

### Post-Fellowship Specialty Recognition Application Form and Guide

This document should be read in conjunction with the RACP's Post-Fellowship specialty recognition policy, referee report form and assessor guide.

#### **Overview**

Post-Fellowship Specialist Recognition is the process by which RACP Fellows (Divisions, Faculties or Chapters) can apply to be recognised by the College in a specialty or specialty field (hereafter referred to as 'specialty') related to an RACP training program.

In particular, Fellows may seek recognition in a specialty:

- which is different to the specialty for which the Fellow is currently recognised by the RACP.
- where the Fellow is currently recognised by the RACP as a Specialist Physician or Specialist Paediatrician without a nominated specialty.

When you apply for post-Fellowship specialty recognition the RACP will assess whether your competence, knowledge, skills and experience are at or above the level expected of someone who has completed the relevant RACP Advanced Training Program. The specialty you apply for recognition in is referred to as the 'requested specialty' throughout this document, the referee report form, and assessor guide.

#### **Timeframes for assessment**

Timeframes for assessing applications may vary by training program, however, as a guide, it is recommended that you allow three months. If you do not provide completed referee reports and a reference letter with your application then the processing time will be extended by at least one month. The timeframe may also be extended if further documentary evidence is required.

#### Appealing a decision

Refer to the Reconsideration, Review and Appeals Process by-law, application form and FAQs on the RACP By-laws page.

#### **Contact Us**

Please contact the Advanced Training team via email at <a href="mailto:AdvancedTraining@racp.edu.au">AdvancedTraining@racp.edu.au</a> or phone +61 02 9256 5445 if you have any questions.



#### Post-Fellowship specialty recognition process and outcomes

Fellows seeking recognition in a specialty:

Which is different to the specialty for which the Fellow is currently recognised by the RACP.

Where they are recognised by the RACP as a Specialist Physician or Specialist Paediatrician without a nominated specialty.

#### 1. Pre-application

Check if you are eligible for post-Fellowship specialty recognition - refer to the Post-Fellowship specialty recognition policy.

## 2. Application for recognition in a different specialty to that in which you are currently recognised by the RACP

Complete and submit the application form below and attach relevant documentary evidence including completed referee reports and letter.

#### Refer to:

- the Post-Fellowship specialty recognition policy
- relevant specialty training curricula and other specialty related information found on the relevant Advanced Training webpage.

A separate application form should be submitted for each specialty the applicant is seeking recognition in. Send applications to <a href="mailto:AdvancedTraining@racp.edu.au">AdvancedTraining@racp.edu.au</a>

# 2. Application for recognition where you are recognised by the RACP as a Specialist Physician or Specialist Paediatrician without a nominated specialty

Applies if you are considered a consultant Physician or Paediatrician by the RACP, i.e. you undertook specialty training prior to the establishment of SACs/JSACs/STCs (ATCs).

Contact AdvancedTraining@racp.edu.au with your full name, member identification number (MIN) and the specialty you are seeking recognition in.

#### 3. Assessment of application

The relevant Training Program Committee or its delegates will assess the application against the selection criteria to decide whether the applicant has demonstrated sufficient competence to be granted recognition in the nominated specialty. Applicant will be contacted if additional information is required.

#### 3. Record check

College staff will access historical training records to confirm whether or not sufficient evidence exists to confirm that you trained in the nominated specialty. Please allow two weeks for this check to be carried out.

# Recognition in the requested specialty is not granted

You are invited to apply for Post-Fellowship training. See the <u>Variations</u> in training page of the RACP's website for more information.

#### Recognition in requested specialty pending further requirements

The assessing body will provide information on how you can meet the additional requirements.

These may include peer review, work-based tools and assessments, and examinations. All requirements must be completed within 24 months. See the <a href="#">Appendix</a> for further details.

## Recognition granted in requested specialty

The RACP will update your details in the system to reflect the additional specialty.

You will need to contact the Australian Health Practitioner Regulation Agency (AHPRA) or Medical Council of New Zealand about your registration.

# College training record does not provide sufficient evidence to approve recognition

Please complete an application for recognition in a different specialty to that in which you are currently recognised by the RACP.

All applicants will be notified of the outcome of their application in writing.



