The Royal College of Pathologists of Australasia
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RCPA
The Royal College of Pathologists of Australasia

APPLICATION FOR APPROVAL OF PROGRAM FOR PRACTICE UNDER PEER REVIEW – OVERSEAS TRAINED SPECIALIST (OTS) ANATOMICAL PATHOLOGY

Please note that all applications for peer review must be *PROSPECTIVELY* approved.

1. PERSONAL DETAILS

Last Name _____

First Names _____

Home Address _____

_____

State _____ Postcode _____ Country _____

Email _____

Mobile _____ Tel Home _____

2. Information about the position

A position description *must* accompany this application

(1) Employer Details

Name of Employer _____

Employer's Address _____

_____

State _____ Postcode _____ Country _____

Contact Person _____

Contact Position Title _____

Contact Email _____

Telephone Work _____

Fax Work _____

(2) Position Details

Period of peer review Commencing: _____/_____/_____

Ending: _____/_____/_____

Position Title _____

Location/s of the position_____

Duration of appointment _____ (months)

Nature of appointment _____ Full time _____Part time

_____ Other, please specify

Roles and responsibilities of the position
(Please provide as much detail as possible, provide attachments if necessary)

Details of the areas of Anatomical Pathology which the Overseas Trained Specialist (OTS) will report as well as details of the areas to which there will be no exposure.

Details of clinicopathology meetings the OTS will attend and those for which they will be responsible

3. WEEKLY TIMETABLE

Example	(Must include reporting, teaching, CPD activities ie such as journal club, clinical meetings, research projects)
Monday	
8.30am-11.00am	Cut-up
12.30pm-2.30pm	Reporting
2.30pm-3.30pm	Multi-disciplinary meeting
3.30pm-4.30pm	Registrar teaching or journal club

Monday		
Time	Activities	Other information

Tuesday		
Time	Activities	Other information

Wednesday		
Time	Activities	Other information

Thursday		
Time	Activities	Other information

Friday		
Time	Activities	Other information

Saturday *(if applicable)*		
Time	Activities	Other information

Sunday *(if applicable)*		
Time	Activities	Other information

OTS Signature

Signed Date

Information relating to the role and responsibilities of peer reviewers can be found below. Peer reviewers will be required to have a close working relationship with the OTS. If this cannot be achieved, an additional peer reviewer may be required.

<u>Peer Reviewer 1:</u>

Name of Peer Reviewer_____

Address _____

Position Title _____

State _____ Postcode _____ Country _____

Email _____ Mobile _____

Tel _____ (W) Fax _____ (W)

Mobile _____

Are you a FRCPA _____ Yes _____ No Year obtained Fellowship _____

During which term will you be working with the OTS?

Commencing _____ Ending _____

I, the above named agree to act as peer reviewer (subject to confirmation of my appointment) and am aware of the roles and responsibilities and am prepared to report to the College as required.

Sign Date

Peer Reviewer 2:

Name of Peer Reviewer _____

Address _____

Position Title _____

State _____ Postcode _____ Country _____

Email _____ Mobile _____

Tel _____ (W) Fax _____ (W)

Are you a FRCPA _____ Yes _____ No Year obtained Fellowship _____

During which term will you be working with the OTS?

Commencing _____ Ending _____

I, the above named agree to act as peer reviewer (subject to confirmation of my appointment) and am aware of the roles and responsibilities and am prepared to report to the College as required.

_____

Sign Date

Practice Under Peer Review

Assessment of Medical Competence

Where the OTS Subcommittee/Board of Education and Assessment (BEA) agrees that an OTS's training and experience is substantially comparable to that of a specialist pathologist trained in Australia or New Zealand, it requires satisfactory completion of a period of practice under peer review.

The purpose of this period is two-fold. Firstly, it allows the OTS the opportunity to be orientated to the Australian health care system and their workplace. It also allows practicing specialists to interact with the OTS in a clinical context to determine if he or she is performing at an appropriate level and identify any areas of practice that might require improvement prior to final sign off.

Details of the program for the period of practice under peer review have been considered by the College prior to the OTS commencing the period. The duration of the period is usually 12 months but may be extended by the OTS Subcommittee/BEA on the basis of the Peer Review Reports.

It is expected that the designated peer reviewers will meet with the OTS regularly to discuss his/her progress and to implement remediation programs if the need arises. Reports will normally be required by the College at 3, 6 and 12 months. At the completion of the period, the OTS Subcommittee/BEA will determine whether the requirements have been fulfilled or whether a practice visit is required.

It is expected that the peer reviewer will be in a close working relationship with the OTS, however, where this is not the case arrangements should be made for adequate supervision by other medical staff and consultation with these colleagues should be undertaken before the report is completed.

PRIVACY AND CONFIDENTIALITY

Any personal information you provide is strictly confidential to the College. However, in the course of your assessment it may be necessary for the College to provide your contact details and information about your progress to College committees and Fellows of the College who are involved with peer review assessment. If the personal information is not provided to the College, the College may be unable to process your application, or to review and assess your assessment progress. The College will manage your personal information in accordance with its Privacy Policy. If you would like to access any information we hold about you or obtain a copy of our Privacy Policy please contact our Privacy Officer on + 61 2 8356 5858.

Office Use Only: Payment correct ☐ $ _____ Equals single discipline Part II examination fee

Cheque ☐ Money Order ☐ Current Credit Card ☐

Position Description received ☐

Laboratory accredited in AP for minimum one year ☐ Notes _____

Peer Reviewer 1 Fellow for five years ☐ Peer Reviewer 2 Fellow for five years ☐

Administrator: _____ Entered ☐

Registrar: _____ Date: _____