



**External review of the specialist medical colleges' performance – specialist international medical graduate assessment process**

Australian Health Practitioner Regulation Agency

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# Acronyms

Acronym	Full name
ACD	Australasian College of Dermatologists
ACEM	Australasian College for Emergency Medicine
ACRRM	Australian College of Rural and Remote Medicine
ACSEP	Australasian College of Sport and Exercise Physicians
AGPT	Australian General Practice Training
AHMAC	Australian Health Ministers' Advisory Council
AHPRA	Australian Health Practitioner Regulation Agency
AMC	Australian Medical Council
ANZCA	Australian and New Zealand College of Anaesthetists
AoN	area of need
ASGC	Australian Standard Geographical Classification
CICM	College of Intensive Care Medicine of Australia and New Zealand
CPD	continuing professional development
CSIMGE	RANZCP Committee for Specialist International Medical Graduate Education
FAEG	Fellowship ad Eundem Gradum
FAIMER	Foundation for Advancement of International Medical Education and Research
FICPI	Fitness for Intended Clinical Practice Interview
FOI	Freedom of Information
FTE	full time equivalent
GP	General Practitioner
IELTS	International English Language Testing System
IMG	international medical graduate
IT	information technology
MBA	Medical Board of Australia
NRAS	National Registration and Accreditation Scheme
NZREX	NZ registration examination
OET	Occupational English Test
OMS	oral and maxillofacial surgeons
OTOMS	overseas trained oral and maxillofacial surgeons
OTS	overseas trained specialist
PLAB	Professional and Linguistic Assessments Board
PTE	Pearson Test of English
QI&CPD	Quality Improvement and Continuing Professional Development

Acronym	Full name
RA	Remoteness Area
RACDS	Royal Australasian College of Dental Surgeons
RACE	RANZCO Advanced Clinical Examination
RACGP	The Royal Australian College of General Practitioners
RACMA	The Royal Australasian College of Medical Administrators
RACP	The Royal Australasian College of Physicians
RACS	Royal Australasian College of Surgeons
RANZCO	The Royal Australian and New Zealand College of Ophthalmologists
RANZCOG	The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
RANZCP	The Royal Australian and New Zealand College of Psychiatrists
RANZCR	The Royal Australian and New Zealand College of Radiologists
RCPA	The Royal College of Pathologists of Australasia
SIMG	specialist international medical graduate
SPP	Specialist Pathway Program
TOEFL iBT	Test of English as a Foreign Language Internet-based Test
UK	United Kingdom
US	United States
USA	United States of America
WBA	workplace-based assessment

# Glossary

Term	Description
International medical graduate or overseas trained doctor	Medical practitioners whose medical qualifications are from a medical school outside of Australia or New Zealand.
Specialist international medical graduate or overseas trained specialist	Medical practitioners whose medical qualifications are from a medical school outside of Australia or New Zealand and have satisfied all the training and examination requirements to practise in their field of specialty in their country of training.
the college	May refer to different medical colleges, depending on the chapter.
the applicant	The specialist international medical graduate applying for or undertaking college assessments to gain specialist recognition in Australia.
AMC secure portal	The AMC secure portal is a repository for certified copies of an IMG's qualifications, their primary source verification documents and the outcome of their college assessment. The secure portal facilitates the exchange of relevant information between the AMC, the colleges and AHPRA. AHPRA (on behalf of the Board) accesses the secure portal to source information for the purposes of registration.
Report 1	The colleges complete <i>Report 1 – Interim assessment outcome</i> following the interim assessment and upload a copy to the AMC secure portal for AHPRA and the Medical Board of Australia to use for registration purposes.
Report 2	The colleges complete <i>Report 2 – Final assessment outcome</i> following the final assessment and upload a copy to the AMC secure portal for AHPRA and the Medical Board of Australia to use for registration purposes.

# Executive summary

## Background

The process for the assessment and registration of Specialist International Medical Graduates (SIMGs) has gone through a number of changes in recent years. In 2012, the House of Representatives Standing Committee on Health and Ageing released its inquiry, *Lost in the Labyrinth: Report on the inquiry into registration processes and support for overseas trained doctors*. The report included 45 recommendations to reduce the red tape, duplication and administrative burdens faced by International Medical Graduates (IMGs). Of these, 14 recommendations related to the assessment of SIMGs and the role of the specialist medical colleges (the colleges).

In response, the Medical Board of Australia (MBA) and the Australian Health Practitioner Regulation Agency (AHPRA) have made a number of changes to improve the assessment and registration processes for SIMGs, specifically in relation to streamlining the specialist pathway and the introduction of the *Good Practice Guidelines for the specialist international medical graduate assessment process* (the *Good Practice Guidelines*).

Prior to 1 July 2014, SIMGs coming through the specialist pathway applied to the Australian Medical Council (AMC). The AMC would then send the application on to the college for assessment. Where there were queries from the college about the application or if the application was incomplete, the college would have to go through the AMC to communicate with the applicant. From 1 July 2014, the process was streamlined and SIMGs now apply directly to the colleges for the specialist pathway.

The MBA also developed the *Good Practice Guidelines*, which came into effect from 2 November 2015. The *Good Practice Guidelines* are intended to support the colleges in undertaking assessments of SIMGs. They provide guidance on good practice for governance structures, procedures for assessment, fees, timeframes and the appeals process.

## Current pathway

The assessment and registration of SIMGs who seek specialist recognition in Australia is undertaken by a combination of the MBA, AHPRA, the colleges, and the AMC.

- The MBA is responsible for registering medical practitioners and ensuring they are suitably trained and qualified to practise in a competent and ethical manner. The MBA needs to be satisfied that the SIMG is suitably trained and qualified to practise at a level comparable to that of an Australian-trained specialist in the same field. The MBA decides whether or not to grant specialist recognition to SIMGs based on the advice from the colleges (MBA, 2015). AHPRA supports the MBA in delivering the registration function.
- Each specialist medical college has been appointed by AHPRA, on behalf of the MBA, to assess whether a SIMG is able to competently and safely practise in the specialty. If the college considers that a SIMG is comparable to an Australian-trained specialist, the college will recommend to the MBA that the specialist be granted specialist recognition.
- The AMC assists the process by undertaking primary source verification of medical qualifications for SIMGs. The AMC also hosts a secure portal with certified copies of an SIMG's qualifications, their primary source verification documents and the outcome of their college assessment, which can be accessed by the AMC, AHPRA and the colleges. The AMC has been appointed to perform the accreditation function for the medical profession. The AMC accredits the colleges for assessment of SIMGs.

This review is limited to SIMGs who are applying through the specialist pathway for either specialist recognition or for area of need.

SIMGs who are applying through the specialist pathway for specialist recognition must demonstrate that they have a primary qualification in medicine and surgery awarded by a training institution recognised by both the AMC and the World Directory of Medical Schools, and have satisfied all the training and examination requirements to practise in their field of specialty in their country of training.

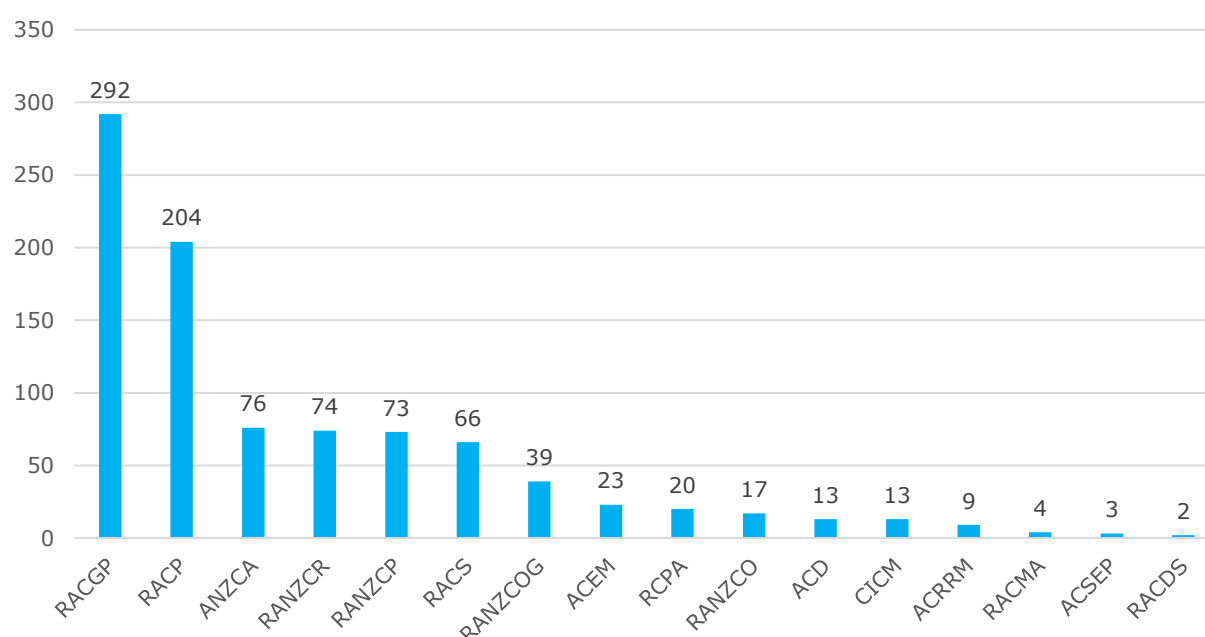
SIMGs who are applying through the specialist pathway for an area of need position must also demonstrate that they have a primary qualification in medicine and surgery awarded by a training institution recognised by both

the AMC and the World Directory of Medical Schools, satisfy all the training and examination requirements to practise in their field of specialty in their country of training, and have an offer of employment in a designated area of need. SIMGs who have satisfied the eligibility criteria can apply directly to the college for specialist recognition or area of need, after they have applied for primary source verification of their qualifications.

### Application

The first step in the assessment process is that the SIMG submits the application form to the relevant specialist college. In 2016, there were 928 applications under the specialist pathway. Of these, 832 were for specialist recognition, 19 for area of need assessment, and 86 for a combined specialist and area of need assessment. Chart i shows the number of applications received by each college in 2016.

Chart i: Number of SIMG applications by college, 2016



Source: MBA data, 2017.

### Interim assessment

After the application form is submitted, the colleges undertake an interim assessment, including a paper-based review and an interview if required.

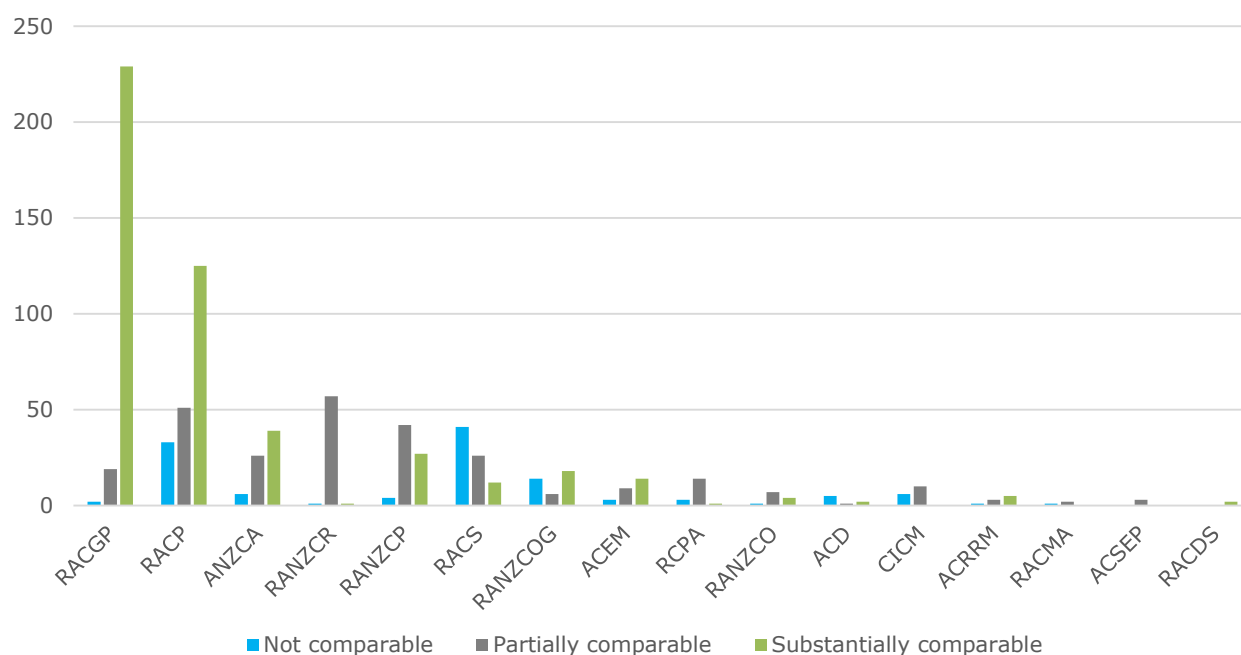
The outcome of the interim assessment is reported to AHPRA through *Report 1 – Interim assessment outcome*. This includes any additional requirements set by the college, including:

- Peer review
- Workplace based assessment
- Supervised practice
- Examination

Chart ii shows that in 2016, 479 SIMGs were assessed as substantially comparable based on the interim assessment, forming the majority (55%) of all interim assessment outcomes. A further 276 SIMGs (32%) were assessed as partially comparable, and 121 (14%) as not comparable. Chart ii shows the interim assessment outcomes by college in 2016.



Chart ii: Interim assessment outcomes by college, 2016



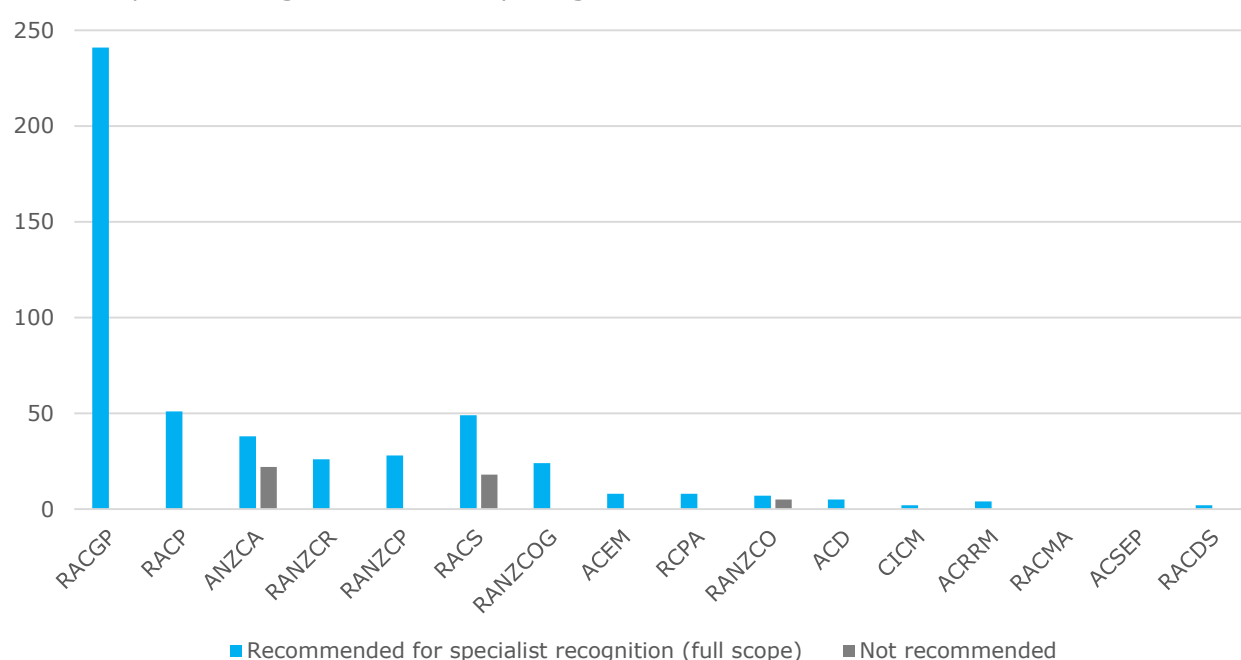
Source: MBA data, 2017. "Not comparable" includes applications assessed as not comparable at the paper-based assessment. The total interim assessment outcomes in 2016 does not equal the total SIMG applications in 2016, as it may include some outcomes from applications in 2015. Equally, some applications from 2016 may have interim assessment outcomes in 2017.

Based on the interim assessment outcomes, applicants confirm acceptance of the college requirements and complete college requirements.

### Final assessment

Upon satisfactory completion of college requirements, the college undertakes a final assessment. In 2016, 493 SIMGs were recommended for specialist recognition (full scope) in Australia at the final assessment, and 45 SIMGs were not recommended for specialist recognition in Australia at the final assessment.

Chart iii: Final specialist recognition outcomes by college, 2016



Source: MBA data, 2017.

## Review scope and methodology

AHPRA, on behalf of the MBA, commissioned Deloitte Access Economics to review and report on the performance of the specialist medical colleges in relation to the assessment of SIMGs. The scope of this review was limited to the *current* assessment process (in effect from 1 July 2014), under which SIMGs seeking specialist recognition through the specialist pathway apply directly to the relevant colleges.

The review process was designed to assess the colleges' performance in applying standard assessments of SIMGs, the extent to which each specialist medical college complies with the *Good Practice Guidelines*, and the performance of each college against the MBA benchmarks and compliance measures. Each college was assessed against a standardised assessment framework which covers all aspects of SIMG assessment under the specialist pathway. The assessment framework includes the specific requirements in the *Good Practice Guidelines*, as well as other topics covered by the review, including:

- college assessment of Australian and New Zealand medical graduates with overseas specialist qualifications;
- SIMGs' access to college continuing professional development (CPD) programs;
- processes for managing complaints from SIMGs about discrimination, bullying and harassment; and
- college requirements for Fellowship as part of the recommendation for specialist recognition.

The review was undertaken between May and October 2017, and involved a review of college policies, documents and de-identified file notes, analysis of college data submitted to the MBA, consultations with college representatives including SIMG managers, administrative staff, and committee members, and confirmation of factual findings through the invitation to provide written confirmation, comment or clarification on the review's findings. Other stakeholders including SIMGs and employers of SIMGs were also invited to provide written submissions to the review.

## Review findings

### Compliance with the Good Practice Guidelines

We grouped the requirements of the *Good Practice Guidelines* into nine categories, which cover the key aspects of the Guidelines. For each category we assigned a compliance rating based on the extent to which the colleges are meeting the requirements of the Guidelines, which are described in Table ii.

Table ii: College rating scale























































































































































	The college complies with the <i>Good Practice Guidelines</i>
	The college substantially complies with the <i>Good Practice Guidelines</i> , with some minor deviations
	The college partially complies with the <i>Good Practice Guidelines</i> , however there are material deviations with respect to some requirements in the Guidelines
	The college somewhat complies with the <i>Good Practice Guidelines</i> , however there are significant deviations with respect to key requirements in the Guidelines
	The college's processes are significantly different from the <i>Good Practice Guidelines</i> , or the college does not comply with the <i>Good Practice Guidelines</i>
	The requirement is not applicable to the college

Figure i summarises the colleges' compliance with the *Good Practice Guidelines*.

Figure i: Colleges' compliance with the *Good Practice Guidelines*

College	Committee structure and operation	Application and paper-based review	Interview	Interim assessment decision	College additional requirements and final assessment	Area of need assessment	Communication	Governance and appeals processes	Fees
<b>ACD</b>									
<b>ACEM</b>									
<b>ACRRM</b>									
<b>ACSEP</b>									
<b>ANZCA</b>									
<b>CICM</b>									
<b>RACDS</b>									
<b>RACGP</b>									
<b>RACMA</b>									
<b>RACP</b>									
<b>RACS</b>									
<b>RANZCO</b>									
<b>RANZCOG</b>									
<b>RANZCP</b>									
<b>RANZCR</b>									
<b>RCPA</b>									

Overall, our review found that the colleges mostly comply with the *Good Practice Guidelines* and that the assessments and additional requirements for SIMGs are mostly consistent across colleges. The four assessment areas where we found the lowest levels of compliance across colleges were the interim assessment decision, college additional requirements, area of need and fees.

In relation to the interim assessment decision, our main concern was the use of formal examinations. This is one area where we consider that colleges may not be applying a standard assessment. While no colleges are requiring SIMGs assessed as substantially comparable to sit formal examinations, in some cases partially comparable SIMGs are only being required to sit formal examinations and are not required to undertake any upskilling or supervised practice.

In relation to the college additional requirements, we found that for some colleges there was a lack of specific detail provided to applicants on the college website or in the college's policies about what would be required to complete the specialist pathway. Some colleges are not complying with the timeframes set by the MBA in relation to peer review and supervised practice. Colleges are not always directing unsuccessful applicants to AHPRA. Rather in some cases, the college is directing SIMGs to the AMC or to the college training program, which does not allow unsuccessful applicants to explore the full range of options available to them.

In relation to area of need, colleges are assessed as compliant if the college has an area of need process and non-compliant if the college does not have a process. The *Good Practice Guidelines* require that colleges should have a process for assessing area of need. ACD is partially compliant because while the college has a process, the college does not allow area of need applicants to apply for specialist recognition at the same time. We consider this contrary to the *Good Practice Guidelines*, which say that SIMGs may apply for area of need and specialist recognition at the same time.

In relation to fees, we found that most colleges list all of the fees on the website but these can be located in different parts of the website – for example, a college will have a list of SIMG specific fees but it will not include the fees for examinations or other requirements that the SIMG will be required to pay. To ensure that SIMGs have a clear understanding of the total fee they are likely to incur, we have recommended that each college clearly display – in one location on their website – an estimate of the total fee that a SIMG is likely to incur to complete the requirements for the specialist pathway.

The smaller colleges, in particular ACSEP, RACDS and RACMA, which only receive a few applications per year, find it more difficult to comply with the *Good Practice Guidelines* due to staffing and resource constraints. For example, some colleges are not able to have a dedicated staff member to take sole responsibility for managing the IMG assessment process. For RACGP, being in a state of transition, the interaction with Medicare rebates and the more different system have together meant it has taken longer to change their process to comply with the *Good Practice Guidelines*.

### **Benchmarks**

There are five benchmarks for the time taken by the colleges to assess applications, schedule interviews and decide the interim assessment, area of need assessment and the final assessment. The benchmarks are intended to ensure the colleges process applications in a timely manner. The benchmarks that relate to the time to interview are not solely within the control of the college, as SIMGs may choose not to take the first available interview. Figure ii provides a summary of the colleges' performance against the benchmarks.

