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**Post-Fellowship recognition in Obstetric Medicine Application form and guide**

This document should be read in conjunction with SOMANZ’s Post-Fellowship Recognition in Obstetric Medicine policy and referee report forms.

# Overview

Post-Fellowship Recognition in Obstetric Medicine is the process by which RACP Fellows (Divisions, Faculties or Chapters) can apply to be recognised by SOMANZ as an Obstetric Physician.

When you apply for post-Fellowship recognition in Obstetric Medicine, the SOMANZ Council will assess whether your competence, knowledge, skills and experience are at or above the level expected of someone who has completed the relevant requirements for the SOMANZ Certificate.

Please note that the SOMANZ Obstetric Medicine Certificate is not recognised as a separate or additional qualification by the RACP and as yet Obstetric Medicine is not recognised by AHPRA or MCNZ as a separate specialty.  SOMANZ will recognise individuals as an “Obstetric Physician” based on successful completion of their RACP training (in any specialty) and the issuing of the SOMANZ Obstetric Medicine certificate or if they are granted the SOMANZ Obstetric Medicine Certificate after successful application through this Post-Fellowship Recognition in Obstetric Medicine pathway.

# Timeframes for assessment

Timeframes for assessing applications may vary depending on time of year, however, as a guide, it is recommended that you allow three months. If your nominated referees do not submit timely reports then the processing time will be extended by at least one month. The timeframe may also be extended if further documentary evidence is required.

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# Appealing a decision

Appeals to decisions will only be considered if an applicant receives outcome a) – not recognised in Obstetric Medicine. No appeals to decisions recommending further completion of additional requirements (outcome b) will be considered. Appeals must be lodged within one month of notification of the original decision with a detailed letter and additional documentation outlining why the applicant is requesting reconsideration. An appeal request must be accompanied by a $100 additional reconsideration fee. Appeals will be taken to the SOMANZ Council for reconsideration.

# Contact Us

Please contact SOMANZ via email at [admin@somanz.org](mailto:admin@somanz.org.au) or phone 0433 458 405 if you have any questions.

Post-Fellowship recognition in Obstetric Medicine process and outcomes

**Recognition granted in obstetric medicine**

SOMANZ will issue you with the SOMANZ Obstetric Medicine Certificate.

**Recognition in obstetric medicine pending further requirements**

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

This may include a peer review requirement, a recommendation to complete further training or receive direct or indirect supervision with your current practice. All requirements must be completed within 24 months.

**Recognition in obstetric medicine is not granted**

You are invited to apply for Post-Fellowship training in Obstetric Medicine. See the [training page](https://www.somanz.org/training/trainees-in-obstetric-medicine/) of the SOMANZ’s website for more information.

**1. Pre-application**

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

**2. Application for recognition as an Obstetric Medicine Physician**

Complete and submit the application form below and attach relevant documentary evidence.

**Refer to:**

* the Post-Fellowship recognition in Obstetric Medicine policy
* Relevant training curricula and other specialty related information found on the [SOMANZ Training webpage](https://www.somanz.org/training/trainees-in-obstetric-medicine/).

Send applications to [admin@somanz.org.au](mailto:admin@somanz.org.au)

**Applicant**

**3. Assessment of application**

The SOMANZ Training 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 Obstetric Medicine Applicant will be contacted if additional information is required.

**SOMANZ**

**4. Record check**

SOMANZ Staff may need to contact the RACP to access historical training records to confirm whether or not sufficient evidence exists to confirm that you have completed any training time in obstetric medicine. Please allow two weeks for this check to be carried out.

**Reconsideration appeal**

Appeals must be lodged within one month of notification of the original decision with appropriate documentation and reconsideration fee. Appeals will be taken to the SOMANZ Council for reconsideration.

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

**3. Assessment of application**

The SOMANZ Training 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 Obstetric Medicine Applicant will be contacted if additional information is required.