#### **Post-Fellowship Specialty Recognition Application Form**

#### Please submit via email to <a href="mailto:AdvancedTraining@racp.edu.au">AdvancedTraining@racp.edu.au</a> .

The purpose of the application is to prove that your competency, knowledge, skills and experience are at or above the level expected of someone who has completed the relevant RACP Advanced Training program.

When demonstrating how your experience relates to the relevant training program, refer to the *Expected outcomes at the completion of training* section of the relevant training curriculum. This sets out the expectations for new Fellows. You can access information on specialty training programs, including relevant curricula, through the RACP Advanced Training webpage.

#### 1. Applicant details

Family name			Given r	names	
Date of birth			Membe	r ID no. (MIN)	
Email					
Phone					
Current Fellows	ship specialty 1				Select one
Current Fellows	ship specialty 2				Select one
Current Fellows	ship specialty 3				Select one
2. Requested s	specialty				
Specialty you are applying to be recognised in (hereafter referred to as 'requested specialty')					Select one
3. Current regi	stration details				
Have you ever be requested spec	peen credentialed	d in your	□Yes	□No	
	ovide the start and cation of where yo				



#### 4. Employment history

Please list the details of at least five-years employment post-Fellowship practising at specialist level in the specialty in which you are seeking recognition in chronological order and attach your Curriculum Vitae to this application.

If you have had more than three employers in this time additional employment history tables can be found in a separate document on the <u>Education Policy</u> webpage.

Total time spent p	oractising at specialist le specialty	vel		
Did you have any periods in this tin	significant non-practisir	ng Yes [	]No	
If yes, please expla	ain			
Start Date		End Date		FTE
Institution/ Hospital				
Location				
Position title				
Registering Authority				
	on of the requested spece	ialty within the in	stitution i.e. # of clin	ics,
	<b>ties</b> i.e. daily duties in this uency of inclusion in on ca		ent in hospital wide co	ommittees and
	ted equivalent to expected Training curriculum	ed outcomes at th	e completion of trai	ning – refer to



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Start Date		End Date		FTE
Institution/ Hospital				
Location				
Position title				
Registering Authority				
	on of the requested spec egistrars, inpatient beds	ialty within the in	stitution i.e. # of clin	ics,
	<b>ties</b> i.e. daily duties in this uency of inclusion in on ca	•	ent in hospital wide co	ommittees and
	ted equivalent to expecte Training curriculum	ed outcomes at th	e completion of trai	ning – refer to
	<del>-</del>			
Start Date		End Date		FTE
Institution/ Hospital				
Location				
Position title				
Registering Authority				
General description of the requested specialty within the institution i.e. # of clinics, specialists/VMOs/registrars, inpatient beds				
<b>Description of duties</b> i.e. daily duties in this position, involvement in hospital wide committees and management, frequency of inclusion in on call register				
<u> </u>	•	<del>-</del>		
	ted equivalent to expected Training curriculum	ed outcomes at th	e completion of trai	ning – refer to
100 vant Advanced	Training outflouidin			



#### 5. Supervision and teaching

Supervis	ory duties conducted	d in the requested special	lty
Dates	Institution	Position	Details – include number, level and specialty of trainees you supervised
Teaching	duties conducted in	the requested specialty	
Dates	Institution	Position	Details – include subjects taught



#### 6. Continuing professional development (CPD)

CPD programs in the requested specialty - provide scanned copies of relevant documents			
Are you currently enrolled in a formal CPD program?		□Yes	□No
If yes, what is the	program name?		
Have you succe completed the r the program?		□Yes	□No
			vant to the requested specialty - list details including ndertaken as part of a RACP training program
Dates	Qualification/cours	e/training	rotation details
Conference atte	ndance relevant to	the requ	ested specialty – include ASMs and symposiums
Dates	Conference details	<b>;</b>	



#### 7. Research relevant to requested specialty

Audit participation, reports, and research experience - provide a summary
Published Research Papers - include full reference and link if possible - hard copies not required
Contributions to conferences - provide a summary



#### 8. Other contributions to requested specialty

Memberships of relev	ant professional organisations
Dates	Professional organisation
Other relevant activitic committee or working g	es or achievements e.g. office bearer in a professional organisation, RACP roup involvement, course instructor or examiner appointment



#### 9. Referees

You must submit three references with your application:

- Two completed referee reports (use forms on the <u>Education Policy</u> webpage); and
- One letter of reference.