Figure ii: Colleges' performance against benchmarks (% of applications that met benchmark)

Benchmark	Time to first available interview	Time from interview to interim assessment decision	Time for specialist recognition interim assessment decision	Time for area of need assessment	Time for final assessment decision
Metric	Within 3 months	Within 14 days	Within 3 months and 14 days	Within 2 months	Within 2 months
Control	College/SIMG	College	College/SIMG	College	College
<b>ACD</b>	100.0%	100.0%	100.0%	50.0%	100.0%
<b>ACEM</b>	100.0%	0.0%	61.5%	N/A	100.0%
<b>ACRRM</b>	50.0%	62.5%	50.0%	N/A	100.0%
<b>ACSEP</b>	N/A	N/A	100.0%	N/A	N/A
<b>ANZCA</b>	61.1%	100.0%	61.1%	100.0%	100.0%
<b>CICM</b>	40.0%	100.0%	43.8%	N/A	100.0%
<b>RACDS</b>	50.0%	50.0%	50.0%	N/A	100.0%
<b>RACGP</b>	N/A	N/A	10.5%	N/A	100.0%
<b>RACMA</b>	66.7%	0.0%	0.0%	N/A	N/A
<b>RACP</b>	90.8%	0.5%	25.4%	100.0%	100.0%
<b>RACS</b>	72.5%	51.0%	75.9%	100.0%	65.7%
<b>RANZCO</b>	58.3%	100.0%	50.0%	N/A	100.0%
<b>RANZCOG</b>	50.0%	66.7%	44.7%	N/A	91.7%
<b>RANZCP</b>	97.3%	80.8%	94.5%	N/A	60.7%
<b>RANZCR</b>	94.4%	26.0%	67.8%	57.1%	100.0%
<b>RCPA</b>	69.2%	15.4%	25.0%	N/A	87.5%
<b>Average</b>	82.1%	40.1%	52.1%	66.70%	93.1%

Source: MBA 2017. Note: The average percentage of applications that met the benchmark is calculated from the total number of applications that met the benchmark.

### Compliance measures

There are five compliance measures, which are intended to ensure that the colleges are consistently applying the comparability definitions in the *Good Practice Guidelines*. Figure iii provides a summary of the colleges' performance against the compliance measures.

Figure iii: Colleges' performance against compliance measures (% of applications that met compliance measures)

Compliance measure	Period of peer review	Period of supervision	Timeframe to complete requirements for substantially comparable SIMGs	Timeframe to complete requirements for partially comparable SIMGs	Formal examinations for substantially comparable IMGs
Metric	Up to 12 months FTE	Up to 24 months FTE	Up to two years for 12 months FTE	Up to four years for 24 months FTE	Not required
Control	College	College	College/SIMG	College	College
ACD	100.0%	100.0%	100.0%	100.0%	100.0%
ACEM	100.0%	100.0%	100.0%	100.0%	100.0%
ACRRM	100.0%	100.0%	N/A	75.0%	100.0%
ACSEP	N/A	100.0%	N/A	N/A	N/A
ANZCA	100.0%	100.0%	96.2%	87.5%	100.0%
CICM	N/A	100.0%	N/A	100.0%	N/A
RACDS	100.0%	N/A	100.0%	N/A	100.0%
RACGP	100.0%	100.0%	100.0%	100.0%	100.0%
RACMA	N/A	100.0%	N/A	N/A	N/A
RACP	100.0%	100.0%	100.0%	100.0%	100.0%
RACS	83.3%	100.0%	94.7%	76.7%	100.0%
RANZCO	100.0%	100.0%	100.0%	100.0%	100.0%
RANZCOG	100.0%	100.0%	100.0%	100.0%	100.0%
RANZCP	100.0%	100.0%	100.0%	50.0%	100.0%
RANZCR	100.0%	100.0%	N/A	92.3%	100.0%
RCPA	100.0%	100.0%	100.0%	83.3%	100.0%
Average	99.6%	100.0%	99.5%	88.20%	100.0%

Source: MBA 2017. Note: The average percentage of applications that met the benchmark is calculated from the total number of applications that met the benchmark.

The following provides a brief overview of college findings for each college.

### Australasian College of Dermatologists (ACD)

The ACD assessment process and guidelines for SIMG applicants are outlined in the college's *International Medical Graduates Specialist Recognition Assessment Policy*, which came into effect in 2017. ACD has a range of clear policies and procedures for the assessment process, which are published on the college website. ACD also publishes a clear process flowchart to explain the assessment process and key steps to SIMG applicants. The college substantially meets the *Good Practice Guidelines*, including fully meeting the guidelines with respect to committee structure and operation; paper-based reviews; and area of need assessments.

In order to fully comply with the *Good Practice Guidelines*, we recommend that ACD: clarifies that applicants need to have applied for primary source verification, but do not need to have received verification to apply for specialist recognition; does not ask clinical questions in the interview; uses the same assessment process for all SIMGs; directs unsuccessful applicants to AHPRA rather than the AMC; changes the area of need policy to allow SIMGs on the area of need pathway or in an area of need position to apply for specialist recognition; clearly

displays in one location on its website, an estimate of the total fee that a SIMG is likely to incur to complete the requirements for the specialist pathway.

In 2016, ACD applicants fell within the MBA benchmarks and compliance measures for all criteria except time for area of need assessment. One applicant in the area of need assessment at ACD fell outside the benchmark for time for the assessment. It was noted by the college that ACD conducts interviews every three months, and due to the low number of area of need applications, it is not practical to conduct multiple interviews within this three-month period.

### **Australasian College for Emergency Medicine (ACEM)**

ACEM provides detailed information on the process for applying for specialist recognition for SIMGs on their website, and in *Regulation C – Assessment of SIMGs and the Policy on the Assessment Process of SIMGs in Australia*, as well as other relevant documents. The college also has a structured governance process, with supporting documents and terms of reference and templates that are used throughout the process.

ACEM substantially meets the *Good Practice Guidelines*, including fully meeting the guidelines with respect to: committee structure and operation; application paper-based reviews; interviews; interim assessment and area of need assessment; communications; and governance and appeals processes.

In order to fully comply with the *Good Practice Guidelines*, we recommend that ACEM clearly displays in one location on its website, an estimate of the total fee that a SIMG is likely to incur to complete the requirements for the specialist pathway.

The college mostly meets all MBA benchmarks and compliance measures. In 2016, some applications did not meet the time from interview to interim assessment decision and as a result some applicants also fell outside the benchmark for the time for specialist recognition interim assessment. This was primarily because of the time needed for internal college processes, some of which have since changed.

### **Australian College of Rural and Remote Medicine (ACRRM)**

The ACRRM process for assessing SIMGs is detailed in the ACRRM *Specialist Pathway Procedures* (an internal document), with information for prospective applicants published on the college website. The ACRRM website provides some high level guidance on the specialist pathway. The college provides assessors with clear guidance and templates that are used throughout the assessment process and has a clearly documented appeals and complaints process.

ACRRM substantially meets the *Good Practice Guidelines*, and has in place strong governance arrangements for its SIMG assessment process and decision-making.

In order to fully comply with the *Good Practice Guidelines*, we recommend that ACRRM: publishes a policy on the requirements for recency of practice; clearly documents and publishes the requirements and procedures for the interview; includes a community member on the interview panel; presents more detailed information on its website about the examinations, peer review and supervised practice requirements, including the period of time involved; develops guidelines for addressing issues that arise during supervision or peer review; documents the policy and process for re-assessment; clearly displays in one location on its website, the total range of costs that an SIMG may incur to complete the requirements for the specialist pathway; and publishes the appeals fee.

ACRRM mostly meets the benchmarks and compliance measures. However, in 2016 some applications did not meet benchmarks for time to first available interview; time from interview to interim assessment decision; and time for specialist recognition interim assessment. This was because some applications required follow-up of missing documents and information. Delays were also caused by difficulties in scheduling interviews with the interview panel.

### **Australasian College of Sport and Exercise Physicians (ACSEP)**

The assessment process for ACSEP, is outlined in the *Overseas trained Sport and Exercise Medicine Physician* document found on the college's website. The interim assessment at ACSEP involves SIMGs submitting an application and a paper-based assessment. The college does not conduct any interviews during this stage. Prior to the final assessment, applicants must complete the requirements set out to them in the interim assessment. This include a period of supervision and the Part Two (Exit) Examination, in line with the requirements for college trainees.

ACSEP meets aspects of the *Good Practice Guidelines*, including being partially compliant with the guidelines in regards to committee structure and operation; communication; and the governance and appeals process. The college clearly publishes the indicative fees involved in the application and associated requirements.

In order to fully comply with the *Good Practice Guidelines*, we recommend that ACSEP provides additional information for applicants on its website in relation to: the information and evidence that is required to apply for specialist recognition; the requirements and procedures for supervision and examinations; the policy and process for re-assessment; the requirements and procedures for appeals; and an estimate of the total fee that a SIMG is likely to incur to complete the requirements for the specialist pathway. The college should revise its process for the interim assessment decision to meet the requirements of the Guidelines and introduce a process for assessing area of need applicants. In relation to the assessment committee, ACSEP should document guidelines for procedural fairness and managing conflicts of interest. ACSEP should also ensure it is applying the MBA's definitions of comparability in relation to examinations correctly and not requiring applicants with many years' experience to complete examinations.

The college met all applicable benchmarks and compliance measures in 2016. Some benchmarks were not applicable to the college such as those regarding the interview, as the college does not conduct interviews as a part of the interim assessment decision. In addition, no applicants completed the process / college requirements in 2016.

### **Australian and New Zealand College of Anaesthetists (ANZCA)**

The ANZCA process for assessing SIMGs is prescribed in Regulation 23, *Recognition as a specialist in anaesthesia or pain medicine; and admission to Fellowship by assessment for specialist international medical graduates (SIMGs)*, which came into effect in April 2017. ANZCA provides detailed information on the process for applying for specialist recognition for SIMGs on their website, including a detailed flowchart and an online self-assessment quiz. The college also has a structured governance process, with supporting documents and templates used throughout the process.

ANZCA substantially meets the *Good Practice Guidelines*, including fully meeting the guidelines with respect to: committee structure and operation; applications and paper-based reviews; interviews; interim assessment decision and area of need assessment.

In order to fully comply with the *Good Practice Guidelines*, we recommend that ANZCA: directs unsuccessful applicants to AHPRA, and clearly display in one location on its website, an estimate of the total fee that a SIMG is likely to incur to complete the requirements for the specialist pathway.

The college mostly meets all benchmarks and compliance measures. However, in 2016 some applications did not meet the time to interview benchmark. In most cases, this was because the SIMG chose to delay the interview. There were three applicants where the delay was due to a large influx of applications and ANZCA was unable to form additional interview panels.

### **College of Intensive Care Medicine of Australia and New Zealand (CICM)**

The CICM assessment process is set out in the *Assessment of Overseas Trained Intensive Care Specialists* policy document (2015).

CICM's policies and process largely align with the requirements illustrated in the *Good Practice Guidelines*, with the exception of the requirements for examination and the assessment of comparability. CICM fully meets the guidelines with respect to committee structure and operation, the interview, communication and area of need assessments.

In order to fully comply with the *Good Practice Guidelines*, we recommend that CICM: publishes a recency of practice policy; clearly defines the appropriate levels of supervision for different comparability determinations; refers applicants who do not meet college requirements to contact AHPRA for further guidance; documents the policy and process for re-assessment; and clearly displays in one location on its website, an estimate of the total fee that a SIMG is likely to incur to complete the requirements for the specialist pathway. CICM should also ensure it is applying the MBA's definitions of comparability in relation to examinations correctly and not requiring applicants with many years' experience to complete examinations.

The college meets most benchmarks and compliance measures. However, in 2016 some applications did not meet the time to interview, and time for specialist recognition interim assessment requirements. CICM



explained that this was due to the committee's infrequent meetings and associated scheduling of interviews. CICM met the requirement to provide the interim assessment within 14 days in 100% of cases, as it provides the assessment to the applicant on the day of the interview.

### **Royal Australasian College of Dental Surgeons (RACDS)**

The RACDS assessment process and guidelines for applicants are outlined in the college's *Overseas Trained Oral and Maxillofacial Surgeons (OMS) Special Assessment Policy (June 2014)*.

RACDS meets the *Good Practice Guidelines* in some aspects, but there are a number of areas where the college could take steps to improve compliance. In order to fully comply with the *Good Practice Guidelines*, we recommend that RACDS: includes a SIMG who has been through the process on the committee; puts a process in place to ensure members of the committee have the necessary attributes, knowledge and skills; includes a community member on the interview panel; revises its *Overseas Trained OMS Special Assessment Policy* to comply with the Guidelines; more clearly stipulates the additional requirements required of partially and substantially comparable applicants, and the differences in requirements for specialist recognition and Fellowship; publish a policy and process for re-assessment; develops a separate process for area of need assessment; clearly displays in one location on its website, an estimate of the total fee that an SIMG is likely incur to complete the requirements for the specialist pathway; and specifies the maximum appeal fee that may be incurred.

The college mostly meets all benchmarks and compliance measures. However, in 2016 one applicant did not meet the time to first available interview, time from interview to interim assessment, and time for specialist recognition interim assessment. Delays were due to processing of application and the availability of assessment committee, and the "source verification and referee checking process".

### **Royal Australian College of General Practitioners (RACGP)**

The RACGP Specialist Pathway is currently undergoing a transition period instigated by the introduction of the *Good Practice Guidelines* in 2015 and the internal review of the RACGP Specialist Pathway Program undertaken in 2016.

The current system assesses applicants based on their qualifications only, and assigns applicants to one of three categories (Category 1, 2 or 3). Category 1 applicants do not have to undertake any period of oversight or peer review period prior to being awarded Fellowship. Category 2 and 3 applicants may be required to undertake additional requirements, such as supervised practice, to gain experience in reaching the standard of an Australian-trained specialist.

As acknowledged in the findings of the Specialist Pathway Review undertaken by RACGP, much of the current process does not align to the requirements outlined in the *Good Practice Guidelines*. The proposed new process has been developed to increase compliance of the RACGP Specialist Pathway Program with the *Good Practice Guidelines*.

RACGP is in the process of implementing a new SIMG assessment process. Based on the current process, in order to fully comply with the *Good Practice Guidelines*, we recommend that RACGP: develops specific terms of reference for the SIMG assessment committee, which specifies the membership requirements and provides a documented governance framework for the committee; revises its comparability definitions to meet the MBA definitions; provides more support and information about supervised practice; advises not comparable applicants to contact AHPRA for further information on options for registration in Australia; implements an area of need process; and documents a policy and process for re-assessment.

In 2016, approximately half of all applications did not meet the benchmark for time for specialist recognition interim assessment. The college noted that this was primarily due to delays in collecting the correct documents from applicants and assigning them to the specific roles. The college does not submit Report 1 until the applicant's specific role gets approved which can take multiple submissions.

### **The Royal Australasian College of Medical Administrators (RACMA)**

The RACMA process for assessing SIMGs is set out in the policy document - *Assessing international medical graduates (IMGs) seeking specialist Recognition and RACMA Fellowship*. The RACMA website and assessment policy provide detailed guidance on the application and the interim decision. The college provides assessors with clear guidance and templates that are used throughout the assessment process, has in place strong

governance arrangements for its SIMG assessment process and decision-making, and has a clearly documented appeals and complaints process.

RACMA partially meets the *Good Practice Guidelines*, including fully meeting the requirements with respect to the SIMG assessment committee.

In order to fully comply with the *Good Practice Guidelines*, we recommend that RACMA: publishes the requirements for recency of practice; does not ask clinical-style questions in the interviews; includes a community member on the interview panel; adheres to the maximum timeframes for additional requirements set in the Guidelines; provides candidates with clearer information about what will be required of them to complete the specialist pathway; develops a policy for area of need assessments; develops a policy and process for re-assessment; and clearly displays in one location on its website, a more precise estimate of the total fee that a SIMG is likely to incur to complete the requirements for the specialist pathway.

The college mostly meets the benchmarks and compliance measures. However, in 2016 some applications did not meet the benchmark for time to interview and time for specialist recognition interim assessment. The college noted three reasons for these delays. These were issues with collecting all the required information from the applicants, visa delays and difficulties with interview scheduling due to panel availability. The college also noted that RACMA receives very few IMG applications each year and that limited resources in the college do not allow for a dedicated staff member to take sole responsibility for managing the IMG program for RACMA.

### **The Royal Australasian College of Physicians (RACP)**

The RACP assessment process and guidelines are outlined in the college's *Guidelines for Applicants*.

RACP substantially complies with the *Good Practice Guidelines*, including fully meeting the guidelines with respect to the committee, interim assessment decisions; college additional requirements; area of need, communications; and governance and appeals processes.

In order to fully comply with the *Good Practice Guidelines*, we recommend that RACP: publishes a policy outlining the requirements for recency of practice; includes a community member on the interview panel; and clearly displays in one location on its website, a more precise estimate of the total fee that a SIMG is likely to incur to complete the requirements for the specialist pathway.

In 2016, some applications at the RACP did not meet benchmarks for time to first available interview; time from interview to interim assessment decision; and time for specialist recognition interim assessment. Some interviews were delayed by the Christmas closedown period and delays in locating appropriate interviewers. Further, some applicants declined interview dates offered by the college, or requested dates more than 6 months in advance. The RACP process includes up to two weeks to finalise the interview report, and up to three weeks for SIMGs to respond to the report and provide additional information. As a result, the RACP cannot meet the benchmarks for interim assessment decisions. All compliance measures were met by the RACP in 2016.

### **Royal Australasian College of Surgeons (RACS)**

RACS publishes a detailed *IMG Guide* to explain the assessment process and key steps to SIMG applicants. The college has a large volume of internal policies and procedures for the assessment process, most of which are published on the college website.

RACS substantially complies with the *Good Practice Guidelines*, including fully meeting the guidelines with respect to committee structure and operation; paper-based reviews; interviews; area of need assessment; college additional requirements; communications; and governance and appeals processes.

In order to fully comply with the *Good Practice Guidelines*, we recommend that RACS: revises the maximum timeframes for substantially comparable SIMGs to complete college requirements from four years to two years; directs unsuccessful applicants to AHPRA rather than the AMC; and clearly displays in one location on its website, an estimate of the total fee that a SIMG is likely to incur to complete the requirements for the specialist pathway.

In 2016, some applications at RACS did not meet benchmarks for: time to first available interview; time from interview to interim assessment decision; time for specialist recognition interim assessment; and time for specialist recognition final decision. This was because some SIMGs were unavailable to attend the next

scheduled interview, and some applications progressed through an email based approval process, which can take longer. In some instances, assessors took longer than expected to prepare for interviews. Some applications did not meet the compliance measure for supervision for substantially comparable SIMGs. RACS is currently transitioning supervision requirements from 24 to 12 months for substantially comparable SIMGs.

### **Royal Australian and New Zealand College of Ophthalmologists (RANZCO)**

RANZCO has a number of internal policies and procedures for the assessment process, many of which are published on the college website. RANZCO publishes a concise assessment guide to explain the assessment process, with links to other resources to assist with other areas such as assessment procedures and area of need applications. Flow charts are also used as a graphical representation of the process for applicants.

RANZCO is fully compliant for aspects of the *Good Practice Guidelines* including: committee structure and operation; interview; area of need assessment; governance and appeals structure; and fees. The college is substantially compliant for aspects of the *Good Practice Guidelines* including application and paper-based review, interim assessment decision, college additional requirements and final assessment; and communication.

In order to fully comply with the *Good Practice Guidelines*, we recommend that RANZCO: publishes a policy outlining the requirements for recency of practice; sets maximum timeframes for completing requirements in line with Guidelines; and publishes a policy on remote supervision.

The college failed to meet a number of benchmarks. This is largely due to RANZCO's preference to schedule interviews following the SIMG Committee meetings which occur every three months, to ensure as many committee members as possible are able to attend the interviews. In addition, conditions outside the college's control such as applicants pushing back interviews cause delays for some time requirements.

### **Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)**

RANZCOG introduced current regulations on the *Assessment of SIMGs* in *Section E* of the *RANZCOG Regulations* in July 2013, with additional regulations ratified in July 2016. RANZCOG provides detailed information on the process for applying for specialist recognition for SIMGs on their website. The college also has a structured governance process, with supporting documents and templates that are used throughout the process.

RANZCOG substantially complies with the *Good Practice Guidelines*, including fully meeting the guidelines with respect to committee structure and operation; paper-based reviews; area of need assessment; college additional requirements; communications; and governance and appeals processes.

In order to fully comply with the *Good Practice Guidelines*, we recommend that RANZCOG: does not ask clinical questions in the interview; and clearly displays in one location on its website, an estimate of the total fee that a SIMG is likely to incur to complete the requirements for the specialist pathway.

The college mostly meets all benchmarks and compliance measures. However, in 2016 some applications did not meet the time to first available interview benchmark, as detailed in the report to the MBA. This included the time to first available interview, the time from interview to interim assessment decision, the time for specialist recognition interim assessment, and the time for specialist recognition final assessment decision.

### **Royal Australian and New Zealand College of Psychiatrists (RANZCP)**

The RANZCP assessment process and guidelines for applicants are outlined in the college's *Specialist Pathway Handbook*.

RANZCP fully meets the *Good Practice Guidelines* with respect to committee structure and operation; communication; college additional requirements and final assessment; and governance and appeals processes. The college substantially meets the guidelines for paper-based reviews; interviews; interim assessment decisions; and area of need assessment.

In order to fully comply with the *Good Practice Guidelines*, we recommend that RANZCP: publishes a policy outlining its requirements for recency of practice; includes a community member on the interview panel; revises its requirements for substantially comparable SIMGs to comply with the Guidelines; and clearly displays in one location on its website, an estimate of the total fee that a SIMG is likely to incur to complete the requirements for the specialist pathway.

In 2016, some applications did not meet benchmarks for time to first available interview; time from interview to interim assessment decision; time for specialist recognition interim assessment; and time for final assessment decision. The main reason for applications exceeding the interim assessment decision benchmarks were delays with scheduling interviews due to timing of when applications were received, and reviews or confirmations of not comparable outcomes being required from a higher committee. The time for final assessment decision benchmark was not met for some applicants because of missing the committee ratification deadline and delays in receiving primary source verification of qualifications.

### **Royal Australian and New Zealand College of Radiologists (RANZCR)**

The college has a number of internal policies and procedures for the assessment process, most of which are published on the college website. RANZCR also publishes a detailed assessment guide to explain the assessment process to SIMG applicants, with links to other resources to assist with areas such as securing positions in accredited training sites and accessing past examination papers.

RANZCR is fully compliant for aspects of the *Good Practice Guidelines* including: committee structure and operation; application and paper-based review; college additional requirements and final assessments; area of need assessment; governance and appeals structure; and fees. The college substantially meets the *Good Practice Guidelines* for the interview stage and communication aspects.