**Applicant**

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| Post-Fellowship recognition in Obstetric Medicine application form **Please submit via email to admin@somanz.org**  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 requirements for the SOMANZ Obstetric Medicine Certificate. | | | | | | | |
| 1. Applicant details | | | | | | | |
| **Family name** |  | | | **Given names** |  | | |
| **Date of birth** |  | | | **Member ID no. (MIN)** |  | | |
| **Email** |  | | | | | | |
| **Phone** |  | | | | | | |
| **Current Fellowship specialty 1** | |  | | | | |  |
| **Current Fellowship specialty 2** | |  | | | | |  |
| **Current Fellowship specialty 3** | |  | | | | |  |
| 2. SOMANZ Membership | | | | | | | |
| **Are you a current SOMANZ Financial Member? Note: Only applications received from financial SOMANZ members will be accepted** | | | Yes No | | | | |
| 3. Academic qualifications | | | | | | | |
| **Degree/Diploma** | | | **Institution** | | | **Date awarded** | |
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| **Supporting document(s)**: copy of FRACP certificate or annual Fellowship subscription fee receipt 4. Medical registration | | | | | | | |
| **Registration body (AHPRA/MCNZ)** | | | **Type of registration** | | | **Expiry date** | |
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**Supporting document(s)**: Copy of current medical registration certificate

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| 5. Referees You must submit the names and contact details of two referees with your application, one of which is a current or past head of service or clinical lead in Obstetric Medicine (if your institution has this role). Referees must be recognised by SOMANZ as an Obstetric Physician, currently practicing in Obstetric Medicine and have consented to be contacted by SOMANZ to submit a referee report to support your application. A referee report template will be sent directly to your referees to be submitted back to SOMANZ electronically. If you cannot provide two referees who meet the above criteria, please email [admin@somanz.org](mailto:admin@somanz.org) 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.  **Referee reports**  The referee report will help the SOMANZ Executive Council and training committee assess the applicant’s clinical, professional and ethical abilities and competence in Obstetric Medicine. Referees must be able to comment on the applicant’s abilities as a consultant in Obstetric Medicine with a focus on medical expertise and make an overall assessment of the applicant’s ability to provide a high standard of medical care in Obstetric Medicine. | |
| **Referee 1** | |
| **Referee name** |  |
| **Position** |  |
| **Referee’s specialty** |  |
| **Email** *(personal email addresses not accepted)* |  |
| **Phone** |  |
| **Referee 2** | |
| **Referee name** |  |
| **Position** |  |
| **Referee’s specialty** |  |
| **Email** *(personal email addresses not accepted)* |  |
| **Phone** |  |

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| 6. Employment history Please attach your curriculum vitae and list the details of at least three years employment post-Fellowship practicing at specialist level in Obstetric Medicine in chronological order. Please refer to the SOMANZ Post fellowship Recognition in Obstetric Medicine policy and assessment guide to ensure you provide enough relevant information for assessment. | |
| **Total time spent practicing at specialist level in Obstetric Medicine** |  |
| **Do you have any significant gaps during this period?** | Yes No |
| If yes, please explain |  |