Please copy in all your referees when you email your application.

#### Referee reports

Your two referee reports must be from consultants recognised by the RACP in your requested specialty, be currently practicing in that specialty and have worked with you within the last three years. If you cannot provide two referees who meet the above criteria, please email <a href="mailto:AdvancedTraining@racp.edu.au">AdvancedTraining@racp.edu.au</a> explaining why this is the case (e.g. based in a remote/rural area) and suggest appropriate alternative references. The assessing body will confirm the appropriateness of the proposed referees.

#### Letter of reference

Your letter of reference must be from a referee who can verify your contribution to the specialty (e.g. a specialty society or hospital administration representative). It should be no more than one page, state the referee's professional relationship to you and provide an overview of your contribution to the specialty which the referee has observed/ has first-hand knowledge of (e.g. clinical practice and responsibilities, membership of relevant organisations, supervisory duties, contributions to conferences).

	<u> </u>		
Referee 1– attach completed referee report form			
Referee name			
Position			
Referee's specialty			
Email (personal email addresses not accepted)			
Phone			
Referee 2– attach completed refe	eree report form		
Referee name			
Position			
Referee's specialty			
Email (personal email addresses not accepted)			
Phone			
Referee 3 – attach letter of refere	ence		
Referee name			
Position			
Referee's specialty			
Email (personal email addresses not accepted)			
Phone			



#### 10. Application attachments

You need to provide evidence supporting the experience described in your application. Relevant documentation will help the assessing body determine if you have proven your level of competence.

When selecting documentation, think about the assessor's perspective:

- What kinds of evidence would you look for if you had to make a judgement on your application?
- What would convince you that someone has achieved a required competency?

Types of evidence you may include are:

- Professional development program certificates
- Certificates from relevant courses
- Proof of conference attendance
- Proof of membership of relevant professional organisations

Attachme	Attachment list		
Relevant Section	Attachment Name		
3	Evidence of current AHPRA/MCNZ registration		
4	Curriculum vitae		
9	Referee report 1		
9	Referee report 2		
9	Letter of reference		



## Appendix: Recognition in nominated specialty pending further requirements

If the outcome of your application requires you to complete further requirements before recognition is granted, the assessing body will outline these requirements.

#### These may include:

- Examinations (of the relevant Faculty or Chapter)
- Modules
- Peer review
- Work-based tools and assessments

The assessing body will determine the further requirements a Fellow must complete on a case-by-case basis.

The assessor(s) for peer review and work-based tools and assessments will usually be a registered consultant in the specialty you seek recognition in who must have/hold specialty Fellowship of the RACP or Faculty or Chapter for a minimum of 12 months.

#### **Peer review**

Peer review is an assessment by a peer to determine whether you are working at the level of an RACP trained specialist.

The assessing body will determine the duration and specific peer review requirements for your peer review.

Peer review positions usually take place at your current workplace with a nominated peer reviewer from your workplace. The position should be at the level of a consultant physician but must be at least at the level of a senior registrar. Peer review may be undertaken in a private practice setting but this is not normally appropriate.

The position should allow you to practise independently and expose you to the full range of clinical activities required in the speciaty you seek recognition in. The role of the peer reviewer is to provide you with oversight and constructive feedback rather than the close supervision that would be expected during training.

Both technical clinical skills and the professional attributes described in the RACP's specialty and professional qualities curricula will be observed by your peer reviewer(s) to assess your safety and competence for independent practice.

Where the above criteria cannot be met, the assessing body will consider alternative arrangements. The details of the peer review must be prospectively approved by the assessing body. Previous practice cannot be retrospectively approved for peer review.

Generally, you must have at least two onsite peer reviewers that are registered consultants in your specialty. Where only one on-site peer reviewer is in your specialty, you will be required to have a second on-site peer reviewer in a different specialty and a third external peer reviewer in the relevant specialty. All peer reviewers must have held Fellowship of the RACP or the relevant Faculty or Chapter for a minimum of 12 months.