In order to fully comply with the *Good Practice Guidelines*, we recommend that RANZCR: does not ask clinical questions in the interview; defines maximum timeframes for peer review and supervised practice; and specifies the maximum appeal fee that may be incurred. RANZCR should also ensure it is applying the MBA's definitions of comparability in relation to examinations correctly and not requiring applicants with many years' experience to complete examinations.

The college fails to meet a number of benchmarks and compliance measures. This is largely due to conditions outside the college's control such as applicants pushing back interviews, or repeat failures when sitting the examination.

### **Royal College of Pathologists of Australasia (RCPA)**

The college has a number of internal policies and procedures for the assessment process, most of which are published on the college website. RCPA also publishes a detailed Step Guide to explain the assessment process to OTS applicants.

RCPA substantially meets the *Good Practice Guidelines*, including fully meeting the guidelines with paper-based reviews, interviews and area of need assessment.

In order to fully comply with the *Good Practice Guidelines*, we recommend that RCPA: includes a community member on the interview panel; provides further clarity regarding the requirements and procedures for supervision and examinations; develops a policy and process for re-assessment; clearly documents the requirements and procedures for appeals, reviews and reconsiderations for OTS applicants; clearly displays in one location on its website, an estimate of the total fee that a SIMG is likely to incur to complete the requirements for the specialist pathway; and publishes the appeals fee. RCPA should also ensure it is applying the MBA's definitions of comparability in relation to examinations correctly and not requiring applicants with many years' experience to complete examinations.

RCPA did not fully meet any of the benchmarks. The main reason for applications exceeding the interim assessment decision benchmarks was an extra step in the decision making process. The interview panel makes a recommendation on the applicant's comparability to the Chief Examiner, who makes the final decision. As Chief Examiners are volunteers, other professional commitments can lead to delays. RCPA also did not meet the compliance measure for the time for partially comparable SIMGs to complete the additional requirements due to examination failures and the time between when applicants can sit examinations.

### **Written submissions and other consultations**

For the review we also sought written submissions from SIMGs and employers of SIMGs. We also conducted consultations with the AMC, representatives from each of the State and Territory Medical Boards, AHPRA registration staff, members of the Health Workforce Principal Committee and the Australian Medical Association, and staff working on the Accreditation Systems Review.

### **Specialist International Medical Graduates**

SIMGs who were both successful and unsuccessful in obtaining registration were invited to provide input as a part of the review process. We received 41 written submissions from SIMGs. A number of general themes were identified based on the SIMG responses, which are summarised below.

- *The appropriateness of a face-to-face interview as a tool to confirm submitted documentation.* Most colleges require SIMGs to attend an interview in person, which has high costs associated with travel and time away from work. SIMGs also found that the interview was short and was only confirming information already provided through the application. There was one case of a SIMG flying to Sydney for an interview where none of the examiners were physically present and the interview was done by teleconference.
- *The transparency of the process, including the ease of access to information on the application process and communication of the process requirements.* Many SIMGs felt this was exacerbated by having to interact with multiple medical bodies, for example, the MBA, AMC and the colleges. Another major theme in the submissions was an inadequate explanation for the comparability assessment decision by the college. A small number of submissions spoke quite positively about the transparency and reliability of published information and communication with the college while on the assessment pathway.
- *The length of the whole process, including the time required to collect certified documents.* SIMGs who had many years of experience, up to 20 years in one case, indicated that they felt the process was very bureaucratic with unreasonable requests for past documents given their level of experience in the specialty. For example, in the initial application stage SIMGs are required to provide original copies of supervision reports and evidence of the training undertaken during their original training, which may have been many years if not decades ago. At least one submission highlighted instances where the applicant was required to submit CVs to multiple medical bodies in a specific format that differed between bodies.
- *The appropriateness of an exam for SIMGs with many years' experience.* At least four submissions to the review were from SIMGs with at least 15 years' experience, who were displeased with the requirement to sit an exam "intended for graduates" given their experience.

The high fees associated with the process and a lack of clarity on what the fees cover. In particular, many submissions by SIMGs argued that the high appeals fees provided a significant deterrent to lodging an appeal. In addition, the fact that the appeal is undertaken internally created a perception of a lack of independence and general distrust in the process, creating a further deterrence in appealing any decisions done by the college.

### **Submissions from employers of SIMGs and other stakeholders**

The review received eleven submissions from employers of SIMGs and other stakeholders, including SIMG supervisors, medical recruitment organisations, and insurance providers. The points below provide a summary of the views and feedback provided through the written submission process.

- Employers of SIMGs generally perceived that SIMGs had high levels of skill and clinical competency. SIMGs from the UK, Canada, USA, South Africa, New Zealand, Switzerland, France, and Israel were generally found to have qualifications and experiences that compared most favourably to Australian trainees. A smaller number of employers reported seeing large variation in the quality of SIMGs, and noted that substantial effort was required in the induction and orientation of some specialist pathway candidates.
- Employers generally provided positive feedback about their experiences providing peer review and supervision to SIMGs. Most employers believed that the requirements set by colleges were clearly explained, and many noted that the requirements could be accommodated without significant time or resource commitments by staff in the employer organisation. However, a number of employers in regional locations reported that there is inadequate assistance provided to employers to enable them to undertake the required supervision and peer review. Assessment requirements and standards were generally seen as consistent across colleges, although a small number of stakeholders reported inconsistencies in requirements and standards both within and between colleges.
- A small number of employers raised concerns that the colleges were employing practices and assessment policies that restricted the supply of trained specialists, including SIMGs. There were some reports of

colleges preventing SIMGs from obtaining registration in Australia, despite considerable efforts by employers to find local candidates for area of need roles. Similarly, one SIMG supervisor reported being subject to professional pressure from the relevant college to make negative assessments in relation to a particular SIMG. The supervisor believed that, despite the SIMG being highly qualified and trained, the college was influencing supervisors to downgrade their assessments and withdraw their support for the candidate as part of the college exercising control over the supply of the specialist workforce.

- A number of submissions covered disputes between SIMGs, colleges and supervisors. It was noted that many disputes arise in situations where there has been poor communication of roles, responsibilities and expectations between SIMGs, supervisors, and colleges. In some instances, SIMGs have a poor understanding of the purpose of the assessment process, and the standards against which they are being assessed.

### **Other stakeholders**

The main themes from our consultations with other stakeholders are as follows:

- The assessment of comparability is difficult and complex, especially when SIMGs are from countries that do not have comparable health systems.
- A number of stakeholders raised concerns about the consistency of the definition of comparability across and within colleges, and we heard a number of anecdotal stories about inconsistencies. However, a smaller number of stakeholders said that they thought there was a robust and solid framework for assessing SIMGs and there were only some small issues with streamlining processes. They considered that it was a fair and open process and had no concerns in terms of decisions.
- Some stakeholders raised concerns about the cost, the length of time and the application requirements for the assessment process.
- Some stakeholders thought that the colleges were not applying the requirements for peer review and supervision consistently, and others thought that time allocated to applicants was arbitrary.
- Stakeholders considered that communication with SIMGs could be improved in relation to explaining the decision, creating a more supportive environment for SIMGs and setting more realistic expectations about the prospects of finding work in Australia.
- A number of stakeholders commented that the fees are very high, and that this can be a barrier to SIMGs applying through the process. Most thought that setting the fees at the level of cost recovery was reasonable and that colleges should be more transparent and provide a better justification of what the costs of the process are.

### **Key findings**

The *Good Practice Guidelines* came into effect in November 2015, and as a result many college processes and guidelines relating to the *Good Practice Guidelines* are relatively new. Through the consultations, colleges and other stakeholders commented that the guidelines are generally helpful and informative, particularly in establishing standardised principles and processes for the assessment of SIMGs.

However, there remains some ambiguity about which parts of the guidelines are requirements that must be implemented by all colleges, and whether other aspects can be implemented according to individual college circumstances. The guidelines are necessarily a comprehensive document designed to set out the principles for SIMG assessment across all sixteen colleges, which vary in their size and speciality requirements. This has meant that, at times, the precise requirements and recommended practice for each stage of the assessment process are not clear. For example, with the exception of RACS and RACP, none of the other colleges has a clear process for assessing SIMGs for a limited scope of practice and most said that for their college it is not possible to be a registered specialist with a limited scope of practice.

While all colleges have a documented and published appeals process, a number of SIMG submissions reported concerns about college appeals processes. SIMG submissions also noted the perceived excessiveness of SIMG fees. Colleges typically document and publish the requirements and procedures for the assessment process.

However, the requirements and eligibility criteria are often complex, and some SIMGs have reported that the process was difficult to understand despite guidance published on college websites. In their submissions to the review, a number of SIMGs also commented on the time and cost required to attend interviews in person, some noting that there were few benefits to holding interviews in person given that the purpose of interviews is to confirm matters of qualifications, training and experience.

### **Benchmarks and compliance measures**

The review was asked to consider whether the benchmarks and compliance measures set by the MBA are reasonable and an effective measure of college performance. To do this, we looked at the purpose of the benchmarks and compliance measures, how they are operating in practice and any unintended consequences. We also considered whether there were other data that the MBA could collect to provide more information on the performance of the colleges.

#### **Time to first available interview**

This benchmark was met for 82.1% of applicants in 2016. It provides colleges with sufficient time to assess applications, given that the assessments are done by specialists, often a voluntary basis, while not requiring the SIMGs to wait too long. We consider that this is an appropriate benchmark.

#### **Time from interview to interim assessment decision**

This benchmark was the most difficult for some colleges to meet. Many colleges require the college's Board to approve the decisions from the assessment committee. In the case of RACP, the benchmark from time of interview to interim assessment for RACP does not align with the college's current processes. RACP's process includes up to two weeks to finalise the interview report, and up to three weeks for SIMGs to respond to the report and provide any additional information. Assessment decisions are determined at monthly subcommittee meetings once the SIMG's response is received.

We recommend that AHPRA introduce a more detailed data collection process that allows colleges to record where the delay is due to the SIMG.

We also appreciate that SIMGs find the length of the process frustrating. At this stage, we do not recommend increasing the time allowed from interview to interim assessment decision, as colleges are still adjusting to the benchmarks. Some colleges have processes for approving decisions out of session, which could be considered for deciding on the interim assessment decision.

#### **Time for specialist recognition interim assessment decision**

This benchmark is a combination of the two preceding benchmarks, and should remain consistent with these ones. In some cases colleges are able to meet the overarching benchmark by meeting the other benchmarks in less time.

#### **Time for area of need assessment**

There are five colleges that conduct area of need assessments separately from specialist recognition. The other colleges either require applicants to apply for concurrent assessment with specialist recognition and so do not report data on the time for area of need assessment separately, or do not have an area of need process. The two colleges that did not meet the timeframes for area of need assessments, explained that this was because of the timing of scheduled interviews, which are held at regular intervals during the year and the timing of the applicants meant the two month benchmark was not met. We consider this benchmark to be reasonable, colleges should ensure that applicants are aware of the meeting dates when they apply through the area of need pathway.

#### **Time for final assessment decision**

This benchmark was met for 93.1% of applicants in 2016. It provides colleges with sufficient time to confirm the requirements have been met, and have the decision approved by the college's Board, while not requiring the SIMGs to wait too long. We consider that this is an appropriate benchmark.

#### **Period of peer review and supervision**

These compliance measures ensure that the colleges are not asking the SIMG to spend longer than the *Good Practice Guidelines* require. We consider this a useful check to have on the colleges.

For partially comparable SIMGs, the compliance measure is that colleges cannot ask SIMGs to undertake more than 24 months FTE of supervised practice. There is no minimum timeframe set. In 2016, 20.9% of partially

comparable SIMGs were not required to undertake any supervised practice. The definition of partially comparable in the *Good Practice Guidelines* is "Partially comparable applicants have been assessed as suitable to undertake a defined scope of practice in a supervised capacity" (emphasis added). We consider that a minimum time requirement for partially comparable applicants should be introduced, to ensure that the distinction between substantially and partially comparable applicants is clearer.

### **Timeframe to complete requirements**

These timeframes accord with the periods for peer review and supervision that can be set by the colleges. We consider this a useful measure to check whether the timeframes are also being adhered to in practice. We think that it would be useful to track this information in real time, so if an applicant is spending longer than the set timeframe this can be considered at the time.

### **Formal examinations**

The *Lost in the Labyrinth* report recommended that formal examinations "should only be used as an assessment tool where specialist IMGs are recent graduates, or where deficiencies or concerns have been identified during the workplace-based assessment (WBA)". This recommendation was adopted by the MBA and the *Good Practice Guidelines* set out that colleges should not ask substantially comparable SIMGs to undertake formal examinations.

All colleges met this compliance measure for 2016. However, in some cases it appears that colleges may be assessing SIMGs as partially comparable and only requiring that they undertake the formal examinations. This is particularly the case where the SIMGs are not required to undertake a period of supervised practice.

We have recommended that a minimum timeframe for supervised practice be set, which would partly resolve this issue. It may also be useful to have a more specific compliance measure for formal examinations, which reflects not only that substantially comparable applicants should not have to sit examinations, but also that SIMGs with a number of years of experience (for example greater than five years), should not be required to sit examinations that are more appropriately targeted at recent graduates, as set out in the recommendations from the *Lost in the Labyrinth* report.

### **Other measures**

The review also considered whether there were other data that should be collected on the college performance in relation to SIMGs. The two options we considered were whether there were outcome measures that could be reported and whether ongoing information should be collected from SIMGs.

### **Outcomes**

In the stakeholder consultations, some people raised the idea of monitoring the outcomes of the process, for example, checking the safety record of SIMGs. We do not consider that this is an appropriate measure for this process as the SIMG assessment process is intended to be a point in time assessment of the skills and experience of the SIMG, and thus while an SIMG may be assessed as not comparable and then in few years successfully be recommended for specialist recognition, collecting information on the SIMG later will not provide a useful measure of whether the interim assessment of not comparable was incorrect. We are also concerned that it will create an ongoing division between Australian and overseas trained specialists.

### **SIMG perspective**

The *Good Practice Guidelines* contain a number of requirements on colleges to clearly document and publish the process so that applicants understand what is required to undertake the process. The *Good Practice Guidelines* also required that SIMGs are given the opportunity to ask questions of the college and that the college informs them of the assessment decisions. The MBA could consider introducing a survey of SIMGs once Report 1 and Report 2 have been submitted to confirm whether the SIMGs were able to access clear information on the process, and the colleges provided them with clear information on the assessment decision and the requirements that the SIMG needs to complete.

### **Recommendations**

We have ten recommendations for streamlining and improving the assessment of SIMGs, based on our findings from consultations with colleges and other stakeholders, reviews of college documentation, and written submissions from SIMGs, employers of SIMGs, and other stakeholders.



### **Recommendation 1**

It is recommended that the *Good Practice Guidelines* are reviewed and streamlined to ensure they provide clear guidance to colleges on the precise requirements for each stage of the assessment process. This includes clearly distinguishing between aspects of the *Good Practice Guidelines* that are requirements, and those that are recommendations where discretion can be exercised.

To further assist colleges with implementation, the guidelines could include a detailed checklist of requirements and recommendations against each aspect of the assessment process.

In addition, the guidelines could provide examples or case studies related to good practice for key aspects of the assessment process. This may be particularly helpful for smaller colleges that have limited internal resources available to support implementation.

### **Recommendation 2**

It is recommended that MBA data collection and reporting be based on an individual record system. Under such a system, each SIMG application would be recorded by colleges as a separate data line, with key data collected throughout the entire assessment process (including dates and assessment outcomes). Many of these data are already collected in existing college systems for monitoring applications.

Moving to an individual record system would enable robust data analysis, including analysis by cohorts, and tracking of applications across years. It could also improve data quality and potentially reduce the effort required by some colleges in reporting data to the MBA.

Colleges could be provided with a template spreadsheet to help track SIMG applications and record key data items. This may particularly assist smaller colleges without existing systems for monitoring applications.

### **Recommendation 3**

It is recommended that the *Good Practice Guidelines* require colleges to publish a separate fee schedule specific for SIMGs which provides detailed descriptions of the activities covered by each fee, and when the fee is payable. Colleges could also be required to publish an indicative total fee, or range of fees, for the entire assessment process, based on whether the SIMG is found to be partially or substantially comparable.

### **Recommendation 4**

It is recommended that consideration be given to establishing a central, independent appeals body (e.g. within the MBA) to hear appeals relating to administrative matters. These include appeals relating to college processes, the *Good Practice Guidelines*, and appropriate decision making. Establishing an independent appeals body across all colleges could increase confidence and accountability in appeals decisions, and reduce the costs of appeals.

### **Recommendation 5**

Colleges could consider implementing online self-assessment quizzes or checklists, allowing SIMGs to determine their eligibility for assessment, and/or their likely comparability outcome.

### **Recommendation 6**

To ensure SIMGs have the appropriate information and expectations when they apply for assessment, colleges could consider publishing key statistics about the SIMG process. These could include the number of applications received in the last year, and the distribution of assessment outcomes. Colleges could also publish statistics about the size and location of the workforce in their field of speciality.

### **Recommendation 7**

The *Good Practice Guidelines* could be revised to require that colleges ensure the documentary evidence required from SIMGs is reasonable, not excessive and relevant to a given SIMG's application.

### **Recommendation 8**

The *Good Practice Guidelines* could be revised to require that colleges provide SIMGs with an option to complete an interview via teleconference or videoconference. This can help avoid the cost and time associated with attending interviews in person.

### **Recommendation 9**

Colleges could consider implementing an objective scoring system for paper-based assessments and interviews.

Under such a system, assessors give applicants numerical scores against key competency areas, and document the reasons for the rating and any gaps or deficiencies. Colleges could further consider using the total score to determine the assessment outcome. The scoring system could be published or made available to applicants in advance, to increase transparency and confidence in college assessment decisions.

**Recommendation 10**

The *Good Practice Guidelines* could be amended to require that colleges provide SIMGs with a summary of findings from the paper-based assessment and interview for review and confirmation. Applications could be given the opportunity to provide clarification or submit further evidence where they believe a college has made findings which are incomplete or inaccurate.

# 1 Introduction

The Australian Health Practitioner Regulation Agency (AHPRA), on behalf of the Medical Board of Australia (MBA), commissioned Deloitte Access Economics to review and report on the performance of the specialist medical colleges (the colleges) in relation to the assessment of specialist international medical graduates (SIMGs).

## 1.1 Background

The assessment and registration of SIMGs is undertaken by a combination of the MBA, AHPRA and the colleges. The Australian Medical Council (AMC) also assists with the process.

### 1.1.1 The Medical Board of Australia

The MBA is responsible for registering medical practitioners and ensuring they are suitably trained and qualified to practise in a competent and ethical manner. In relation to SIMGs, the MBA needs to be satisfied that the SIMG is suitably trained and qualified to practise at a level comparable to that of an Australian-trained specialist in the same field. The MBA decides whether or not to grant specialist recognition to SIMGs based on the advice from the colleges (MBA, 2015).

AHPRA supports the MBA in delivering the registration function. AHPRA employs all the staff and provides administrative assistance and policy support.

### 1.1.2 Specialist medical colleges

Each college has been appointed by AHPRA, on behalf of the MBA, to assess whether a SIMG is able to competently and safely practise in the specialty. If the college considers that a SIMG is comparable to an Australian-trained specialist, the college will recommend to the MBA that the specialist be granted specialist recognition. There are sixteen specialist medical colleges that assess specialist IMGs in twenty-three recognised specialties and a further sixty-three fields of specialty practice.

### 1.1.3 Australian Medical Council

The AMC assists the process by undertaking primary source verification of medical qualifications for SIMGs. The AMC also hosts a secure portal for the IMG assessment process, which holds certified copies of an IMG's qualifications, their primary source verification documents and the outcome of their college assessment, and can be accessed by the AMC, AHPRA and the colleges. The AMC has also been appointed to perform the accreditation function for the medical profession. The AMC accredits education providers (medical schools and the colleges) and their programs of study. As part of the accreditation process, the AMC accredits the colleges against *Standard 10 – the assessment of specialist international medical graduates*. The colleges are accredited against four areas for the assessment of SIMGs:

- **Assessment framework:** This covers whether the college's process for assessment satisfies the MBA's and the Medical Council of New Zealand's guidelines, and the assessment is based on reviewing the comparability of SIMGs to an Australian or New Zealand trained specialist in the same field; the college documents and publishes the requirements and procedures of the entire assessment process.
- **Assessment methods:** This covers whether the assessment methods are fit for purpose, and the college has procedures to inform employers and regulators, where appropriate, of patient safety concerns that arise during the assessment.
- **Assessment decision:** This covers whether the assessment decision is in line with the requirements of the assessment pathway; exemptions or credits to SIMGs are granted based on the SIMGs previous training and experience, the college clearly documents the additional requirements and timeframes that SIMGs need to satisfy before being granted specialist recognition, and the decision is clearly communicated to the applicant and the registration authority.
- **Communication with SIMGs:** This covers whether the college provides clear and accessible information about the assessment requirements and fees, and the college provides timely and correct information to SIMGs about their progress through the assessment process (AMC, 2015).

## Definitions

The terminology used to describe medical practitioners and specialists with overseas qualifications varies between the different colleges and in different documents.

*International medical graduates (IMGs)* and *overseas trained doctors* refer to medical practitioners whose medical qualifications are from a medical school outside of Australia or New Zealand.

