Multi source  feedback  Professional qualities reflection | Supervision reports  Annual review of competence  Other, please specify: Click here to enter text. |

[Copy table here as required]

Employment as a Consultant Physician/Paediatrician:

Please list all employment as a consultant physician/paediatrician in chronological order starting with your first position as a consultant. Please ensure that you list the dates you commenced and ceased employment in each position (in month and year format MM/YYYY). You must provide an explanation for any gaps that appear in your employment history.

|  |  |
| --- | --- |
| Start/end dates: | MM/YYYY to MM/YYYY |
| Institution/hospital: | Click here to enter text. |
| Position title: | Click here to enter text. |
| Location (include country): | Click here to enter text. |
| Registering authority & type of registration held (general/specialist): | Click here to enter text. |
| Responsibilities: | **Clinical responsibilities – including inpatient & outpatient duties:**  Click here to enter text.  **Procedures performed:**  Click here to enter text.  **Management:**  Click here to enter text.  **Supervision responsibilities:**  Click here to enter text. |
|  | |
| Start/end dates: | MM/YYYY to MM/YYYY |
| Institution/hospital: | Click here to enter text. |
| Position title: | Click here to enter text. |
| Location (include country): | Click here to enter text. |
| Registering authority & type of registration held (general/specialist): | Click here to enter text. |
| Responsibilities: | **Clinical responsibilities – including inpatient & outpatient duties:**  Click here to enter text.  **Procedures performed:**  Click here to enter text.  **Management:**  Click here to enter text.  **Supervision responsibilities:**  Click here to enter text. |

|  |  |
| --- | --- |
| Start/end dates: | MM/YYYY to MM/YYYY |
| Institution/hospital: | Click here to enter text. |
| Position title: | Click here to enter text. |
| Location (include country): | Click here to enter text. |
| Registering authority & type of registration held (general/specialist): | Click here to enter text. |
| Responsibilities: | **Clinical responsibilities – including inpatient & outpatient duties:**  Click here to enter text.  **Procedures performed:**  Click here to enter text.  **Management:**  Click here to enter text.  **Supervision responsibilities:**  Click here to enter text. |

[Copy table here as required]

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: | MM/YYYY – MM/ YYYY |
| Institution: | Click here to enter text. |
| Position: | Click here to enter text. |
| Nature of Practice: | Click here to enter text. |

[Copy table here as required]

Audit participation, reports and research experience:

|  |  |
| --- | --- |
| Please provide details of your participation in audits, clinical trials and research as well as any prizes, grants or awards received: | |
| MM/YYYY | Click here to enter text. |
| MM/YYYY | Click here to enter text. |
| MM/YYYY | Click here to enter text. |

[Copy table here as required]

Published research papers:

Please provide the details of a maximum of 10 published research papers. If you wish to submit a full list of publications, you can submit this separately. Please do not provide hard copies.

|  |  |
| --- | --- |
| MM/YYYY | *Title, Authors, published in, reference* |
| MM/YYYY | *Title, Authors, published in, reference* |
| MM/YYYY | *Title, Authors, published in, reference* |

[Copy table here as required]

Continuing professional development activities:

Please include details of any continuing professional development activities you have undertaken in the previous three years (hard copies of your CPD Certificates are not required):

|  |  |
| --- | --- |
| Are you currently enrolled in a formal CPD program? | Yes  No |
| If yes, what is the name of the program? | Click here to enter text. |
| Have you successfully completed the requirements of the program? | Click here to enter text. |

OTP Self - Assessment

|  |
| --- |
| The RACP, on behalf of the Medical Board of Australia, will assess your qualifications, training, assessments, experience, recent practice and CPD to determine whether all of these components together will enable you to practice at a level comparable to the standard expected of an Australian trained specialist commencing in the same field of practice.    You should familiarise yourself with the pathway to become a specialist in Australia. The Australian Medical Association provides a helpful overview of this pathway on their website: <https://ama.com.au/careers/becoming-a-doctor>.  You should also review the relevant basic [<https://www.racp.edu.au/trainees/basic-training>] and advanced training curricula [<https://www.racp.edu.au/trainees/advanced-training>] before applying for assessment. Your interviewers will use these curricula as the standards for your assessment. |
| Given the above explanation of the standard in which you are being assessed; please provide a self-review describing how you believe the combination of your qualifications, training, assessments, experience, recent practice and CPD demonstrates your comparability to an Australian trained specialist in the same field of practice. |