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| **Start Date** |  | **End Date** |  | **FTE** |  |
| **Institution/ Hospital** |  | | | | |
| **Location** |  | | | | |
| **Position title** |  | | | | |
| **Registering Authority** |  | | | | |
| **General description of the obstetric medicine practice within the institution** i.e. # of clinics, specialists/VMOs/registrars, inpatient beds | | | | | |
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| **Description of duties** i.e. daily duties in this position, involvement in hospital wide committees and management, frequency of inclusion in on call register | | | | | |
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| **Activities completed equivalent to expected outcomes at the completion of training** – refer to SOMANZ Training curriculum | | | | | |
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| **Start Date** |  | **End Date** |  | **FTE** |  |
| **Institution/ Hospital** |  | | | | |
| **Location** |  | | | | |
| **Position title** |  | | | | |
| **Registering Authority** |  | | | | |
| **General description of the obstetric medicine practice within the institution** i.e. # of clinics, specialists/VMOs/fellows/registrars, inpatient beds | | | | | |
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| **Description of duties** i.e. daily duties in this position, involvement in hospital wide committees and management, frequency of inclusion in on call register | | | | | |
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| **Activities completed equivalent to expected outcomes at the completion of training** – refer to SOMANZ Training curriculum | | | | | |
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| **Start Date** |  | **End Date** |  | **FTE** |  |
| **Institution/ Hospital** |  | | | | |
| **Location** |  | | | | |
| **Position title** |  | | | | |
| **Registering Authority** |  | | | | |
| **General description of the obstetric medicine practice within the institution** i.e. # of clinics, specialists/VMOs/registrars, inpatient beds | | | | | |
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| **Description of duties** i.e. daily duties in this position, involvement in hospital wide committees and management, frequency of inclusion in on call register | | | | | |
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| **Activities completed equivalent to expected outcomes at the completion of training** – refer to SOMANZ Training curriculum | | | | | |
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**Supporting document(s)**:

- Copy of current curriculum vitae.

- A description of your practice (e.g. log book for 3 months) detailing the patients seen, gestations, and diagnoses.

- If your work includes private practice and you wish this to be credited as FTE in Obstetric Medicine please provide: A letter of support from a referee who refers patients to you (e.g. Obstetrician colleague), which includes the duration of your collegial relationship and the scope of obstetric medicine patients referred to you – to support that you consult on women within a broad range of medical disciplines in a variety of clinical settings as outlined in the [Obstetric Medicine Curriculum](https://www.racp.edu.au/docs/default-source/trainees/advanced-training/general-and-acute-care-medicine/obstetric-medicine-recommended-training-curriculum-for-general-and-acute-care-medicine-trainees.pdf?sfvrsn=3f122f1a_6)

**-** Employment contract (includes FTE of obstetric medicine)

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| 7. Continuing professional development (CPD) and previous clinical training | | | |
| **Are you currently enrolled in a formal CPD program?** | | | Yes No |
| If yes, what is the program name? | | |  |
| **Have you successfully completed the requirements of the program?** | | | Yes No |
| **Other qualifications, courses, training relevant to obstetric medicine -** list details including any certificates gained and any obstetric medicine training time undertaken as part of a RACP or overseas training program, or the SOMANZ Post fellowship training program. | | | |
| Dates | Qualification/course/training rotation details | | |
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| **Memberships of relevant professional organisations** | | | |
| Dates | | Professional organisation | |
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| **Conference attendance relevant to Obstetric Medicine** *–* include ASM’s and symposiums | | | |
| Dates | Conference details | | |
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**Supporting document(s)**: CPD Program certificate

**Supporting document(s)**: Documentation of completed training and duration of training e.g. certificate of obstetric medicine training or fellowship OR certificate / evidence provided by Royal Australasian College of Physician (or other institution) of completed obstetric medicine rotations OR copies of satisfactory supervisors training reports for obstetric medicine rotations.

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| 8. Supervision, teaching and education in obstetric medicine Provide details of time as a recognised supervisor of RACP (or equivalent medical training college) trainees in obstetric medicine; AND/OR evidence of regular teaching contributions (undergraduates, basic and advanced trainees, others, invited presentations) AND/OR participation in organising committee of an obstetric medicine related meeting. | | | | | |
| **Supervisory duties conducted in the Obstetric Medicine or RACP Advanced Trainees** | | | | | |
| Dates | Institution | Position | | Details – include number, level and specialty of trainees you supervised | |
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| **Teaching duties conducted in Obstetric Medicine** | | | | | |
| Dates | Institution | | Position | | Details – include subjects taught |
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| **Other relevant education activities or achievements** | | | | | |

**Supporting document(s)**: Training supervisor: letter from RACP (or other medical training college) verifying supervisor role and dates. Other activities: List in CV (SOMANZ will notify if further documentation is required)