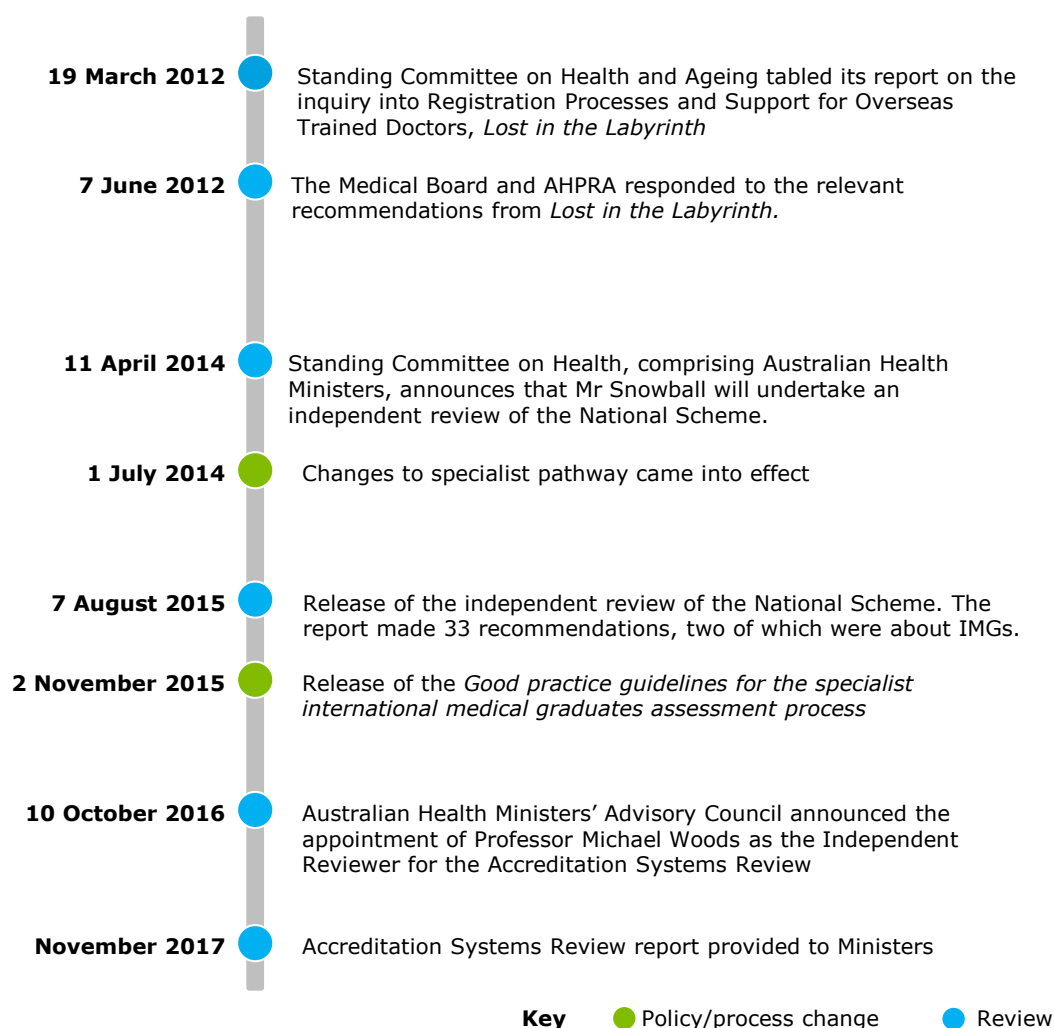
*Specialist international medical graduates (SIMGs)* or *overseas trained specialists (OTS)* are medical practitioners whose specialist medical qualifications are from a medical school outside of Australia or New Zealand and have satisfied all the training and examination requirements to practise in their field of specialty in their country of training. Some colleges also use college specific terms, for example, the Royal Australasian College of Dental Surgeons uses the term Overseas Trained Oral and Maxillofacial Surgeons (OTOMS).

For this report, we have used the terms *international medical graduate (IMG)* or *specialist international medical graduate (SIMG)*, except where we are referring to the specific documents or guidelines for a specific college or referring to a specific report.

## 1.2 Context

There has been substantial policy change and a number of reviews over the last decade, which have considered the assessment and registration of SIMGs (Figure 1.1).

Figure 1.1: Changes and reviews into registration and accreditation arrangements



### 1.2.2 Lost in the Labyrinth

In 2012, the House of Representatives Standing Committee on Health and Ageing released its inquiry, *Lost in the Labyrinth: Report on the inquiry into registration processes and support for overseas trained doctors*. The Committee heard from a number of IMGs who complained about the lack of clarity, transparency, efficiency and accountability in the assessment and registration process for IMGs. Many IMGs had also found the system to be discriminatory and anti-competitive, and as result did not have confidence in the process (House Standing Committee on Health and Ageing, 2012).

The Committee made 45 recommendations to reduce the red tape, duplication and administrative burdens faced by IMGs. The Committee did not recommend any change to the clinical standards that IMGs are required to meet.

There were 14 recommendations, which related to the assessment of SIMGs and the role of the specialist medical colleges (see Appendix A for the full recommendations). The recommendations included:

- Publish agreed definitions of comparability on the AMC, Department of Health and specialist medical college websites;
- Develop and publish objective guidelines clarifying how overseas qualifications, skills and experience are used to determine the level of comparability and the requirements SIMGs need to complete before being recognised as specialists;
- Publish additional statistics including the number of applicants and the outcome from the different stages in the process, the country the SIMG obtained their qualification and rates of success, and the time taken for SIMGs to complete each stage of the process;
- Use workplace based assessments rather than formal examinations for experienced SIMGs, exams should only be required for recent graduates or where other concerns or deficiencies have been identified;
- Improve the operation of the appeals process and increase awareness of the processes;
- Establish a uniform fee structure across the colleges and ensure this is clearly displayed on the colleges' websites; and
- Review the administrative fees and penalties charged by AHPRA, the AMC and the colleges to ensure the fees can be justified as cost recovery (House Standing Committee on Health and Ageing, 2012).

### 1.2.3 Changes to the specialist pathway

The MBA, AHPRA and the AMC have made a number of changes to improve the assessment and registration processes for SIMGs in response to the recommendations from *Lost in the Labyrinth*. The two changes that are of particular relevance to this review are streamlining of the specialist pathway and the introduction of the MBA's *Good Practice Guidelines for the specialist international medical graduate assessment process* (the *Good Practice Guidelines*).

Prior to 1 July 2014, SIMGs coming through the specialist pathway applied to the AMC. The AMC would then send the application on to the college for assessment. Where there were queries from the college about the application or if the application was incomplete, the college would have to go through the AMC to communicate with the applicant. From 1 July 2014, the process has been streamlined and SIMGs now apply directly to the colleges for the specialist pathway.

The MBA developed the *Good Practice Guidelines*, which came into effect from 2 November 2015. The *Good Practice Guidelines* are intended to support the colleges in undertaking assessments of SIMGs. They provide guidance on good practice for governance structures, the procedures for assessment, fees, timeframes and the appeals process (see Chapter 3 for more details on the *Good Practice Guidelines*).

### 1.2.4 Independent review of the National Registration and Accreditation Scheme

In 2014, Mr Kim Snowball independently reviewed the National Registration and Accreditation Scheme (NRAS). In relation to the assessment of overseas trained health practitioners, the review found that:

*"The assessment of overseas trained practitioners has been the source of considerable challenges. A number of stakeholders pointed to the degree of variability across processes and sought consistency. This needs to be balanced with the individual nature of assessments, which aims to make the process flexible and tailored. A single approach may be more efficient but would be unlikely to take into consideration the characteristics of the individual applicant and the workforce needs of the community."*

Two of the recommendations from the NRAS review related to IMGs.

**Recommendation 24:** *The performance of the Medical Board of Australia and the Australian Health Practitioner Regulation Agency, in the implementation of changes to the International Medical Graduate assessment process arising out of the Lost in the Labyrinth report, form part of the key performance standards to report to the Australian Health Workforce Ministerial Council.*

**Recommendation 25:** *The Medical Board of Australia to evaluate and report on the performance of specialist colleges in applying standard assessments of International Medical Graduate applications and apply benchmarks for timeframes for completion of assessments.*

This review forms part of the MBA's response to Recommendation 25. The MBA has also developed benchmarks and compliance measures for the SIMG assessment process that the colleges are required to report on (see Chapter 3 for more details on the benchmarks and compliance measures).

### 1.2.5 Accreditation Systems Review

Professor Michael Woods was appointed by the Australian Health Minister's Advisory Council (AHMAC) to undertake an independent review of the accreditation systems for the health professions covered by NRAS. A draft report was published in September 2017 for comment and the final report is expected to be released in November 2017.

The review has considered the role of accreditation authorities and the MBA in relation to the accreditation, education and assessment functions of the colleges (Woods, 2017). The review made a number of recommendations specific to the role of the colleges in relation to the assessment of SIMGs:

**Recommendation 30:** *Specialist colleges, in relation to the assessment of overseas trained practitioners, should have their decisions subject to the same requirements as all other decisions made by the entities specified under the Health Practitioner Regulation National Law Regulation 2010. These encompass privacy, Freedom of Information (FOI) and the role of the National Health Practitioner Ombudsman and Privacy Commissioner.*

**Recommendation 31:** *The Australian Medical Council should undertake all monitoring and reporting on specialist medical colleges in relation to the assessment of overseas trained practitioners. This includes working in partnership with the Medical Board of Australia on the development of agreed performance indicators and reporting metrics that are appropriate, comparable and aligned with other relevant National Scheme reporting regimes, in terms of time periods and the ability to trace assessment pathways from application to registration.*

**Recommendation 32:** *Specialist colleges should ensure that the two pathways to specialist registration, namely: being assessed by a specialist college and passing the requirements for the approved qualification; or being awarded a Fellowship of a specialist college; are documented, available and published on specialist college websites and the necessary information is made available to all prospective candidates.*

## 1.3 Scope of the review

The scope of the review was limited to the *current* assessment process (in effect from 1 July 2014), under which specialist IMGs seeking registration through the specialist pathway apply directly to the relevant colleges.

The key lines of enquiry for the review were:

- the extent to which each college's processes and procedures comply with the guidance in the *Good Practice Guidelines*;
- the extent to which each college complies with specified compliance measures in the *Good Practice Guidelines*;
- each college's performance against the MBA's benchmarks for time measures relating to assessments;
- whether each college is applying standard assessment of SIMGs; and
- each college's assessment process for Australian and New Zealand medical graduates with overseas specialist qualifications.

The review has also considered:

- whether the benchmarks and compliance measures set by the MBA are reasonable and an effective measure of college performance;
- recommendations for the MBA's future monitoring of college performance;
- with reference to the advantages and disadvantages of the current model, methods for optimising the way in which colleges assess SIMGs.

The following are out of scope of this review:

- historical SIMG assessment processes pre 1 July 2014;
- IMGs who have been accepted into the full accredited college training program;
- training pathways for Australian and New Zealand graduates not seeking recognition of overseas specialist qualifications;
- college SIMG processes that relate to a Medical Council of New Zealand component of the assessment;
- college committees (or equivalent) other than those which have a role in SIMG assessments;
- college governance structures other than where it relates to SIMG assessments;
- college regulations, policies and procedures not directly related to SIMG assessments;
- registration of SIMGs by the MBA;
- broader employment issues (other than issues relating to the requirements for supervised practice, workplace based assessments, etc.); and
- immigration, visa and Medicare issues.

#### 1.4 Report structure

The remainder of the report is structured as follows:

- **Chapter 2** provides background on the specialist pathways (specialist recognition and area of need) that SIMGs can apply through to practise as specialists in Australia;
- **Chapter 3** describes the review methodology;
- **Chapters 4 to 19** provide our findings on how each of the sixteen medical colleges (in alphabetical order by acronym) is assessing SIMGs and their compliance with the *Good Practice Guidelines*, benchmarks and compliance measures;
- **Chapter 20** summarises the information and key themes from the written submissions received from SIMGs, employers and Fellows of the specialist medical colleges;
- **Chapter 21** summarises the information and key themes from the consultations undertaken with the AMC, the Australian Medical Association, members of the Health Workforce Principal Committee, representatives from the State and Territory Medical Boards, the registration staff from AHPRA, and staff working on the Accreditation Systems Review; and
- **Chapter 22** sets out our findings from the review and provides recommendations.

## 2 Assessment pathways for international medical graduates

IMGs can apply for registration to practise medicine in Australia through different pathways depending on their previous experience. Table 2.1 summarises the different pathways. This review is limited to SIMGs who are applying through the specialist pathway for either specialist recognition or for an area of need.

Table 2.1: Registration pathways for IMGs – scope of this review

Pathway	Eligibility criteria	Registration	This review
Competent Authority pathway	<ul style="list-style-type: none"> <li>Primary qualification in medicine and surgery awarded by a training institution recognised by both the Australian Medical Council (AMC) and the World Directory of Medical Schools, and</li> <li>Completed training or assessment with an approved competent authority<sup>1</sup>.</li> </ul>	Provisional registration  Leads to general registration	Not in scope
Standard pathway	<ul style="list-style-type: none"> <li>Primary qualification in medicine and surgery awarded by a training institution recognised by both the AMC and the World Directory of Medical Schools</li> <li>Pass the AMC Multiple Choice Question examination, and</li> <li>Pass the AMC Clinical exam (in some cases the applicant may complete a workplace based assessment rather than undertake the exam) and receive AMC certificate.</li> </ul>	Provisional or limited registration  Leads to general registration	Not in scope
Specialist pathway – specialist recognition	<ul style="list-style-type: none"> <li>Primary qualification in medicine and surgery awarded by a training institution recognised by both the AMC and the World Directory of Medical Schools, and</li> <li>Satisfied all the training and examination requirements to practise in their field of specialty in their country of training.</li> </ul>	Limited registration for postgraduate training or supervised practice or provisional registration (for SIMGs qualified for the Competent Authority pathway)  Leads to specialist registration	<b>In scope</b>
Specialist pathway – area of need	<ul style="list-style-type: none"> <li>Primary qualification in medicine and surgery awarded by a training institution recognised by both the AMC and the World Directory of Medical Schools</li> <li>Satisfied all the training and examination requirements to practise in their field of specialty in their country of training, and</li> </ul>	Limited registration for area of need or provisional registration (for SIMGs qualified for the Competent Authority pathway)  Does not lead to specialist registration	<b>In scope</b>

<sup>1</sup> General Medical Council (United Kingdom), Medical Council of Canada, Educational Commission for Foreign Medical Graduates of the United States, Medical Council of New Zealand or the Medical Council of Ireland.



Pathway	Eligibility criteria	Registration	This review
	<ul style="list-style-type: none"> <li>Offer of employment in a designated area of need.</li> </ul>		
Short term training in a medical specialty pathway	<ul style="list-style-type: none"> <li>Primary qualification in medicine and surgery awarded by a training institution recognised by both the AMC and the World Directory of Medical Schools</li> <li>Satisfied all the training and examination requirements to practise in their field of specialty in their country of training OR who are no more than two years away from completing their specialist training overseas, and</li> <li>Offer for a training position.</li> </ul>	<p>Limited registration postgraduate training or supervised practice or provisional registration (for SIMGs qualified for the Competent Authority pathway)</p> <p>Does not lead to general or specialist registration</p>	Not in scope

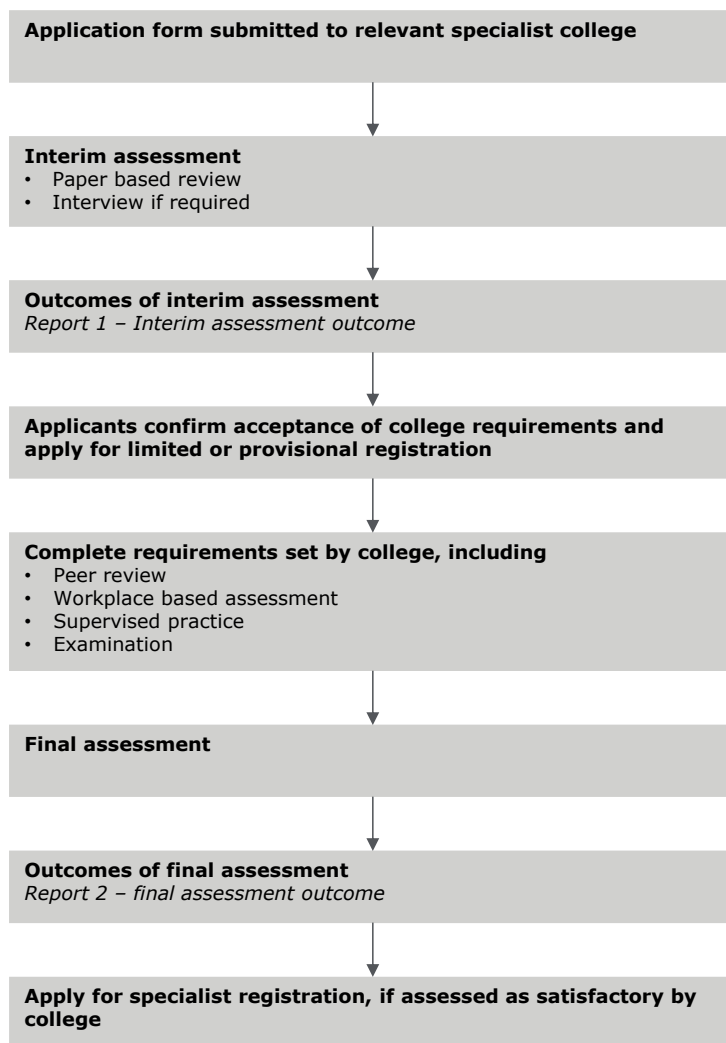
Source: MBA website.

The review has also considered the process for assessing applicants with a primary medical qualification in Australia or New Zealand, who have an overseas specialist qualification. The specialist pathway is limited to medical practitioners who are not qualified for general or specialist registration. Australian and New Zealand medical graduates are qualified for general registration, and thus are not eligible to apply for assessment under the specialist pathway (MBA, 2015a). However, assessing the comparability of Australian and New Zealand medical graduates with overseas specialist qualifications is broadly the same as the process for assessing SIMGs for specialist recognition and in many case the colleges use the same process for both types of applicants (see individual college chapters for details).

## 2.2 Specialist pathway – specialist recognition

SIMGs who have satisfied the eligibility criteria set out in Table 2.1 and have applied for primary source verification of their qualifications can apply to the relevant college for specialist recognition. The assessment process for specialist recognition by the college is shown in Figure 2.1.

Figure 2.1: College assessment process for the specialist pathway – specialist recognition



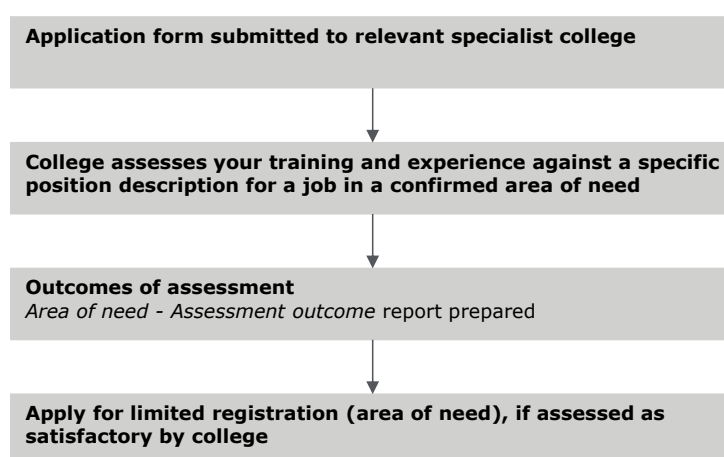
Source: MBA (2015).

The MBA does not require SIMGs to obtain Fellowship in order to be registered as a specialist.

## 2.3 Specialist pathway – area of need

SIMGs who have satisfied the eligibility criteria set out in Table 2.1 and have applied for primary source verification of their qualifications can apply to the relevant college to be assessed to work in a particular position in a designated area of need. For a location to be designated as an area of need, it must be declared as such by the state or territory Minister for Health (or their delegate). The assessment process by the college for SIMGs applying for area of need is shown in Figure 2.2.

Figure 2.2: College assessment process for the specialist pathway – area of need



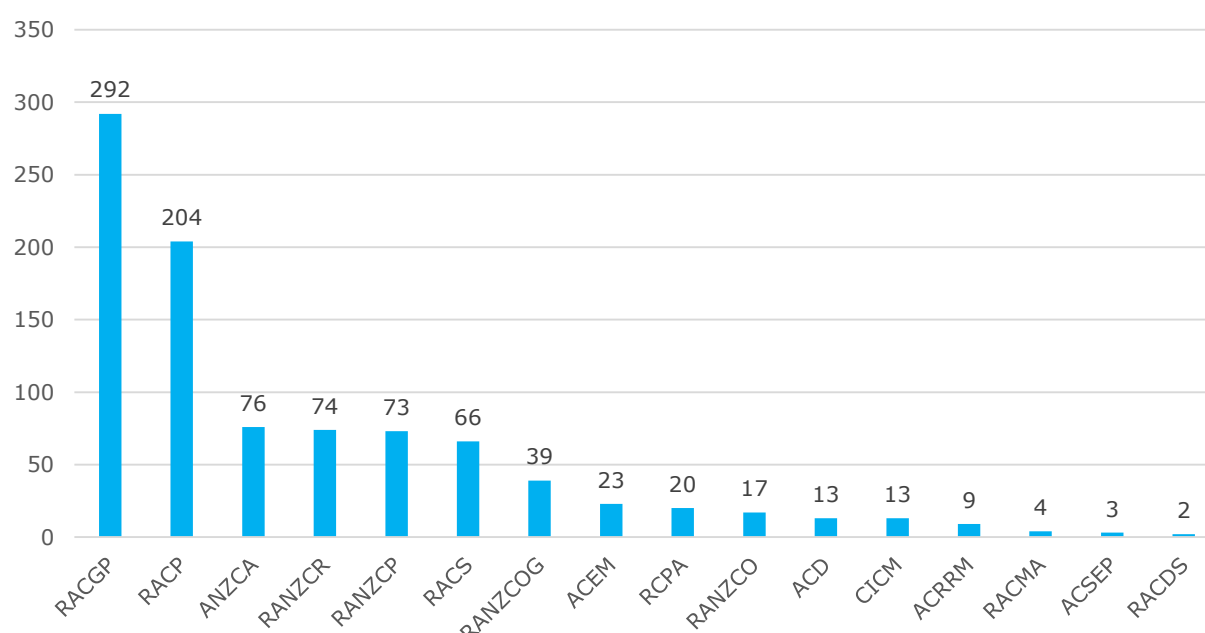
Source: MBA (2015).

The MBA expects the colleges to adhere to the *Good Practice Guidelines* and associated benchmarks and compliance measures in assessing SIMGs who have applied through the specialist pathway. The next chapter provides details of these and explains the method that we have used to undertake the review.

## 2.4 Data on specialist pathway

In 2016, there were 928 applications under the specialist pathway. Of these, 832 were for specialist recognition, 19 for area of need assessment, and 86 for combined assessment. Chart 2.1 shows the number of applications received by each college in 2016.