Self Review:

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| --- |
| Click here to enter text. |

Referees:

Please list the name, title and current contact details of up to five professional referees (minimum of three referees required). You should request permission from all referees before nominating. The RACP requires you to nominate referees who can comment on your **recent** practice as a consultant physician/paediatrician in the relevant medical specialty and requires a reference from your current supervisor, clinical lead or direct line manager. **The RACP does not accept references from personal email accounts. All references must be returned via a professional email address**.

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| --- | --- |
| Referee Name: | Click here to enter text. |
| Position: | Click here to enter text. |
| Specialty in which referee practices? i.e. Cardiology | Click here to enter text. |
| Email Address: | Click here to enter text. |
| Specify year of most recent contact with referee: | Click here to enter text. |
| Current supervisor? |  |

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| --- | --- |
| Referee Name: | Click here to enter text. |
| Position: | Click here to enter text. |
| Specialty in which referee practices? i.e. Cardiology | Click here to enter text. |
| Email Address: | Click here to enter text. |
| Specify year of most recent contact with referee: | Click here to enter text. |
| Current supervisor? |  |

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| Referee Name: | Click here to enter text. |
| Position: | Click here to enter text. |
| Specialty in which referee practices? i.e. Cardiology | Click here to enter text. |
| Email Address: | Click here to enter text. |
| Specify year of most recent contact with referee: | Click here to enter text. |
| Current supervisor? |  |

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| --- | --- |
| Referee Name: | Click here to enter text. |
| Position: | Click here to enter text. |
| Specialty in which referee practices? i.e. Cardiology | Click here to enter text. |
| Email Address: | Click here to enter text. |
| Specify year of most recent contact with referee: | Click here to enter text. |
| Current supervisor? |  |

Declaration by applicant:

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| --- | --- |
| I (print full name) ……………………………………………………………………………….., do solemnly and sincerely declare that the statements made and the information shown in this application form and in the identified documents attached are true and complete.  I wish to apply for assessment for recognition as a specialist medical practitioner by the Royal Australasian College of Physicians. I have familiarised myself with the requirements of the assessment procedure[[7]](#footnote-8) as set out by the College and also the requirements for registration in Australia with the Australian Health Practitioner Regulation Agency.  Furthermore, I acknowledge that:   * the College will contact some or all the referees I have nominated for their opinion relating to my ability to practise as a consultant physician/paediatrician. * the College may contact regulatory authorities (such as the Australian Medical Council and the Australian Health Practitioners Regulation Agency) in relation to my application and assessment. * the College may use de-identified data for research, reporting and process improvement purposes. I have read and understand the RACP Policy on assessment of Overseas Trained Physicians and Paediatricians (OTPs)[[8]](#footnote-9). * I consent to the College informing my employer or prospective employer of the outcome of my specialist assessment application, my progress through peer review, top up training, and any other workplace-based assessments and College requirements for specialist recognition, including a practice visit and any revision of my specialist assessment application outcome. I understand the College will only provide this information to a current or prospective employer who has or is intending to employ me as a candidate working towards specialist recognition in Australia. * I may be asked during my peer review/top-up training to complete multisource feedback (MSF) managed for the College by an external provider Client Focused Evaluation Programs. I agree to allow the MSF report and change plan to be included in assessment decisions according to RACP policies. | |
| Are there any restrictions on your current practice? | Yes – Please comment below  No |
| Have you ever been subject to an investigation of your practice or actions by a clinical practice regulatory authority? | Yes – Please comment below  No |
| If you have ticked yes to any of the above questions, you must provide further information  Click here to enter text. | |
| **Signature:** |  |
| **Date:** | Click here to enter a date. |

The College respects your privacy. Information collected by the College may be used for administering the assessment of overseas trained specialists and provided to officers of the College involved in specialist assessment, supervisors, AHPRA the Australian Medical Council and the Medical Board of Australia. Please refer to the RACP Privacy policy available on the RACP website.