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| 9. Research and academic activities relevant to Obstetric Medicine Describe completion of university awards relevant to obstetric medicine i.e. Doctorate or Masters in a topic relevant to obstetric medicine AND/OR published papers relevant to obstetric medicine with authorship status AND/OR presented abstracts related to obstetric medicine with authorship status AND/OR relevant guidelines and authorship status AND/OR Editorial Board membership AND/OR Journal reviewer activity. |
| **University award in Obstetric Medicine (Doctorate or Masters level)** – provide name of award, institution, date of award and outline of research |
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| **Audit participation, reports, and research experience** - provide a summary |
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| **Published Research Papers** *-* include full reference and link if possible - hard copies not required |
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| **Contributions to conferences** - provide a summary |
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**Supporting document(s)**:

* Copy of university award
* Publications, abstract, guidelines listed in CV (SOMANZ will notify if further documentation is required)
* Letter from Journal describing editorial board or reviewer activity with dates (provide a min of 3 article titles reviewed)

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| 10. Leadership in Obstetric Medicine Please provide details of memberships of professional body councils / committees relevant to obstetric medicine (e.g. SOMANZ, ISOM, ADIPS, National Maternal Mortality Review Committee, AMOSS) | |
| **Leadership in the field of Obstetric Medicine** | |
| Dates | Professional organisation |
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| **Other relevant activities or achievements** | |
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## 11. Declaration

I declare that the information supplied by me is complete, true and correct.

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| *Signature of Applicant* |  |
| *Date* |  |

**Checklist of supporting evidence submitted, including proposed criteria points to be attributed.**

**þ if supplied**

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|  |  | **Compulsory criteria met/ points** | **Supplementary criteria points** |
|  | Application form completed and signed |  |  |
|  | Application fee (NZD 800 New Zealand; AUD 880 Australia) |  |  |
| **3.4.Academic qualifications and registrations** | |  |  |
|  | Copy of current medical registration certificate |  |  |
|  | FRACP (or equivalent) certificate or annual Fellowship subscription fee receipt |  |  |
| **5.Referee details: *Max 2 points if referee reports are satisfactory*** | |  |  |
|  | 2 referee contact details submitted – at least one referee needs to be clinical lead/head of service if role present in your institution. |  |  |
| **6.Practice in Obstetric Medicine: *Max 16 points*** | |  |  |
|  | Satisfactory evidence of 12 months of Obstetric Medicine consultant practice or supervised training |  |  |
|  | Copy of current CV |  |  |
|  | Employment contract (includes FTE of obstetric medicine) |  |  |
|  | Log book |  |  |
|  | Letter from a referring colleague if in private practice |  |  |
| **7.CPD and Previous Training in Obstetric Medicine: *Max 12 points*** | |  |  |
|  | CPD certificate |  |  |
|  | Training certificate (includes training duration) |  |  |
|  | Certificate/ evidence from RACP of completion of obstetric medicine rotations or |  |  |
|  | RACP obstetric medicine rotation supervisors reports (with training dates) |  |  |
| **8.Supervision, Teaching and Education in Obstetric Medicine: *Max 4 points*** | |  |  |
|  | Letter from medical training college verifying supervisor role |  |  |
|  | Details of organising committee role for ASM role listed in CV |  |  |
|  | Other educational and teaching activities listed in CV |  |  |
| **9.Research/academic activities: *Max 11 points*** | |  |  |
|  | Copy of university award |  |  |
|  | Publications listed in CV (first or senior author) |  |  |
|  | Publications (other authorship) & abstracts listed in CV |  |  |
|  | Guidelines and authorship role listed in CV |  |  |
|  | Letter from Journal verifying editorial role |  |  |
|  | Letter from Journal verifying reviewer role |  |  |
| **10.Leadership in Obstetric Medicine: *Max 2 points*** | |  |  |
|  | Committees listed in CV |  |  |
|  | Letter from committee secretariat verifying role and dates of contribution |  |  |
| **Other** | |  |  |
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|  | ***Compulsory criteria points*** |  |  |
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