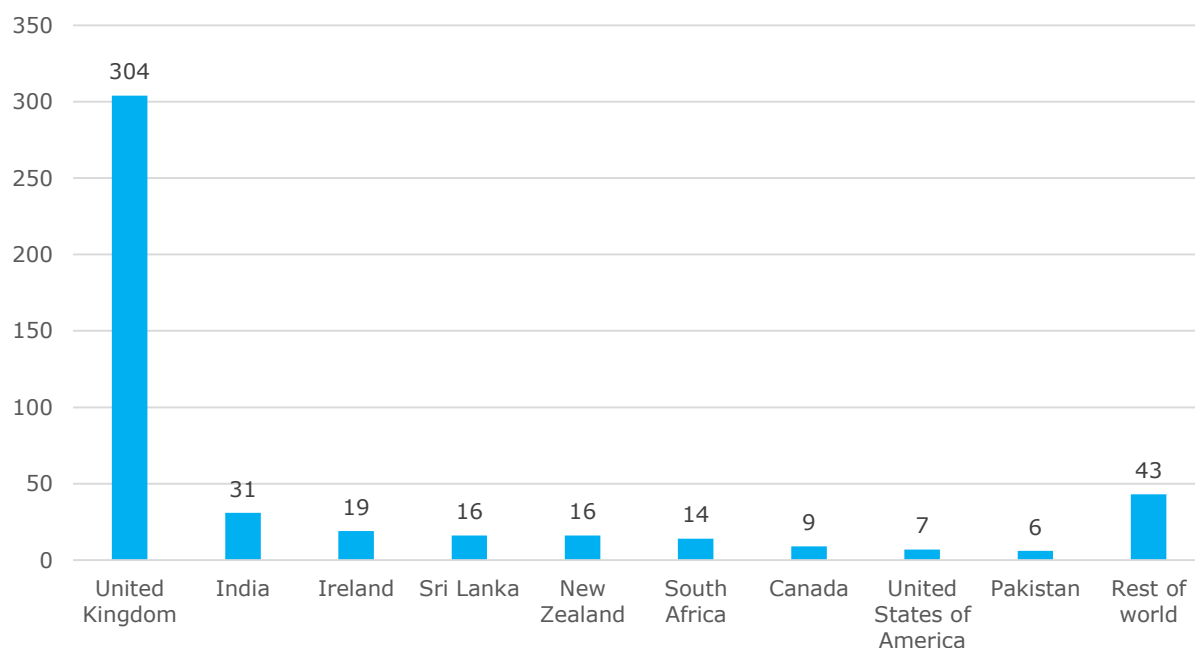
Chart 2.1: Number of SIMG applications by college, 2016



Source: MBA data, 2017.

In 2016, 493 SIMGs were recommended for specialist recognition (full scope) in Australia at the final assessment, and 45 SIMGs were not recommended for specialist recognition in Australia at the final assessment. The majority of SIMGs who received a final assessment outcome were from the United Kingdom (304), followed by India (31), and Ireland (19). Chart 2.2 illustrates the number of SIMGs who were recommended for specialist recognition by country.

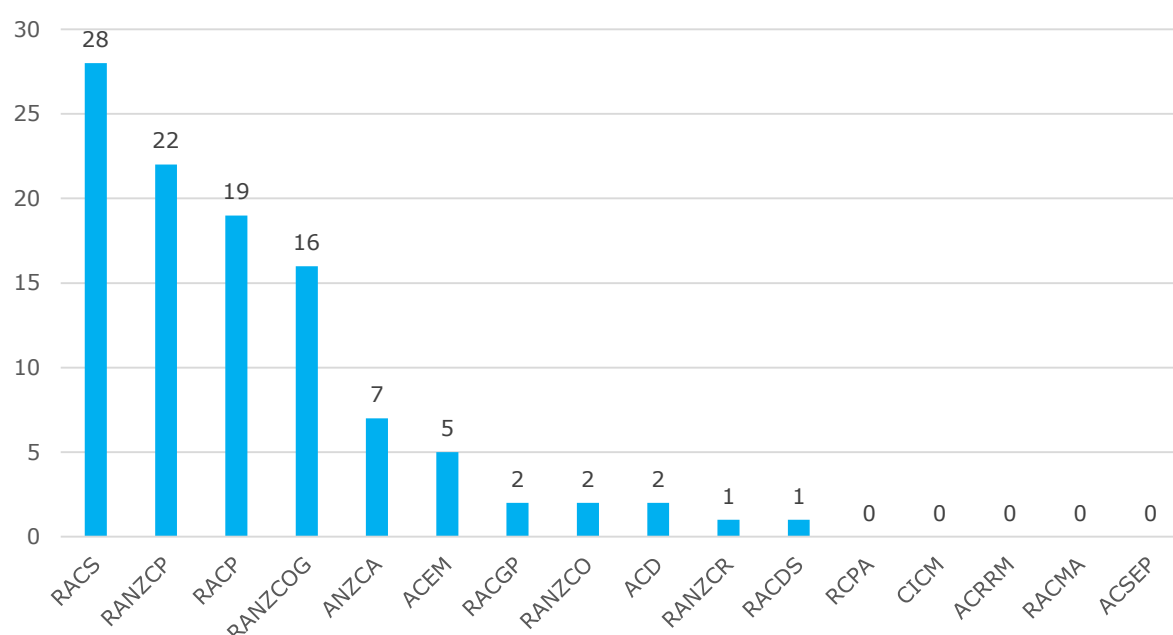
Chart 2.2: Number of SIMGs recommended for specialist recognition by country, 2016



Source: MBA data, 2017.

RACS had the largest number of appeals, reviews and reconsiderations lodged in 2016 (28), followed by RANZCP (22), and RACP (19), as shown in Chart 2.3.

Chart 2.3: Number of appeals, reviews and reconsiderations by college, 2016



Source: MBA data, 2017.

## 3 Review methodology

This chapter outlines the review process and assessment framework used for the review, and the methods used to collect information for the review.

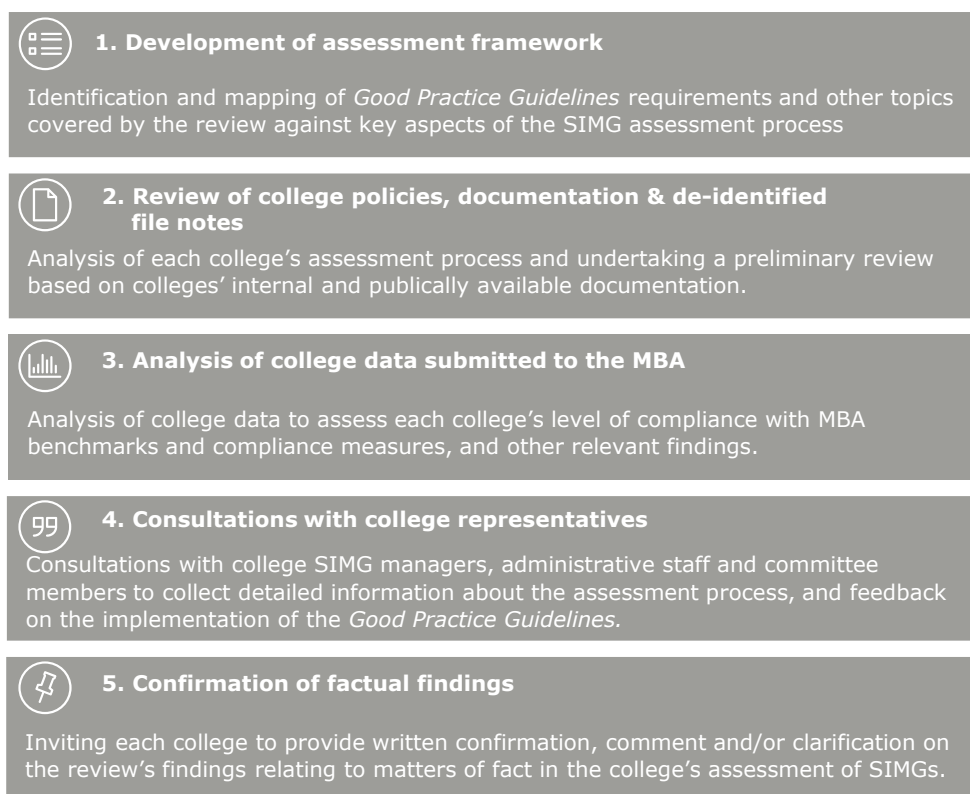
### 3.1 College review process

This section describes the process by which each college was reviewed, including how information was collected and confirmed with colleges. The process was designed to assess the extent to which each specialist medical college complies with the *Good Practice Guidelines*, and the performance of each college against the MBA benchmarks and compliance measures. The review also considered other aspects of SIMG assessment, which are not explicitly covered by the *Good Practice Guidelines*, including:

- college assessment of Australian and New Zealand medical graduates with overseas specialist qualifications;
- SIMG's access to college CPD programs;
- processes for managing complaints from SIMGs about discrimination, bullying and harassment; and
- college requirements for Fellowship as part of recommendation for specialist recognition.

The review was undertaken between May and October 2017, and involved the steps outlined in Figure 3.1, which are detailed in the sections below.

Figure 3.1: Overview of review process



#### 3.1.2 Development of assessment framework

Deloitte Access Economics undertook a detailed review of the *Good Practice Guidelines* to identify the specific requirements for each aspect of the SIMG assessment process. Other topics covered by the review, beyond the *Good Practice Guidelines* were also incorporated into the assessment framework. For each college, the assessment framework covers the following ten aspects relating to SIMG assessment:

1. Overview of assessment process
2. Assessment committee structure and operation

3. Application and paper-based review
4. Interview
5. Interim assessment decision (assessment of comparability)
6. College additional requirements and final assessment
7. Area of need assessment
8. Communication
9. Governance and appeals processes
10. Fees

A detailed description of the assessment framework is provided in Section 3.2.

### **3.1.3 Review of college policies, documentation and de-identified file notes**

Each college was requested to provide their internal policies and documentation relating to the assessment process, including assessment procedures; governance documentation; materials provided to SIMGs as part of the assessment; and any other data that may assist in understanding how each college undertakes the assessment of SIMGs. Relevant information was also collected from college websites. This information was used to develop a detailed understanding of college processes for SIMG assessment, and the extent to which these processes meet the requirements of the *Good Practice Guidelines*.

Colleges were also requested to provide de-identified file notes for their three most recent completed SIMG assessments (regardless of the assessment outcomes). Where required, the de-identified file notes were reviewed to determine the extent to which each college was keeping full and accurate documentation of each stage of the assessment process, including clearly documenting its decision-making and justification for assessment outcomes. The de-identified file notes were also used to confirm that the college processes were undertaken using the template and requirements specified by the college. These files were not relied upon exclusively and were used primarily as a confirmation tool for the purpose of the review alongside a detailed review of college policies and documentation. The reason for this is that we were only able to review the three most recent sets of files which may not have been extensive enough to provide an accurate representation of the process.

Eleven of the 16 colleges provided sets of de-identified file notes, providing application submissions, completed templates, and email communication with the SIMG throughout the process. Both ACSEP and RACGP had processes, which significantly differed from the requirements outlined in the *Good Practice Guidelines*. As a result, we did not consider it necessary to confirm this reviews findings through a review of the college's de-identified file notes. RANZCP, RANZCOG and RANZCO did not provide copies of de-identified files, however, provided very detailed templates and documents (including templates for emails and letters sent to SIMGs) that provided confidence that the relevant procedures and policies were undertaken in line the college's documented policies. The de-identified file notes provided by ACD did not include information on the interview process (i.e. interview notes, criteria sheets, evidence of questions/discussion) although provided adequate detail on the application and paper-based application.

College documentation and de-identified file notes were reviewed against the assessment framework. Gaps in documentation and areas for clarification were marked for follow-up with colleges.

### **3.1.4 Review of college data submitted to the Medical Board of Australia**

Commencing 1 July 2014, specialist medical colleges report their specialist pathway activity directly to the MBA. Reporting is done annually by calendar year, and summary data are published on the MBA website. For this review, Deloitte Access Economics was provided with a full data set including individual college reports submitted to the MBA.

College data included the number of SIMG applications, assessment outcomes, number of appeals, the countries in which SIMGs obtained their specialist qualifications, and performance against the MBA benchmarks and compliance measures for each college. The data were reviewed for each college to identify any benchmarks or compliance measures that were not being met, and other findings relating to SIMG assessment.

### **3.1.5 Consultations with college representatives**

Consultations were held with representatives from each specialist medical college over June to September 2017. The purpose of the consultations was to gather further information about each college's assessment process and discuss specific questions identified during the documentation and data review stages. Colleges were also

invited to provide feedback on the implementation and usefulness of the *Good Practice Guidelines*, benchmarks and compliance measures.

In advance of the consultations, each college was provided with a briefing paper with background information on the review and indicative questions for discussion (Appendix B).

Where possible, consultations were held with SIMG managers and administrative staff as well as members of assessment committees and college executives. Meetings were conducted in person and via teleconference. In some cases, more than one meeting was held with colleges.

Following the consultation, some colleges were sent a list of specific follow-up questions relating to any remaining gaps in information or areas for further clarification.

### **3.1.6 Confirmation of factual findings**

This stage of the review was designed to ensure that analysis of college performance was based on an accurate and complete factual understanding. Following the consultations, document review and data analysis, each college was invited to provide written confirmation, comment and/or clarification on the review's findings relating to matters of fact in the college's assessment of SIMGs. Colleges were provided with a written overview of their assessment process, along with specific factual findings against each component of the assessment framework. Any clarifications or corrections were incorporated into the review.



### **3.2 Assessment framework for colleges**

Each college was assessed against a standardised assessment framework, which covers all aspects of SIMG assessment under the specialist pathway. The assessment framework includes the specific requirements in the *Good Practice Guidelines*, as well as other topics covered by the review, including:


- college assessment of Australian and New Zealand medical graduates with overseas specialist qualifications
- SIMG's access to college CPD programs
- processes for managing complaints from SIMGs about discrimination, bullying and harassment
- college requirements for Fellowship as part of recommendation for specialist recognition.


The assessment framework is summarised in Table 3.1.



Table 3.1: Summary of assessment framework used to review each college



Assessment category	Good Practice Guidelines requirements and other topics reviewed	Description
<b>Process overview</b>	<ol style="list-style-type: none"> <li>1) Overview of the assessment process at the college</li> <li>2) College assessment of Australian and New Zealand medical graduates with overseas specialist qualifications</li> <li>3) Whether college Fellowship must be obtained as part of being recommended for specialist recognition</li> </ol>	<p>This section provides an overview of the college's process for assessing SIMGs. It also notes whether the same process is used for Australian and Zealand medical graduates with overseas specialist qualifications, and whether the college requires the SIMG to obtain Fellowship with the college as part of the specialist recognition process (noting, this is not a requirement of the MBA).</p> <p>There is no rating associated with this section.</p>
 <b>Committee Structure and Operation</b>	<ol style="list-style-type: none"> <li>4) Establishment of a committee or other similar body to be responsible for the assessment process</li> <li>5) Ensuring that members of the committee have the necessary attributes, knowledge and skills in the assessment of college trainees and understand their college's training requirements and standards</li> <li>6) Committee should include one SIMG who has been through the process and one community member (if possible)</li> <li>7) Documented governance framework for the operation of the committee</li> </ol>	<p>In our assessment of the committee structure and operation, we have assessed colleges as compliant where the college has established a committee or similar body to be responsible for the SIMG assessment process, and has developed Terms of Reference for the committee. It is good practice for the committee to include a fellow who has been through the college SIMG process, and if possible include a community member. If the committee does not include a former SIMG, we have factored this into the overall rating. The presence, or not, of a community member does not affect the rating.</p> <p>To be fully compliant, the college must have a process of assuring committee members have the necessary attributes, knowledge and skills in the assessment of college trainees and understand the training requirements and standards, however this does not need to be documented. The college must also have documented procedures in place for declaring and managing conflicts of interest.</p> <p>Procedural fairness for SIMG applicants must be ensured either through direct reference in the Committee Terms of Reference, a separate policy on procedural fairness, or through the clear documentation of specialist recognition procedures and appeals processes.</p>
 <b>Application and paper-based review</b>	<ol style="list-style-type: none"> <li>8) Interim assessment should include a review of documentary evidence provided by the SIMG</li> </ol>	<p>In our assessment of the college's application and paper-based review process, we assessed colleges as compliant where the college met all the relevant <i>Good Practice Guidelines</i> requirements outlined in items 8 to 14. It was sufficient for</p>




Assessment category	Good Practice Guidelines requirements and other topics reviewed	Description
	<p>9) Clearly documenting and publishing the requirements and procedures for paper-based review</p> <p>10) Requirement for applicant to apply to the AMC to have their medical qualifications verified</p> <p>11) A statement of the documentary evidence that the applicant is required to submit under each pathway, including English language requirements no higher than MBA standards</p> <p>12) A clear statement of the assessment standards and criteria against which applicants will be assessed</p> <p>13) Publishing the information and evidence that the college requires from SIMGs</p> <p>14) Publishing a policy on the requirements for recency of practice</p>	<p>colleges to provide access to their curriculums and outline the focus areas to satisfy a clear statement of the assessment standards and criteria against for assessing applicants. It was important for colleges to publish a recency of practice policy to satisfy the requirement.</p>
 <b>Interview</b>	<p>15) Clearly documenting and publishing the requirements and procedures for interviews</p> <p>16) Trained assessors on the interview panel</p> <p>17) Inclusion of a community member on the interview panel</p> <p>18) Assessors have reviewed the documentation submitted by the SIMG in detail prior to the interview</p> <p>19) Assessors use structured questions based on the SIMG's documentation</p> <p>20) The interview is used to explore in greater detail the SIMG's qualifications, training, experience, recency of practice in the specialty, CPD, and non-technical professional attributes including knowledge of, respect for, and sensitivity to the cultural needs of the community.</p>	<p>In our assessment of the college's interview process, we assessed colleges as compliant where the college met all of the relevant <i>Good Practice Guidelines</i> requirements outlined in items 15 to 24. The rating was reduced where the college did not meet all of the requirements. Including not having a community member on the panel as the Guidelines specify that for the interview it is good practice to have a community member.</p> <p>A number of colleges still ask questions that we considered clinical testing, despite the <i>Good Practice Guidelines</i> clearly stating that it should not be undertaken in the interview. Clinical questions are defined in this report as a question through which the applicant is asked to explain how they would respond, or the actions they would undertake, in a specific medical scenario or hypothetical case study situation. Questions regarding the number of times the applicant has done a particular procedure, or how the applicant would respond to a social scenario rather than a medical case study, were not classified as a clinical question.</p>

Assessment category	Good Practice Guidelines requirements and other topics reviewed	Description
 <b>Interim assessment decision (assessment of comparability)</b>	21) The SIMG is assessed in accordance with the college's published assessment criteria	
	22) Questions that are not relevant to the college assessment criteria are avoided	
	23) The SIMG is given the opportunity to ask questions of the interviewers	
	24) Clinical testing should not be undertaken in the interview	
	25) SIMGs assessed in accordance with the approved definitions for assessment of comparability	In our assessment of the college's interim assessment decision, we assessed colleges as compliant where the college met all the relevant <i>Good Practice Guidelines</i> requirements outlined in items 25 to 30, with the exception of assessing limited scope of practice. College ratings were not affected if the college did not have a documented policy and process for assessing SIMGs in a limited scope of practice, as this is not relevant to all specialities.
	26) Substantially comparable SIMGs may be required to undertake a period of practice under peer review of no more than 12 months (FTE), with a maximum of two years to complete (extensions allowed in exceptional circumstances)	
	27) Partially comparable SIMGs are required to undertake upskilling with associated supervised practice, of up to 24 months (FTE), with a maximum of four years to complete (extensions allowed in exceptional circumstances)	Where there was a substantial difference between the definitions for assessment of comparability set out in the <i>Good Practice Guidelines</i> and what was actually being undertaken, the college rating was reduced substantially in this section. Colleges were expected to publish the maximum timeframes for completion of college requirements as required by the <i>Good Practice Guidelines</i> .
	28) SIMGs who require more than 24 months upskilling are assessed as not comparable	
	29) The interim assessment is used to identify any gaps / deficiencies compared with Australian specialist training	
	30) Colleges have a documented policy and process for assessing SIMGs in a limited scope of practice	

Assessment category	Good Practice Guidelines requirements and other topics reviewed	Description
 <b>College additional requirements and final assessment</b>	<p>31) Clearly documenting and publishing the requirements and procedures for supervision and examinations</p> <p>32) Substantially comparable SIMGs should not be required to undertake formal exams</p> <p>33) Specified clinical experience and assessment required of SIMGs should be no more than that required of Australian trainees completing their training</p> <p>34) Documenting a process for monitoring SIMGs during peer review, supervised practice, and assessment or formal examination</p> <p>35) Documenting the mechanisms that will be used to determine whether a SIMG is satisfactorily fulfilling college requirements</p> <p>36) Guidelines that define the roles and responsibilities of supervisors, peer reviewers and SIMGs; processes for addressing issues during supervision / peer review; the appropriate level of supervision; and requirements for remote supervision.</p> <p>37) SIMG's access to college CPD program</p> <p>38) Providing advice to SIMGs who do not meet college requirements to contact AHPRA for further guidance</p>	<p>In our assessment of the college additional requirements and final assessment process, we assessed colleges as compliant where the college clearly documents and publishes the requirements and procedures for supervision and examinations, has a process for monitoring SIMGs during peer review, supervised practice, and assessment or formal examination, and documents the mechanisms that will be used to determine whether a SIMG is satisfactorily fulfilling college requirements.</p> <p>Colleges are also complaint where the college does not require substantially comparable SIMGs to undertake exams and does not require more or a higher level or training or assessment of SIMGs than of Australian trainees. If SIMGs are required to complete CPD, they must have access to this. The college must have guidelines that define the roles and responsibilities of supervisors, peer reviewers and SIMGs; processes for addressing issues during supervision / peer review; the appropriate level of supervision; and requirements for remote supervision.</p>
 <b>Area of need assessment</b>	<p>39) A clear process for assessment in the area of need pathway</p>	<p>In our assessment of the college area of need assessment process, colleges were compliant if the college had a clear process for undertaking the area of need assessment. The <i>Good Practice Guidelines</i> state that colleges may choose to assess SIMGs at the same time as the specialist recognition assessment. Therefore, we assessed colleges as compliant with the Guidelines, in cases where the college requires applicants to apply concurrently for specialist recognition. The colleges are also compliant with the Guidelines when applicants are required to be assessed as substantially comparable in order to be approved to work in an</p>







Assessment category	Good Practice Guidelines requirements and other topics reviewed	Description
		area of need position. Colleges were assessed as not complying with the Guidelines, if the college did not have an area of need process.
 <b>Communication</b>	<p>40) Clearly documenting and publishing the requirements and procedures for assessment in the specialist recognition and area of need pathways</p> <p>41) Informing the SIMG of the interim assessment outcome and additional requirements, and uploading its decision via the AMC secure portal using Report 1</p> <p>42) Informing the SIMG of the final assessment outcome, and uploading its decision via the AMC secure portal using Report 2</p> <p>43) Notifying the MBA of any information received for the purposes of the interim assessment that raises concerns about a SIMG's suitability for registration</p>	<p>In our assessment of communication, we assessed colleges as compliant where the college clearly publishes the requirements for SIMGs to complete the specialist pathway on their websites, and the college communicates their decisions for Report 1 and Report 2 using the AMC secure portal.</p> <p>In relation to notifying the MBA of any information received during the interim assessment that raises concerns about the SIMG's suitability for registration, a number of colleges had not experienced this and as a result did not have a formal process in place. In these cases we noted that the college did not have a formal process in place, but we did not lower their compliance rating as the <i>Good Practice Guidelines</i> require notification in the event this occurs and do not specify that the colleges have a documented process.</p>
 <b>Governance and appeals processes</b>	<p>44) Clearly documenting and publishing the requirements and procedures for appeals</p> <p>45) A process for monitoring an application to ensure it progresses in a timely manner</p> <p>46) Keeping full and accurate documentation of each stage of the assessment process</p> <p>47) If a college deviates from the published procedures, they must document the reasons as part of their justification for the deviation</p> <p>48) Only considering evidence that is relevant and has been provided for the purposes of assessment. Procedural fairness must be followed in the case of publically provided / externally available information.</p>	<p>In our assessment of governance and appeals process, we assessed colleges as compliant where the college has documented policies for reconsideration, review and appeal and for discrimination, bullying and harassment. Colleges also needed to explain their policy for re-assessment of comparability.</p> <p>Colleges needed to have a process to monitoring applications and record keeping, in some cases this was a manual process, which we considered appropriate where the number of applications was low.</p> <p>Colleges are required to document any deviations from published processes, and allow SIMGs a chance to respond to any information the college receives from other sources. In these cases we noted where the college did not have a formal process in place, but we did not lower their compliance rating as the <i>Good Practice Guidelines</i> require colleges document deviations and give the applicant</p>

Assessment category	Good Practice Guidelines requirements and other topics reviewed	Description
	<p>49) Documented policy and process for SIMGs to apply for re-assessment of comparability</p> <p>50) A process for managing complaints from SIMGs about discrimination, bullying and harassment</p>	the chance to respond but do not specify that the colleges have a documented process for these.
 <b>Fees</b>	<p>51) Clear documentation of all fees that SIMGs may incur to complete the assessment process</p> <p>52) Fees may be charged for the initial review of application documentation; the interview; formal assessments; further college requirements; and reconsideration, review and appeals of outcomes</p>	In our assessment of fees, we have assessed colleges as compliant where the college clearly publishes all fees an SIMG may incur for the specialist pathway on a single webpage. This is to ensure that SIMGs have a clear understanding of the total cost to complete the specialist pathway upfront, including assessment fees that may also apply to other trainees. The fees for reconsideration, review and appeal must also be published on the college website, but may be published on a separate webpage. While these fees may be incurred by an SIMG, they do not form part of the standard assessment process.