## **Overseas Trained Physician/Paediatrician**

Interview Availability Form

|  |  |
| --- | --- |
| **Name** |  |
| **Subspecialties**  Please confirm all specialties in which you have applied to be assessed | 1)  2) (if applicable) |
| **Email address**  Pleaseinclude your personal email |  |
| **Mobile number**  Pleaseinclude the country and area codes |  |
| **Location from where you will be connecting via Videoconference**  Please specify City and Country |  |

**Important information**

Please read the below information carefully before signing and returning your form with the completed Specialist Assessment of Overseas Trained Physicians/Paediatricians Australian Application Form*.*

* You must confirm the specialty or specialties in which you wish to seek assessment. If you do not disclose all specialties now and later wish to be assessed in additional specialty areas, you will be required pay additional fees and be re-interviewed by the College.
* There are waiting times for all OTP interviews. The College can only begin to schedule your interview once this form is returned (via email) and the assessment of comparability fee paid. The assessment of comparability fee will be issued once your Case Officer has assessed your application and confirms that your application is complete. Your interview will then be scheduled within three months of the date the fee is paid.
* Interviews are arranged according to the availability of an interview panel and at present are only arranged via videoconference.
* You must cover all costs relating to your interview. This includes but is not limited to; access to the internet, a computer or laptop and a webcam.
* Please ensure that you are contactable via the above mobile number on the day of your interview in case a member of staff needs to contact you regarding arrangements for your interview.
* You are responsible for ensuring that you have a secure connection to allow the interview to run smoothly. The College is not responsible for any technical issues outside its control that occur on the day of the interview. You should carefully consider the information provided by the College before choosing to attend an interview via videoconference.
* Please do not set up a videoconference account until the College asks you to do so. The College uses a specific provider, and you will be required to test the connection a minimum of two weeks prior to your interview.
* Previous applicants connecting via videoconference from the Middle East, Indian Subcontinents, and Africa have experienced connection issues on the day of their interview, after previously having completed advance testing successfully. You should make every effort to ensure that you are using facilities that meet the specified minimum technical requirements for videoconferencing.
* To connect via videoconference, you must use a cable internet connection with a minimum speed of 50MBPS. You will also need a private room with no distractions and headphones. Please ensure you have this in place before your test is scheduled.
* You must use the same software, computer and location for both your test and interview. Changing locations or devices may affect the connection and you may therefore be required to conduct a second test.
* Interviewers will verify your identity at the beginning of the interview and confirm that no other persons are present in the room. If there are concerns around identity and/or other persons being present in the room, the College will terminate the interview and investigate further.
* You are responsible for ensuring that you are well enough to attend your interview. If you have any concerns prior to or on the day of your interview, please notify staff before the interview commences.
* To prepare for your interview, you must carefully consider the RACP basic and advanced training curricula relevant to your specialty/specialties and refer to the Specialist Assessment - Guide for Applicants.

**I have read the above information carefully and acknowledge my responsibilities in the organisation and attendance of my interview.**

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| **Signed:** |  | **Date:** |  |

1. www.medicalboard.gov.au [↑](#footnote-ref-2)
2. www.racp.edu.au/docs/default-source/default-document-library/specialist-assessment-overseas-trained-physicians-paediatricians.pdf [↑](#footnote-ref-3)
3. [Primary source verification (amc.org.au)](https://www.amc.org.au/pathways/primary-source-verification/) [↑](#footnote-ref-4)
4. www.racp.edu.au/become-a-physician/membership-fees [↑](#footnote-ref-5)
5. www.ahpra.gov.au/Registration/Registration-Process/Translating-Documents.aspx [↑](#footnote-ref-6)
6. www.ahpra.gov.au/registration/registration-standards/english-language-skills.aspx [↑](#footnote-ref-7)
7. <http://www.racp.edu.au/docs/default-source/default-document-library/specialist-assessment-guide-for-applicants-2015v1.pdf?sfvrsn=0> [↑](#footnote-ref-8)
8. <http://www.racp.edu.au/docs/default-source/default-document-library/racp-policy-assessment-overseas-trained-physicians-paediatricians.pdf?sfvrsn=98152f1a_16> [↑](#footnote-ref-9)