The college chapters in this report provide analysis of each college's performance against each aspect of the assessment framework. This includes a description of the key features of the college's assessment process and analysis of how the college is meeting the specific requirements in the *Good Practice Guidelines* and other topics covered by the review. Where appropriate, the analysis includes actions that should be taken by the college to improve their level of compliance.

Colleges were also given an overall finding for each aspect of the assessment process, including a summary of the college's performance and a Harvey Ball rating to illustrate the level of compliance (Table 3.2).

Table 3.2: College rating scale

	The college complies with the <i>Good Practice Guidelines</i>
	The college substantially complies with the <i>Good Practice Guidelines</i> , with some minor deviations
	The college partially complies with the <i>Good Practice Guidelines</i> , however there are material deviations with respect to some requirements in the guidelines
	The college somewhat complies with the <i>Good Practice Guidelines</i> , however there are significant deviations with respect to key requirements in the guidelines
	The college's processes are significantly different from the <i>Good Practice Guidelines</i> , or the college does not comply with the <i>Good Practice Guidelines</i>
	The requirement is not applicable to the college

### 3.3 Submissions from SIMGs and employers

In June 2017, Deloitte Access Economics invited written submissions from SIMGs and employers of SIMGs stakeholders. The purpose of the written submissions was to collect information on the effectiveness of the assessment process from the perspective of SIMGs, to explore whether the assessment process is meeting medical workforce needs, and identify any concerns with the current process. The closing date for submissions was Friday, 15 September 2017.

#### 3.3.1 SIMG submissions

In May 2017, the MBA published an article in its newsletter to announce that Deloitte Access Economics was undertaking a review of specialist medical college IMG assessment.<sup>2</sup> To seek input from SIMGs, in June 2017 AHPRA invited a randomly selected sample of 692 doctors who had undertaken SIMG assessment and were successful in obtaining registration to participate. This comprised approximately 50% of SIMGs who hold current specialist, limited or provisional registration. Subsequently, in August 2017, the MBA published another article in its newsletter inviting interested persons to contact Deloitte Access Economics to provide written submissions to the review.<sup>3</sup> Specialist medical colleges were also asked to contact unsuccessful SIMGs to invite them to participate in the review.<sup>4</sup>

SIMGs contacted for the review were sent a discussion paper, which introduced the review, and included suggested topics for comment (see Appendix C). SIMGs were invited to provide comment on various aspects of the assessment process, including:

- accessibility of information about SIMG assessment;
- experiences of peer review, supervised practice, assessment and examinations required by colleges;
- reasonableness of fees;

<sup>2</sup> <http://www.medicalboard.gov.au/News/Newsletters/May-2017.aspx>

<sup>3</sup> <http://www.medicalboard.gov.au/News/Newsletters/August-2017.aspx>

<sup>4</sup> Deloitte Access Economics requested the assistance of the specialist medical colleges in contacting unsuccessful SIMGs. Some colleges declined to contact unsuccessful SIMGs due to ongoing appeals processes and other reasons.

- experiences of appeals process;
- any issues encountered during the assessment process;
- the extent to which the assessment process was perceived to be fair, transparent and efficient; and
- any other relevant aspects that SIMGs wished to comment on.

All SIMG submissions were treated confidentially and were not shared with the specialist medical college, AHPRA or the MBA. The submissions will not be made publically available. Feedback from submissions was collected and presented in an aggregated format to ensure that no person could be individually identified. The major themes identified in the submissions are outlined in Chapter 18.

### **3.3.2 Employers of SIMGs**

In addition to SIMGs, feedback was also sought from organisations that employ SIMGs. In June 2017, AHPRA wrote to State and Territory Departments of Health and employers, including hospitals, with an invitation to make a written submission to the review. Employers were sent a discussion paper, introducing the review and outlining suggested topics for comment, including:

- employers' experiences with employing SIMGs, including how the professional attributes, knowledge and clinical skills of SIMGs compare to Australian trained specialists in the same field of practice;
- any perceived variation in the quality of SIMG cohorts, including by speciality or country of medical qualification;
- employers' experiences in providing peer review, supervised practice, and workplace based assessments;
- the extent to which the current system for SIMG assessment is meeting organisational workforce needs; and
- any other relevant aspects that employers wished to comment on.

The discussion paper is included in Appendix D. Some employers of SIMGs (including private sector employers) contacted Deloitte Access Economics following the announcement of the review in the MBA's newsletters. These organisations were also invited to provide written comment.

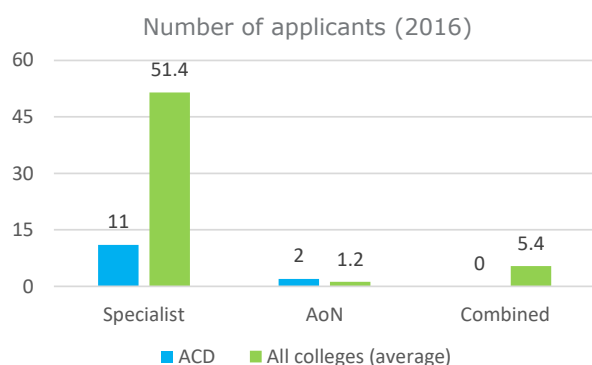
### **3.4 Other consultations**

We also conducted consultations with the AMC, representatives from each of the State and Territory Medical Boards, AHPRA registration staff, members of the Health Workforce Principal Committee and the Australian Medical Association, and staff working on the Accreditation Systems Review.

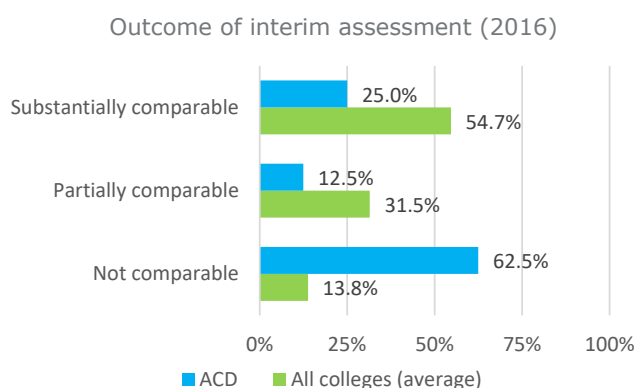
## 4 Australasian College of Dermatologists

### Overview of college assessment process

The Australasian College of Dermatologists' (ACD) assessment process and guidelines for SIMG applicants are outlined in the college's *International Medical Graduates Specialist Recognition Assessment Policy*, which came into effect in 2017.



Source: MBA data, 2017.



Source: MBA data, 2017. "Not comparable" includes SIMGs who were found to be not comparable at the paper-based assessment.

### Compliance with the *Good Practice Guidelines*

Committee structure and operation	Application and paper-based review	Interview	Interim assessment decision	College additional requirements and final assessment	Area of need assessment	Communication	Governance and appeals processes	Fees

In order to fully comply with the *Good Practice Guidelines*, we recommend that ACD: clarifies that applicants need to have applied for primary source verification, but do not need to have received verification to apply for specialist recognition; does not ask clinical questions in the interview; uses the same assessment process for all SIMGs; directs unsuccessful applicants to AHPRA rather than the AMC; changes the area of need policy to allow SIMGs on the area of need pathway or in an area of need position to apply for specialist recognition; clearly displays in one location on its website, an estimate of the total fee that a SIMG is likely to incur to complete the requirements for the specialist pathway.

### Performance against benchmarks

Time to first available interview	Time from interview to interim assessment decision	Time for specialist recognition interim assessment decision	Time for area of need assessment	Time for final assessment decision
100.0%	100.0%	100.0%	50.0%	100.0%

In 2016, one application for the area of need assessment at ACD fell outside the benchmark. ACD conducts interviews every three months, and the timing of the application meant the application could not be processed within two months. Due to low number of area of need applications, it is not practical to reschedule interviews.

### Performance against compliance measures

Period of peer review	Period of supervision	Timeframe to complete requirements for substantially comparable SIMGs	Timeframe to complete requirements for partially comparable SIMGs	Formal examinations for substantially comparable IMGs
100.0%	100.0%	100.0%	100.0%	100.0%



## Overview

The ACD SIMG assessment process evaluates the training, qualifications and experience of the SIMGs for comparability with an Australian trained specialist. Prior to an SIMG's application to ACD, applicants must apply to the AMC for verification of their qualifications. Once the AMC has verified the qualifications, the applicant should complete the pre-application questionnaire on the college website. The college will assess this questionnaire within five working days to determine eligibility to apply for specialist recognition. If the SIMG is eligible, the college will contact the applicant and provide information on the application process. The applications are then checked within two weeks to confirm all documentation is provided. The IMG Committee will then assess the documentation provided as an "initial assessment".

Following this assessment, applicants who are deemed suitable for interview are invited to a structured face-to-face or videoconference interview to be conducted by the college. The interview is held by members of the IMG Assessment Committee. The IMG Assessment Committee includes the Chair who is also a member of the Professional Standards Committee, and a member of the National Examinations Committee, an overseas trained fellow who has undergone the college assessment process and a member of the community.

Following the interview, applicants are assessed as not comparable, partially comparable or substantially comparable. If found to be substantially comparable, the applicant is recommended for specialist recognition as a dermatologist in Australia, without the need to undergo practice under peer review. Partially comparable applicants are required to undertake six, 12 months or a maximum of two years further training and/or assessment under supervision.

For area of need applications, the level of experience of the SIMG is assessed against a specified set of criteria derived from the requirements stated in the position description for the area of need position.

Applicants are not required to obtain Fellowship in order to be recommended for specialist recognition. The college's *IMG Specialist Recognition Assessment Policy* states that applicants are recommended for specialist recognition as a dermatologist in Australia, and that the applicant is then invited for Fellowship of the college. SIMGs must then advise the college in writing that they wish to be considered for Fellowship.

The *IMG Specialist Recognition Assessment Policy* applies to applicants whose dermatology training was undertaken in a country other than Australia, this includes applicants who completed their primary medical qualification in Australia or New Zealand.



### 4.1 Committee structure and operation

#### Overall finding



*ACD complies with the Good Practice Guidelines in relation to the committee structure and operation.*

#### Key features of process

ACD has established an IMG Committee and an IMG Assessment Committee to conduct assessments of applications from SIMGs who wish to work in Australia as dermatologists.

The IMG Committee's role is to undertake the paper based assessment. The IMG Assessment Committee reports to the National Education Committee.

The responsibilities of the IMG Assessment Committee are stated in the Terms of Reference (1). The responsibilities are to:

- provide detailed information to applicants regarding the college's requirements;
- develop, implement and evaluate a process to accept and assess SIMG applications;
- conduct fair, valid, reliable and timely assessments of applicant SIMGs, initial assessment and those requiring interview;
- monitor and review SIMG progress;
- develop, implement and evaluate outcomes of training programs devised to up skill SIMGs;
- identify Fellows to assist and mentor SIMGs commencing training or practice in Australia and provide profession developed for their role; and

- expand opportunities for up skilling SIMGs and advocate with jurisdictions for funding.

The IMG Assessment Committee may comprise (2, 3):

- a Chair who is a fellow of the college and sits on the Academic Standards and Professional Standards Committee;
- a representative of the National Examinations Committee as nominated by the Chief Examiner;
- a college fellow with a minimum of ten years standing;
- an overseas trained fellow who has undergone the college's assessment process;
- a college fellow; and
- a representative of the public interest.

The *IMG Assessment Committee Interview Procedures and Protocols* states that members on the interview panel sign a conflict of interest declaration (4).

## Analysis

As per the *Good Practice Guidelines*, ACD has established a Committee for the SIMG assessment process. The Committee is part of the college's formal Committee structure, and membership of the Committee includes both a community member and a fellow who has been through SIMG assessment process.

The membership of the committee and the requirements of members cover the experience and knowledge required for the assessment of college trainees and the ACD training requirements. There had been some minor changes to the composition of the IMG Assessment Committee, which were not reflected in the Assessment Policy. For example, the committee that the Chair sits on had changed.

In accordance with the *Good Practice Guidelines*, the ACD IMG Assessment Committee includes a community member or 'representative of the public interest'.

The *Good Practice Guidelines* require a documented governance framework for the operation of the committee. ACD has a *Terms of Reference* document for the IMG Assessment Committee.

ACD complies with the *Good Practice Guidelines* on governance frameworks. Committee members must sign a conflict of interest policy declaration. While there is no specific policy on procedural fairness, this is provided through the detailed process for assessment specified in the *IMG Specialist Recognition Assessment Policy*, and through the avenues for review, reconsideration and appeal.



## 4.2 Application and paper-based review

### Overall finding



*ACD substantially complies with the Good Practice Guidelines in relation to the application and paper-based review. The college should revise its IMG Specialist Recognition Assessment Policy to clarify that applicants need to have applied for primary source verification, but not need to have received verification to apply for specialist recognition.*

*As part of the de-identified file review, we confirmed that, for the files shown, the paper-based review was undertaken using the template and requirements specified by the college.*

### Key features of process

The ACD assessment process includes an initial paper-based assessment of the SIMG's application. Applicants are required to apply to the AMC for verification of their qualifications and this is communicated as part of the *IMG Specialist Recognition Assessment Policy* (2). This is also published on the ACD website.

The college requires applicants to have their qualifications verified by the AMC prior to completing a pre-application questionnaire, which is available on their website (5). The college assesses the questionnaire within five working days to determine eligibility to apply for specialist assessment. The questionnaire is designed to confirm the

applicants details, what the applicant is applying for, and confirm the following statements (6):

- I have been awarded my primary medical qualification from a training institution listed in the International Medical Dictionary on the FAIMER website (currently the World Dictionary of Medical Schools website).
- I have satisfied all the training and examination requirements to practice in my field of specialty in my country of training.
- I understand that if I am eligible for assessment I will be invoiced \$300 before I am invited to apply for assessment.

SIMG applicants who are subsequently eligible to submit a specialist recognition application based on the questionnaire, are contacted by the college and provided with the application form and further detail on the process. Applicants who have gained their specialist dermatology qualification through RACP do not need to apply for verification of their qualifications with the AMC (8). The *ACD Specialist Recognition Application Checklist* provides applicants with a list of all evidence that is required to be submitted as part of the application (7).

Applicants are also required to comply with the MBA English Language Skills registration standard. The college currently accepts the IELTS, OET, PTE Academic, TOEFL iBT, NZREX and PLAB tests (5). These English language requirements are not higher than that required by the MBA's English language skills registration standard. The college may grant an exemption to the English language requirements based on certain conditions (7).

Applications are then checked by the college within two weeks to ensure all documentation is provided (2). ACD contacts the applicant by email if missing or further information is required. After all the required documents have been provided and fees are received, the IMG Committee processes the application to assess whether the applicant is eligible for an interview assessment.

Applicants are assessed on their duration and quality of training, scope of clinical experience, type of formal assessment including specialist examinations in dermatology, recency of practice, relevant professional skills and attributes (2). Applicants are informed about this assessment as a part of the *IMG Specialist Recognition Assessment Policy* (2). The college uses these factors to determine an applicant's comparability with the expected standards of ACD Fellows which is then compared to the *College Training Program Curriculum*, which can be found on the website (2, 10).

The college has a separate *Recency of Practice Policy* which is also applied to SIMGs (11). As a part of the de-identified file review, it was confirmed that the paper based assessment was undertaken using the templates and requirements specified by the college (3).

## Analysis

ACD provides a clear description of the application process for SIMGs through the website, policy and application form. The website provides details on each of the elements required by the *Good Practice Guidelines* – recency of practice, English language requirements and primary source verification, a description of the eligibility criteria against which applicants will be assessed and required documentation. The English language requirements are not higher than that required by the MBA's English language skills registration standard.

The college requires applicants to have their qualifications verified by the AMC prior to completing a pre-application questionnaire and then submitting an application. This is in contrast to the *Good Practice Guidelines* which just requires applicants to have applied for Primary Source Verification.

A copy of the questionnaire was received for the purposes of this review, however at the time of writing this report it was not possible to access the questionnaire online due to a website error.



### 4.3 Interview

#### Overall finding



*ACD substantially complies with the Good Practice Guidelines in relation to the interview. In order to comply with the guidelines, the college should not ask clinical questions in the interview.*

#### Key features of process

After the IMG Committee has assessed the documentation and the applicant is eligible, the IMG Assessment Committee will conduct a face-to-face or videoconference interview (2).

The interview is used primarily to explore in detail the SIMG's qualifications, training, and experience, as well as to assess the applicant's professional qualities (13).

The interview is conducted by the IMG Assessment Committee. The committee members are required to assess the documentation provided in the application by the SIMG prior to the interview. This is clearly stated in the *Interim Assessment Checklists* provided by the college for the purpose of this review (12).

All existing members with the exception of the Examinations Committee member have attended an interview training course prior to conducting the interviews (3). Any new members will be offered similar training. The Examinations Committee member changes annually, and the new member receives a hand over from the previous examinations member prior to commencing in the new role (3). The IMG Assessment Committee includes a community member or 'representative of the public interest' which is consistent with the ACD policy (2).

Assessors use structured interview questions, and are required to note down additional questions they have for the applicant regarding their training content in the *Interview Summary Sheet* (13). Applicants are invited to ask any questions or make any comments as part of the last question in the *Interview Summary Sheet* (13).

ACD has clinical scenario questions as a component of the interview (13). It was noted by the college that ACD had asked for feedback from the MBA about the guidelines on clinical testing and whether the clinical scenario questions in the ACD interview are acceptable (3). The college's reasoning behind clinical scenarios is that they are a useful way to assess an applicant's knowledge and understanding, where this may be difficult on paper (3).

#### Analysis

As part of the review, ACD provided de-identified *IMG Interim Assessment Checklists* which showed that the assessors reviewed the documentation submitted by the SIMG in detail prior to the interview (12).

ACD meets the majority of requirements outlined in the *Good Practice Guidelines* in relation to interviews. This includes having trained assessors; reviewing SIMG documentation in advance; using relevant and structured questions; giving SIMGs the opportunity to ask questions; and including a community representative on the interview panel. In some file review notes, questions were asked about managing other cultures (12).

ACD does have a clinical scenario section in the interview, which we consider does not comply with the *Good Practice Guidelines*.



#### 4.4 Interim assessment decision (assessment of comparability)

##### Overall finding



*ACD substantially complies with the Good Practice Guidelines in relation to the interim assessment decision. The same process should be used to assess all SIMGs. The colleges should not have a separate process for pre-eminent specialist.*

##### Key features of process

Based on the paper-based application and interview, applicants are assessed as either not comparable, partially comparable or substantially comparable, in line with the *Good Practice Guidelines* (2). Assessment of comparability is made with the *College Training Program Curriculum*, which is available on the website (10). ACD provided the *Interim Assessment Check List* completed for a range of applicants as part of this review (12). This showed evidence of a review of documentary evidence provided by the SIMG, consideration of the SIMG's scope of practice, and identification of any gaps or deficiencies compared with Australian specialist training.

Applicants are assessed as not comparable, partially comparable or substantially comparable (2).

- Not comparable: Applicant is assessed as being unable to achieve substantial comparability within a maximum period of two years full-time training. Assessment process complete. Applicants may choose to apply for a position in the full training program through the college selection process as documented on the website.
- Partially comparable: Applicants are assessed as requiring six, twelve months or a maximum of two years further training and/or assessment. The period of additional training and nature of the assessments will be determined by the IMG Assessment Committee on a case-by-case basis. Applicants are placed in an accredited training position as per the college's accreditation standards. The availability of these positions is dependent on government and local funding. The further training and/or assessment (upskilling) partially comparable applicants are required to do is done under supervision.
- Substantially comparable: The applicant is recommended for specialist recognition as a dermatologist in Australia and not required to complete any peer review. The applicant is then invited for Fellowship of the College and must advise in writing that they wish to be considered for Fellowship. Their election to Fellowship will be determined at the next scheduled Board of Directors' meeting.

For partially comparable applicants, consistent with the MBA guidelines, the college requires all training and examinations to be completed and satisfactory within a maximum of four years of the SIMG commencing training (2).

The website provides a table with the assessment outcomes of over a hundred applications received by ACD over the last nine years (8).

ACD does not have a policy for assessing SIMGs who are practising to a similar standard as an Australian trained specialist practising in a limited scope of practice within a specialty or field of specialty practice. However, there is a pathway for 'pre-eminent' people who come for a very specific purpose. This has only occurred once, and would go through a different committee (3).

##### Analysis

ACD undertakes interim assessments in line with the MBA's approved definitions for comparability for partially and substantially comparable SIMGs, including the period of time under supervision. ACD website communicates the assessment outcomes of over a hundred applications received by ACD over the last nine years which allows applicants to get an idea of their comparability.

As per the *Good Practice Guidelines*, the interim assessment is used to identify the SIMG's gaps and deficiencies compared with Australian specialist training (2).

ACD has a separate process for assessing pre-eminent specialists. The MBA expects colleges to comply with the *Good Practice Guidelines* in assessing all SIMGs, including very experienced specialists.



## 4.5 College additional requirements and final assessment

### Overall finding



*ACD substantially complies with the Good Practice Guidelines in relation to college additional requirements and final assessment. To fully meet the Guidelines, ACD should direct unsuccessful applicants to AHPRA rather than the AMC.*

### Key features of process

Partially comparable applicants are required to undertake six, twelve or a maximum of two years further training and/or assessment. The policy states that applicants assessed in this category may apply for a college advertised SIMG upskilling position. These positions are limited and it is noted that there is no guarantee of placement. Once accepted into the upskilling position, the applicant will be placed into an accredited training position within the ACD Training Program in order to complete additional training (2). The college has some training positions in remote locations, however supervision is never done remotely (3).

Partially comparable SIMGs may be required to undertake training and/or assessment. The period of additional training and the nature of the assessments are determined by the IMG Assessment Committee on a case-by-case basis but may include examinations. Substantially comparable SIMGs are not required to undergo any further steps, including peer review or exams.

For partially comparable SIMGs, the training and/or assessment is no more than that required of Australian trainees completing their training, however the specific requirements are decided on a case by case basis. The policy and webpage make reference to the curriculum for Australian trainees completing their training (2, 8).

SIMGs must demonstrate in their application that they have and are continuing to participate in CPD activities as this forms part of the assessment. CPD is not a requirement for the ACD SIMG assessment process however SIMGs have access to all educational opportunities that are currently offered to Australian trainees, including preparing for the Fellowship Examination, an SIMG e-Group and specific SIMG webinars and orientation modules, SIMG specific mentors, supervisors who have been offered additional training and support in working with SIMGs. SIMGs waiting on accredited training positions have access to a limited number of educational resources (2).

The college records progress of partially comparable SIMGs via the Trainee Online Portfolio. Trainees submit their ongoing assessments (signed off by supervisors) to this portal. This is signed off by Head of Department and Director of Training at the end of each year. A review meeting via teleconference with the Accreditation Committee, Head of Department, Supervisor of Training and the SIMG is conducted at three months, to determine how the SIMG and the position is going. This is completed at three months to enable all concerned to rectify any issues early on. SIMGs must submit monthly logs to college of their patients/clinics to determine that they are undertaking the appropriate training requirements (3).

Partially comparable applicants who do not meet college requirements are advised to contact AHPRA and the AMC for further guidance. ACD also has a policy for trainees and SIMGs who have satisfied the pre-Fellowship examination requirements but have failed to achieve a pass in their final Fellowship examination (14).

ACD has a mentoring program for SIMGs and supervisors of SIMGs (16). If any issues arise during supervision, the college has policies relating to unsatisfactory performance, variation of training, special consideration, religious observance and reasonable adjustment (17, 18, 19, 20, 21).

Applicants who are assessed as not comparable are advised to refer to the AMC for further guidance on the Standard Pathway eligibility and process (15).

### Analysis

As per the *Good Practice Guidelines*, ACD has clearly documented and published the requirements and procedures for procedures, including processes for monitoring performance and addressing any issues that may arise.



ACD meets other requirements in the *Good Practice Guidelines* including not requiring substantially comparable SIMGs to sit formal written examinations; aligning SIMG clinical experience and assessment requirements to what is required of Australian trainees; documenting the process for monitoring SIMGs; and providing appropriate advice to SIMGs who do not meet college requirements. ACD also informs SIMGs about the college's requirement for prospective approval of supervisors and positions, as applicants are to apply for a college advertised SIMG upskilling position. The college has a range of policies for issues which may arise during the period of supervision. SIMGs have access to all educational opportunities that are currently offered to Australian trainees.

While the college has some training positions in remote locations, supervision is never done remotely (3).

Unsuccessful applicants are advised to contact the AMC, rather than AHPRA as is required in the *Good Practice Guidelines*.



#### 4.6 Area of need assessment

##### Overall finding



*ACD partially complies with the Good Practice Guidelines in relation to area of need assessment. To fully meet the Guidelines, ACD should change the area of need policy to allow SIMGs on the area of need pathway or in an area of need position to apply for specialist recognition assessment.*

##### Key features of process

The ACD *Area of Need Assessment Policy* defines the eligibility, standards and process for assessing the eligibility of SIMGs who have gained their specialist dermatological qualification in a country other than Australia to fulfil the requirements of an area of need position by comparing against the applicant against the expected standards of the specific position (22).

The pre-assessment application and assessment process are the same as the process for specialist recognition, where applicants are required to apply to the AMC for verification of their qualifications and complete the online questionnaire. The questionnaire is assessed within five days to determine eligibility to apply for area of need. Eligible SIMGs are given the application form and information in relation to the process. After the application is processed the IMG Committee will conduct a face-to-face or videoconference interview, if the SIMG is deemed eligible.

Applicants are assessed on their duration and quality of training, scope of clinical experience, type of formal assessment including specialist examinations in dermatology, recency of practice, relevant professional skills and attributes. These determine their suitability to work in the area of need position (22).

The level of experience of the SIMG is assessed against a specified set of criteria derived from the requirements stated in the position description for the area of need position.

Assessment outcomes may be 'not suitable' if the applicant is assessed as being not suitable to practise in the area of need position applied for, or 'suitable', if the applicant is assessed as being suitable to practise in the area of need position applied for, within the confines of the position description (22).

The assessment by the college of an SIMG is valid for a period of five years from the date of completion of assessment. If an SIMG has not commenced employment in the area of need position by this date, re-assessment will be required (22).

Specialist assessment is not part of the area of need assessment and applicants who wish to be assessed for specialist recognition are required to apply to the college with the relevant documentation after completion of the area of need position (22).

##### Analysis

The *Good Practice Guidelines* require that colleges have a process for assessing applicants for an area of need. ACD has a published process for area of need

assessment. ACD assesses SIMGs against their suitability to practise in the area of need position applied for.

Applicants are not able to apply for a combined area of need and specialist assessment. Instead, applicants who wish to be assessed for specialist recognition are required to apply to the college with the relevant documentation after completion of the area of need position. The *Good Practice Guidelines* require applicants on the area of need pathway to also be eligible to apply for specialist recognition.



## 4.7 Communication

### Overall finding



*ACD complies with the Good Practice Guidelines in relation to communication with the MBA and AHPRA, and SIMGs.*

### Key features of process

The ACD website has a detailed flow-chart that sets out each step for the specialist pathway and includes further details on each stage on a separate webpage (8). The application process is also set out in the *IMG Specialist Recognition Assessment Policy* (2). Applicants are also provided with a checklist of the requirements for specialist recognition and area of need (12). If an applicant is invited for an information they are provided with detailed information on the format and purpose of the interview in advance (13).

The Policy states that SIMGs will receive notification of the assessment outcome via the "Assessment of International Medical Graduates Report" (Report 1), which is sent to the SIMG with a college cover letter. Report 1 is also uploaded to the AMC secure portal. The assessment outcome will include specific training and/or assessment requirements for those applicants who have been assessed as partially comparable (2). Upon successful completion of the training the IMG is recommended for specialist recognition to the MBA using Report 2. Substantially comparable applicants are recommended for specialist recognition without any additional requirements.

The *Good Practice Guidelines* require the college to notify the MBA about any information received by the college during the assessment process that raises concerns about a SIMG's suitability for registration. This has never occurred at ACD, and as a result there is no formal process currently in place (3).

### Analysis

The ACD website provides significant amounts of information to SIMGs on the SIMG assessment process, including a flowchart of each stage in the process.

The college meets other aspects of the *Good Practice Guidelines* relating to communication, including informing the SIMG of the interim assessment outcome and additional requirements, and uploading its decisions using Reports 1 and 2 (referred to in the policy as the "Assessment of International Medical Graduates Report").

ACD has not had a situation where there has been information received during the assessment process that has raised concerns.



## 4.8 Governance and appeals processes

### Overall finding



*ACD complies with the Good Practice Guidelines in relation to governance and appeals processes.*

### Key features of process

The ACD has a general *Reconsideration, Review and Appeals policy* which covers SIMGs and which is referenced to in both the *IMG Specialist Recognition Assessment Policy* and *International Medical Graduates Area of Need Assessment Policy* (2, 22, 23). In 2016, two SIMGs applied for review or reconsideration. The outcome of the interim assessment for both was not comparable. For one SIMG the interim



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assessment decision was upheld, while the review process was still ongoing for the other (26).

The college has a manual process for monitoring applications. A designated staff member monitors the applications and sets clear due dates. Interview dates are also set well in advance (3).

The college follows the same process for each application, however if any deviations were to occur these would be noted in the minutes of the meeting or interview, or in the SIMG's file.

As part of this review, a de-identified *IMG Interim Assessment checklist* was viewed, which provides a record of the interim assessment decision. In addition, the interview with the applicant is recorded, which includes the decision making process (3).

The college has not previously been provided any external information about an applicant and does not have a documented process or policy on this. However, the college confirmed that the applicant would be given an opportunity to respond should this occur (3).

SIMGs who were assessed as not comparable may apply for reassessment provided three years have passed since the original assessment and they can demonstrate that they have undertaken further training and qualifications to improve their knowledge and skills (2).

SIMGs who were assessed as partially comparable but do not complete the college requirements for upskilling may apply for reassessment provided three years have passed since they ceased the upskilling period and they can demonstrate that they have undertaken further training and qualifications to improve their knowledge and skills (2).

SIMGs who were assessed as partially comparable and were dismissed from the training program may apply for reassessment provided three years have passed since the date they left the training program and they can demonstrate that they have remediated the issues which led to their dismissal prior to their full application being assessed (2).

ACD has an *Anti-Bullying / Discrimination / Harassment Policy* and an *Anti-Bullying / Discrimination / Harassment Procedure* which applies also to SIMGs (24, 25). Fellows and trainees also have access to the Employee Assist Program.

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## Analysis

ACD has formally documented procedures and templates for most aspects of the SIMG assessment as required by the *Good Practice Guidelines*. As required by the *Good Practice Guidelines*, ACD has published the requirements and procedures for its appeals process. Further, ACD has in place mechanisms for lodging and managing complaints about discrimination, bullying and harassment.

ACD also meets other aspects of the *Good Practice Guidelines* in relation to governance and appeals. This includes the college having a process for monitoring applications; documenting deviations from published procedures; documenting each stage of the assessment process; documenting re-assessment processes; and following procedural fairness in the case of publically available or externally provided information. The process for handling third party information is not documented, however college feedback indicates that they would give the applicant a chance to respond, should this occur.

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## 4.9 Fees

### Overall finding



*ACD substantially complies with the Good Practice Guidelines in relation to fees. All fees are listed on the website. However, the college should clearly display in one location on its website, an estimate of the total fee that a SIMG is likely to incur to complete the requirements for the specialist pathway.*

### Key features of process

The list of fees specific to OTS assessment is published on the ACD website (27). Fees cover aspects of the assessment process and are the same for specialist recognition and area of need. The current fees are:

- Pre-assessment fee (\$300)
- Interim assessment fee (\$4,700)
- Interview fee (\$2,500)

The college also has a training fee schedule (28), which includes fees specific to SIMGs:

- Training program fee, IMG trainees in 24 month program (\$5,363)
- Training program fee, IMG Up-Skilling (FTE fee) (\$5,363)

It was noted by the college that the fees are set to achieve cost recovery.

Fees for appeals are published separately, in the *Reconsideration, Review and Appeals* governing policy. There is no fee for reconsideration or review of a decision. The fee for the appeals process is \$5,000. In the event that an appeal is upheld the College will refund the fee to the appellant (29).

### Analysis

In line with the *Good Practice Guidelines*, ACD documents the fees involved in the assessment process and only charges fees for the allowed activities.

The fees for the assessment process can be easily found in the section that explains the process for OTS who want to practise dermatology in Australia. However, the ACD webpage covering fees for assessment for SIMGs only covers the pre-assessment fee, interim assessment fee and interview fee (26). It does not list the fees required to complete the additional requirements following the interim assessment decision. It may not be clear to applicants that they will also be required to pay additional training fees should they be assessed as partially comparable.

## 4.10 Medical Board of Australia benchmarks and compliance measures

Table 4.1: Medical Board of Australia benchmarks

Benchmark <i>all data is for 2016</i>	Description	Comments															
<p><b>Time to first available interview</b></p> <table border="1"> <thead> <tr> <th>Time Interval</th> <th>All colleges (average)</th> <th>ACD</th> </tr> </thead> <tbody> <tr> <td>&gt;9 months</td> <td>0.8%</td> <td>0.0%</td> </tr> <tr> <td>&gt;6-9 months</td> <td>0.8%</td> <td>0.0%</td> </tr> <tr> <td>&gt;3-6 months</td> <td>16.2%</td> <td>0.0%</td> </tr> <tr> <td>0-3 months</td> <td>82.1%</td> <td>100.0%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ ACD</p>	Time Interval	All colleges (average)	ACD	>9 months	0.8%	0.0%	>6-9 months	0.8%	0.0%	>3-6 months	16.2%	0.0%	0-3 months	82.1%	100.0%	<p><b>Start date:</b> date complete application received</p> <p><b>End date:</b> date of first available interview that is offered</p> <p><b>Benchmark:</b> interview available within 3 months</p>	<p>The college met this benchmark for all applicants in 2016.</p>
Time Interval	All colleges (average)	ACD															
>9 months	0.8%	0.0%															
>6-9 months	0.8%	0.0%															
>3-6 months	16.2%	0.0%															
0-3 months	82.1%	100.0%															
<p><b>Time from interview to interim assessment decision</b></p> <table border="1"> <thead> <tr> <th>Time Interval</th> <th>All colleges (average)</th> <th>ACD</th> </tr> </thead> <tbody> <tr> <td>&gt;28 days</td> <td>42.5%</td> <td>0.0%</td> </tr> <tr> <td>15-28 days</td> <td>17.5%</td> <td>0.0%</td> </tr> <tr> <td>0-14 days</td> <td>40.1%</td> <td>100.0%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ ACD</p>	Time Interval	All colleges (average)	ACD	>28 days	42.5%	0.0%	15-28 days	17.5%	0.0%	0-14 days	40.1%	100.0%	<p><b>Start date:</b> date of interview</p> <p><b>End date:</b> date decision of interim assessment is made by the college (Report 1)</p> <p><b>Benchmark:</b> interim assessment completed within 14 days from the interview</p>	<p>The college met this benchmark for all applicants in 2016.</p>			
Time Interval	All colleges (average)	ACD															
>28 days	42.5%	0.0%															
15-28 days	17.5%	0.0%															
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<p><b>Time for specialist recognition interim assessment</b></p> <table border="1"> <thead> <tr> <th>Time Interval</th> <th>All colleges (average)</th> <th>ACD</th> </tr> </thead> <tbody> <tr> <td>9 months +</td> <td>2.5%</td> <td>0.0%</td> </tr> <tr> <td>7-9 months</td> <td>10.8%</td> <td>0.0%</td> </tr> <tr> <td>3 months, 15 days - 6 months</td> <td>34.6%</td> <td>0.0%</td> </tr> <tr> <td>0 - 3 months, 14 days</td> <td>52.1%</td> <td>100.0%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ ACD</p>	Time Interval	All colleges (average)	ACD	9 months +	2.5%	0.0%	7-9 months	10.8%	0.0%	3 months, 15 days - 6 months	34.6%	0.0%	0 - 3 months, 14 days	52.1%	100.0%	<p><b>Start date:</b> date complete application is received</p> <p><b>End date:</b> date decision of interim assessment is made by the college (Report 1)</p> <p><b>Benchmark:</b> interim assessment completed within 3 months and 14 days</p>	<p>The college met this benchmark for all applicants in 2016.</p>
Time Interval	All colleges (average)	ACD															
9 months +	2.5%	0.0%															
7-9 months	10.8%	0.0%															
3 months, 15 days - 6 months	34.6%	0.0%															
0 - 3 months, 14 days	52.1%	100.0%															

Benchmark <i>all data is for 2016</i>	Description	Comments
<p><b>Time for area of need assessment</b></p> <p>■ All colleges (average) ■ ACD</p>	<p><b>Start date:</b> date complete application is received</p> <p><b>End date:</b> date decision of assessment is made by college</p> <p><b>Benchmark:</b> area of need assessment completed within 2 months</p>	<p>One applicant in the area of need assessment at ACD fell outside the benchmark. The college explained that ACD conducts interviews every three months. Due to the low number of area of need applications, ACD does not schedule individual interviews outside the three-monthly schedule (26).</p>
<p><b>Time for final assessment decision</b></p> <p>■ All colleges (average) ■ ACD</p>	<p><b>Start date:</b> date college notified that SIMG has completed all requirements</p> <p><b>End date:</b> date decision of final assessment is made (Report 2)</p> <p><b>Benchmark:</b> decision completed within 2 months</p>	<p>The college met this benchmark for all applicants in 2016.</p>

Source: MBA data, 2017.

Table 4.2: Medical Board of Australia compliance measures

Compliance measure <i>all data is for 2016</i>	Description	Comments
<p><b>Period of peer review – substantially comparable IMGs</b></p> <p>■ All colleges (average) ■ ACD</p>	<p><b>Compliance measure:</b> up to 12 months FTE of peer review</p>	<p>No substantially comparable SIMGs were required to do more than 12 months of peer review in 2016, as per the <i>Good Practice Guidelines</i>.</p>

Compliance measure <i>all data is for 2016</i>	Description	Comments															
<p><b>Period of supervision – partially comparable IMGs</b></p> <table border="1"> <thead> <tr> <th>Supervision Period</th> <th>All colleges (average)</th> <th>ACD</th> </tr> </thead> <tbody> <tr> <td>&gt;36 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>&gt;24-36 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>0-24 months</td> <td>79.1%</td> <td>100.0%</td> </tr> <tr> <td>No supervision</td> <td>20.9%</td> <td>0.0%</td> </tr> </tbody> </table>	Supervision Period	All colleges (average)	ACD	>36 months	0.0%	0.0%	>24-36 months	0.0%	0.0%	0-24 months	79.1%	100.0%	No supervision	20.9%	0.0%	<p><b>Compliance measure:</b> up to 24 months FTE of supervised practice</p>	<p>No partially comparable SIMGs were required to undertake more than 24 months of supervised practice in 2016, as per the <i>Good Practice Guidelines</i>.</p>
Supervision Period	All colleges (average)	ACD															
>36 months	0.0%	0.0%															
>24-36 months	0.0%	0.0%															
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<p><b>Timeframes to complete requirements – substantially comparable IMGs</b></p> <table border="1"> <thead> <tr> <th>Timeframe</th> <th>All colleges (average)</th> <th>ACD</th> </tr> </thead> <tbody> <tr> <td>&gt; 2 years</td> <td>0.5%</td> <td>0.0%</td> </tr> <tr> <td>0-2 years</td> <td>99.5%</td> <td>100.0%</td> </tr> </tbody> </table>	Timeframe	All colleges (average)	ACD	> 2 years	0.5%	0.0%	0-2 years	99.5%	100.0%	<p><b>Compliance measure:</b> up to two years to complete 12 months FTE peer review</p>	<p>Substantially comparable SIMGs are not required to do a period of peer review. Thus, all substantially comparable SIMGs were within the timeframes, as per the <i>Good Practice Guidelines</i>.</p>						
Timeframe	All colleges (average)	ACD															
> 2 years	0.5%	0.0%															
0-2 years	99.5%	100.0%															
<p><b>Timeframes to complete requirements – partially comparable IMGs</b></p> <table border="1"> <thead> <tr> <th>Timeframe</th> <th>All colleges (average)</th> <th>ACD</th> </tr> </thead> <tbody> <tr> <td>&gt; 4 years</td> <td>11.8%</td> <td>0.0%</td> </tr> <tr> <td>0-4 years</td> <td>88.2%</td> <td>100.0%</td> </tr> </tbody> </table>	Timeframe	All colleges (average)	ACD	> 4 years	11.8%	0.0%	0-4 years	88.2%	100.0%	<p><b>Compliance measure:</b> up to four years to complete 24 months FTE of supervised practice</p>	<p>All partially comparable SIMGs who completed the requirements in 2016 did so within four years, as per the <i>Good Practice Guidelines</i>.</p>						
Timeframe	All colleges (average)	ACD															
> 4 years	11.8%	0.0%															
0-4 years	88.2%	100.0%															
<p><b>Formal examinations for substantially comparable IMGs</b></p> <p><i>No colleges required substantially comparable IMGs to sit exams in 2016</i></p>	<p><b>Compliance measure:</b> substantially comparable IMGs should not be required to undertake a formal examination</p>	<p>The college did not require any substantially comparable SIMGs to undertake formal examinations in 2016, as per the <i>Good Practice Guidelines</i>.</p>															

Source: MBA data, 2017.

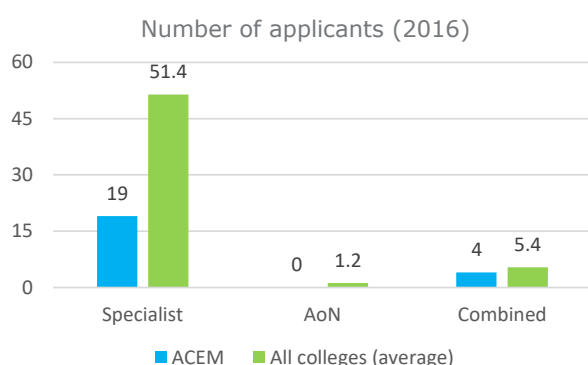
### **Documents reviewed and information sources**

- (1) IMG Committee Terms of Reference
- (2) International Medical Graduates Specialist Recognition Assessment Policy version 5.00, 2017
- (3) Discussion with college and review of de-identified file notes, 2017
- (4) IMG Assessment Committee Interview Procedures and Protocols
- (5) 'Application Information – How to Apply' website. Available at: <https://www.dermcoll.edu.au/training-and-education/become-dermatologist-2/international-medical-graduates/application-information/>, accessed October 2017
- (6) IMG Questionnaire v2
- (7) ACD Specialist Recognition Application Checklist
- (8) 'Specialist Recognition Assessment Pathway' website. Available at: <https://www.dermcoll.edu.au/training-and-education/become-dermatologist-2/international-medical-graduates/specialist-recognition-assessment-pathway/>, accessed October 2017.
- (9) Specialist Recognition Application form
- (10) Training Program Curriculum Overview, 2016
- (11) Recency of Practice Policy version 2.00, 2012
- (12) IMG Interim Assessment checklists (internal document)
- (13) Interview Summary Sheet (internal document)
- (14) Post-Training Candidate Policy v1, 2017
- (15) Not Comparable letter template
- (16) 'Mentoring Program' website. Available at: <https://www.dermcoll.edu.au/training-and-education/training-for-fellows/mentoring/>, accessed October 2017
- (17) Unsatisfactory Performance by Candidates v1, 2017
- (18) Variation of Training Policy v1, 2017
- (19) Special Consideration for Examinations Policy v1, 2017
- (20) Religious Observance Policy v1, 2017
- (21) Reasonable Adjustment Policy version 1.1, 2017
- (22) International Medical Graduates Area of Need Assessment Policy version 5.00, 2017
- (23) Reconsideration, Review and Appeals policy
- (24) Anti-Bullying / Discrimination / Harassment Policy version 2.00, 2015
- (25) Anti-Bullying / Discrimination / Harassment Procedure version 2.00, 2015
- (26) ACD Report to the Medical Board of Australia (2014, 2015, 2016)
- (27) Fees for Assessment – as of 1 January 2015. Available at: <https://www.dermcoll.edu.au/training-and-education/become-dermatologist-2/international-medical-graduates/fees-assessment/>, accessed October 2017
- (28) Training fee schedule. Available at: <https://www.dermcoll.edu.au/wp-content/uploads/Training-Fees-Schedule-2017.pdf>, accessed October 2017
- (29) Reconsideration, Review and Appeals governing policy

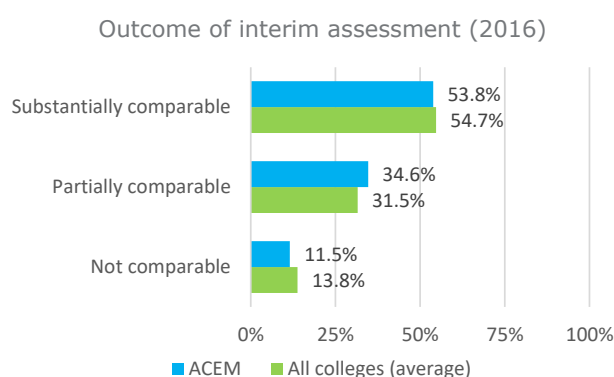
## 5 Australasian College for Emergency Medicine

### Overview of college assessment process

The Australasian College for Emergency Medicine (ACEM) assessment process for SIMGs is set out in *Regulation C – Assessment of Specialist International Medical Graduates*. It was approved by the ACEM board in April 2016, with the last revision or amendment being made in June 2017.



Source: MBA data, 2017.



Source: MBA data, 2017. "Not comparable" includes SIMGs who were found to be not comparable at the paper-based assessment.

### Compliance with the *Good Practice Guidelines*

Committee structure and operation	Application and paper-based review	Interview	Interim assessment decision	College additional requirements and final assessment	Area of need assessment	Communication	Governance and appeals processes	Fees

In order to fully comply with the *Good Practice Guidelines*, we recommend that ACEM clearly displays in one location on its website, an estimate of the total fee that a SIMG is likely to incur to complete the requirements for the specialist pathway.

### Performance against benchmarks

Time to first available interview	Time from interview to interim assessment decision	Time for specialist recognition interim assessment decision	Time for area of need assessment	Time for final assessment decision
100.0%	0.0%	61.5%	N/A	100.0%

In 2016, some applications did not meet the time from interview to interim assessment decision and as a result some applicants also fell outside the benchmark for the time for specialist recognition interim assessment. This was primarily because of the time needed for internal college processes, some of which have since changed.

### Performance against compliance measures

Period of peer review	Period of supervision	Timeframe to complete requirements for substantially comparable SIMGs	Timeframe to complete requirements for partially comparable SIMGs	Formal examinations for substantially comparable IMGs
100.0%	100.0%	100.0%	100.0%	100.0%

## Overview

The ACEM SIMG assessment process evaluates the training, qualifications and experience of the SIMGs for comparability with an Australian trained specialist in Emergency Medicine. During the "initial assessment", each application is assessed against the requirements of Fellows of ACEM for comparability to an Australian trained specialist in emergency medicine and the ACEM Specialist Training Program and Curriculum. The initial assessment is conducted by a member of the Panel of assessors, appointed by the ACEM SIMG Assessment Committee. Following the initial assessment, applicants deemed eligible for interview are invited to a structured face-to-face interview to be conducted by the college. Applicants who completed the training program(s) leading to the qualifications specifically listed on the ACEM website (specialists who have trained in the UK, US or Canada holding Fellowship of the College of Emergency Medicine, the American Board of Emergency Medicine (by exam) and Fellows of the Royal College of Physicians of Canada) may be deemed eligible for interview without the need to demonstrate that their specific training program meets the criteria for eligibility for interview.

Interviews are conducted in person and are used to further explore an applicant's medical qualifications, training, experience after attaining specialist qualifications, research or publications, experience in conducting education in emergency medicine, emergency medicine administration, topical issues in emergency medicine and knowledge of and attitude towards the college. Structured interviews are normally undertaken by an assessment panel comprising three Fellows of ACEM who are members of the SIMG Panel of Assessors and a community representative, with ACEM staff in attendance. The ACEM SIMG Assessment Committee appoints members to the Panel of Assessors and formally approves assessment recommendations made by the assessment panel. As a trans-Tasman college, Australian and New Zealand members are required to be on the Panel of Assessors and on the SIMG Assessment Committee. In addition, the college requires that at least two members of the Committee have come through the SIMG Assessment pathway.

Following the interview, the assessment panel provides the SIMG Assessment Committee with a report based on the interview and documents provided. The report includes a consensus recommendation to the SIMG Assessment Committee of the applicant's comparability to an Australian-trained specialist in emergency medicine, and the requirements that need to be completed successfully to become eligible for Fellowship of the college. The report and recommendations are reviewed and endorsed by the SIMG Assessment Committee.

SIMG applicants assessed as substantially comparable to an Australian-trained specialist in emergency medicine will be eligible for election to Fellowship following satisfactory completion of up to 12 FTE months of specialist practice under peer review with, where required, the completion of three-monthly Performance Reports throughout that period and selected emergency medicine Workplace-Based Assessments; CPD activities; and a set of structured references from three Fellows of ACEM in the Department in which the specialist practice under peer review was undertaken.

Applicants assessed as partially comparable may be required to complete up to 24 FTE months of prospectively approved supervised clinical training, including the completion of workplace-based assessments throughout that period, the Fellowship examinations, the research requirement of the Fellowship training program, and provision of a set of structured references from three Fellows of ACEM. Area of need and SIMG assessments are two distinct pathways, but ACEM will process combined area of need and SIMG applications ("concurrent" applications) as requested.

The college does not require SIMGs to obtain Fellowship as part of being recommended for specialist recognition. Regulation C notes that "following satisfactory completion of all applicable requirements stipulated in Regulation C1.5.1, the college will recommend to the MBA that the SIMG be granted recognition as a specialist in emergency medicine and the SIMG will be eligible to apply for election to Fellowship."

The ACEM process for assessing Australian and New Zealand medical graduates with overseas specialist emergency medicine qualifications is the same, except that primary source verification of the primary medical degree is not required for these applicants.





## 5.1 Committee structure and operation

### Overall finding



*ACEM complies with the Good Practice Guidelines in relation to the committee structure and operation.*

### Key features of process

ACEM has established a *SIMG Assessment Committee* to oversee and administer the Specialist Assessment and Area of Need processes of the college in accordance with approved college regulations, policies and guidelines, and the requirements of relevant regulatory bodies in Australia and New Zealand. The ACEM SIMG Assessment Committee appoints the Panel of Assessors, and approves final decisions on the interim and final SIMG assessments.

The roles, responsibilities and structure of the committee are defined in the *Terms of Reference – SIMG Assessment Committee* and the *Terms of Reference – SIMG Panel Assessors* (2, 3). The SIMG Assessment Panel is a body of individuals from which the members of the individual SIMG Interview teams are sourced. The SIMG Assessment Committee is established under the College Entities Policy, and is guided by Regulation C – Assessment of Specialist International Medical Graduates (1) and the Policy on the Assessment Process for SIMGs (4).

The *Terms of Reference* for the SIMG Assessment Committee states that the Committee consists of two ex-officio members, the Censor-in-Chief and Deputy Censor-in-Chief, and up to 12 'ordinary' FACEM members including (2):

- two Deputy Chairs (one from Australia and one from New Zealand, exclusive of the Chair)
- a minimum of two FACEMs resident in New Zealand
- a minimum of two FACEMs from Australian Remoteness Areas (RA)2 to RA5
- at least two members who have come through the SIMG assessment pathway, whether in Australia or New Zealand
- one external community member
- one health jurisdiction representative nominated by the Health Workforce Principal Committee and/or the New Zealand Ministry of Health (2).

According to the *Terms of Reference*, SIMG Assessment Committee members are expected to keep abreast of changes to and the requirements of the ACEM Specialist Training Program (2). They are also required to have a thorough understanding of the requirements of the relevant regulatory bodies in Australia and New Zealand in relation to the assessment of SIMGs and the college's role in the associated processes. In addition, SIMG Assessment Committee members are required to attend Panel Assessor Training Workshops, which are conducted regularly. All members of the SIMG Assessment Panel are required to undertake training in the SIMG assessment processes on appointment to the panel, and subsequently as necessary (4).

ACEM also has an overarching *Conflict of Interest Policy* (6) and a *Policy on Procedural Fairness* (7). The college requires completion of Conflict of Interest and Confidentiality declarations by all members of college entities (5).

### Analysis

As per the requirements in the *Good Practice Guidelines*, ACEM has established a Committee for the SIMG assessment process. The Committee is part of the college's formal Committee structure, and membership of the Committee includes both a community member and a Fellow who has been through SIMG assessment process. The membership and requirements of members appears to adequately cover the experience and knowledge required for the assessment of college trainees and the ACEM training requirements.

The *Good Practice Guidelines* require a documented governance framework for the operation of the committee. ACEM has a *Terms of Reference* document for the SIMG Assessment Committee and Panel Assessors (2, 3). ACEM complies with the *Good Practice Guidelines* on governance frameworks, which include procedures for declaring conflicts of interest and ensuring procedural fairness through policies that detail the process for assessment and the avenues for review, reconsideration and appeal.



## 5.2 Application and paper-based review

### Overall finding



*ACEM complies with the Good Practice Guidelines in relation to the application and paper-based review.*

*As part of the de-identified file review, we confirmed that, for the files shown, the paper-based review was undertaken using the template and requirements specified by the college.*

### Key features of process

The ACEM assessment process begins with an initial paper based assessment of the SIMG's application. Procedures for the initial assessment are documented in *Regulation C* and the *Policy on the Assessment of SIMGs in Australia* (1, 4). The initial assessment is conducted by a member of the Panel of Assessors, who is appointed by the SIMG Assessment Committee (1). The assessment will determine if an applicant is eligible to attend an interview, and is based on the information provided in the application.

*Regulation C* lists the criteria in order to be considered for interview. It is generally expected that applicants will have completed a specialist training program in emergency medicine which meets the following criteria:

- The program was a structured post-graduate course of at least three years duration with published standards that are comparable to that of the ACEM Specialist Training Program.
- The program contained a documented and systematic in-training assessment system incorporating regular, on-going formative and summative performance-based assessments, examinations and other assessments comparable to those undertaken by ACEM trainees.
- The program was accredited against published standards by an external body and was subjected to assessment for re-accreditation at regular intervals (1).

Applicants who completed the training program(s) leading to the qualifications specifically listed on the ACEM website (specialists who have trained in the UK, USA or Canada holding Fellowship of the College of Emergency Medicine, the American Board of Emergency Medicine (by exam) and Fellows of the Royal College of Physicians of Canada) may be deemed eligible for interview without the need to demonstrate that their specific training program meets the criteria for eligibility for interview.

It is written in the application form, on the website, in *Regulation C* and in the policy that applicants are required to make an application to the Australian Medical Council for primary source verification of primary and all post-primary qualifications, prior to submitting their application for specialist assessment to ACEM (1, 4, 8, 9). It is also advised on the application form that applicants must provide evidence of English language proficiency (8). The college accepts IELTS, OET, and PLAB at a level of achievement acceptable to the MBA. This is no higher than that required by the MBA's English language skills registration standard. The application form contains a checklist of the documentation to be submitted with the application (8).

*Regulation C* states that applicants must demonstrate recency of practice in the specialty of emergency medicine. ACEM is currently reviewing the *SIMG Assessment Guidelines for Determining Comparability*, and will include a section on assessing recency of practice. This will be confirmed at the forthcoming SIMG Assessment Committee meeting (10, 11).

### Analysis

ACEM provides a clear description of the application process for SIMGs on the website, in *Regulation C*, the *Policy on the Assessment and Process of SIMGs* and the application form (1, 4, 8, 10). The website refers applicants to the relevant guidelines and regulations for further detail (9).

The website and application form provide the details required by the *Good Practice Guidelines* including English language requirements, primary source verification, a description of the eligibility criteria against which applicants will be assessed, and

required evidentiary documentation. The English Language requirements are no higher than that required by the MBA's English language skills registration standard (8, 9).



### 5.3 Interview

#### Overall finding



*ACEM complies with the Good Practice Guidelines in relation to the interview.*

*As part of the de-identified file review, we confirmed that, for the files shown, the interview was undertaken using the template and requirements specified by the college.*

#### Key features of process

Based on the application and initial assessment, applicants may be invited for an interview. Procedures for the interview are documented in *Regulation C*, the Policy on the Assessment of SIMGs in Australia, and the *Guidelines for Assessing SIMG Research Experience* (1, 4, 12). Interviews are held in person, however, in some circumstances, applicants may request a structured interview via videoconference or other electronic means. Any such requests are considered by the Chair of the SIMG Assessment Committee in accordance with the provisions of the *ACEM Exceptional Circumstances and Special Consideration Policy* (13).

The assessment of comparability is made having regard to the eight domains of the ACEM Curriculum Framework and the topics within each domain, with the Interview Panel considering whether the SIMG has or has not demonstrated the attainment of the global assessment articulated for each domain.

The interview provides a SIMG with an opportunity to elaborate upon the information provided in their application and involves a detailed discussion of the requirements of their primary medical training, basic and advanced stages of their specialist training, subsequent specialist practice and participation in ongoing continuing professional development (4). Specific areas include those that are central requirements of the ACEM Training Program (e.g. paediatric experience and skills; critical care management, with particular reference to airway skills). SIMGs are asked about their experience in conducting education in emergency medicine, at both undergraduate and postgraduate levels, as well as current and past involvement or roles in the development of education programs, as well as specific teaching models employed throughout their career to-date (4). Additionally, the interview will explore a SIMG's involvement in research and resulting publications (4). All questions are aligned with the ACEM curriculum framework and applicants are informed of this prior to the interview.

The assessment of comparability of a SIMG considers both the applicant's training and their subsequent experience. As such, if the specialist training program completed did not, for example, have a compulsory component of paediatric emergency medicine, however the SIMG can demonstrate that, through subsequent specialist experience, they have experience comparable with that of a newly elevated ACEM Fellow, this will be relevant to the decision regarding the relevant learning outcome and the college's expectations of a newly qualified ACEM Fellow (4).

SIMG Interview teams appointed to conduct the assessment of SIMG applicants will ordinarily comprise three ACEM Fellows, at least one of whom shall be an approved Interview Panel Lead, and one community representative. The SIMG Assessment Panel is the body of individuals from which the members of the individual SIMG Interview teams are sourced. The roles, responsibilities and structure of the Assessment Panel are defined in the *Terms of Reference – SIMG Panel Assessors* (3).

Selection criteria for the members of the SIMG Assessment Panel includes a thorough understanding of the requirements of the relevant regulatory bodies in Australia and New Zealand in relation to the assessment of SIMGs and the college's role in the associated process, a thorough understanding of the college regulations, policies and guidelines relating to the assessment of SIMG applicants and their subsequent pathways to election to Fellowship of the college. Finally, to become eligible for approval as an interview panel lead, panel members appointed must first have

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participated in at least three SIMG assessment interviews as a second or third interviewer (3).

In addition, ACEM provides regular workshops for SIMG assessors. It is a requirement that assessors attend a workshop prior to commencing service as an assessor and annually as required after that. The program covers the requirements of the assessment process as defined by the regulation authorities in Australia and New Zealand, college regulations and policies, and provides practice during practical assessment exercises (14).

ACEM typically schedules six interviews per year in Australia. These dates are typically approved by the Council of Education in late November and are published on the ACEM website once this has occurred (4).

Panel members are provided with applicant documentation for review, well prior to interview, as well as the interview assessment form containing the areas to be addressed at interview (11). Panel members will tailor the interview to address domains of the *ACEM Curriculum Framework* based on the individual applicant (11, 15). Panel members are briefed in advance on the interview to provide the SIMG with the opportunity to ask questions (11).

ACEM uses an Interview Assessment Report to document the SIMG's comparability assessments for each domain of the *ACEM Curriculum Framework* during the interview assessment (11).

There is a medical expertise section of the interview and report, with three questions specific to practical experience. These questions seek to understand the extent of the applicant's experience, rather than asking the applicant to respond to a hypothetical case study or situation.

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## Analysis

In accordance with the *Good Practice Guidelines* the interview panel normally comprises three ACEM assessors and one community representative. Members of the Interview Panel receive training through regular workshops and the requirement to participate in at least three SIMG assessment interviews as a second or third interviewer before being eligible to be an interview panel lead.

The criteria against which applicants are assessed are clearly documented, and the corresponding *ACEM Curriculum Framework* can be found on the website (15).

It appears that interview questions comply with the *Good Practice Guidelines* on not asking questions that are not relevant to the assessment criteria, and including questions to explore in greater detail the SIMG's qualifications, training, experience, based on the *ACEM Curriculum Framework* (15). The Assessment Panel uses the Interview Assessment Report to document the SIMG's comparability assessments for each domain of the *ACEM Curriculum Framework* during the interview assessment.

While there is a medical expertise section of the interview and report, with questions specific to practical experience, it is understood that the questions seek to understand the extent of the applicant's experience, rather than asking the applicant to respond to a hypothetical case study or situation.

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## 5.4 Interim decision (assessment of comparability)

### Overall finding



*ACEM complies with the Good Practice Guidelines in relation to the interim assessment decision.*

### Key features of process

Following the interview, the SIMG Assessment Committee will make one of the following decisions:

- That the applicant's training and experience is such that they are 'Substantially Comparable to an Australian-trained Specialist in Emergency Medicine'
- That the applicant's training and experience, while not such that they are considered substantially comparable to an Australian-trained specialist in emergency medicine, is such that they may be considered to be 'Partially Comparable to an Australian-trained Specialist in Emergency Medicine'
- That the applicant's training and experience is such that they are neither partially nor substantially comparable (i.e. 'Not Comparable') to an Australian-trained specialist in emergency medicine (1, 4).

The *SIMG Assessment Guidelines for Determining Comparability* further elaborate on the requirements for substantial or partial comparability to an Australian-trained specialist in emergency medicine (16).

Substantially comparable SIMGs may be eligible for election to Fellowship following satisfactory completion of up to 12 FTE months of specialist practice under peer review in the field of emergency medicine in a position in Australia, prospectively approved by the SIMG Committee.

SIMGs assessed as substantially comparable to an Australian-trained specialist in emergency medicine have two calendar years from the date on which they commence specialist practice under peer review in a position approved by the college in which to provide evidence of satisfactory completion of the requirements. Substantially comparable SIMGs undertaking part time work must also remain within a maximum limit of two years for completion of the requirements. There is a process of SIMG Assessment Committee review and referral to the Progression to Fellowship Review Committee if the requirements are not completed in the prescribed timeframe (16).

Partially comparable SIMGs are required to undertake a maximum of 24 FTE months of prospectively approved supervised clinical training with the following Emergency Medicine Workplace-Based Assessments at the rate and minimum complexity required of late-phase advanced trainee undertaking the ACEM Fellowship training program (16).

SIMGs assessed as partially comparable must complete all requirements within four calendar years of the date of commencement in a position approved by the college. Partially comparable SIMGs who are undertaking part-time training must also remain within a maximum time limit of four years.

ACEM does not have guidelines regarding applicants working in a limited scope of practice, and requires applicants to be trained in all relevant areas of Emergency Medicine.

### Analysis

As per the *Good Practice Guidelines*, the interim assessment is used to identify the SIMG's gaps and deficiencies compared with Australian specialist training. ACEM uses the definitions and requirements for substantially comparable, partially comparable or not comparable, as set out in the *guidelines*.

ACEM has a maximum time frame for SIMGs to complete the requirements from when they commence specialist practice under peer review (1). ACEM does not enable a limited scope of practice.



## 5.5 College additional requirements and final assessment

### Overall finding



*ACEM complies with the Good Practice Guidelines in relation to college additional requirements and final assessment.*

### Key features of process

Where substantially comparable SIMG applicants are required to do a period of supervised practice under peer review, applicants are also required to:

- Satisfactorily complete three-monthly Work Performance Reports throughout the period;
- Completion of the equivalent number of months of Continuing Professional Development activities in the ACEM Specialist CPD program as an Educational Affiliate;
- Completion to the satisfaction of the SIMG Assessment Committee of a set of structured references from three FACEMs in the Department in which the specialist practice under peer review was undertaken;
- Emergency medicine Workplace-Based Assessments; and
- Other such assessment(s) as the college may from time to time require.

Prior to the commencement of the final three FTE months, SIMGs are also to advise the college of three FACEMs in the Department in which the specialist practice under peer review is undertaken.

Partially comparable SIMGs will be required to satisfactorily complete one of more of the following requirements, as prescribed by the college:

- a maximum of 24 FTE months of prospectively approved supervised clinical training ('upskilling'), with the Emergency Medicine Workplace-Based Assessments at the rate and minimum complexity required of a Late-Phase Advanced trainee undertaking the ACEM Training Program, including
- the Fellowship Examination (Written)
- the Fellowship Examination (Clinical)
- the research requirement of the Specialist Training Program
- completion to the satisfaction of the SIMG Assessment Committee of a set of structured references from three FACEMs; and
- such other assessment(s) as the college may from time to time require.

Regulation C states that partially comparable applicants must have a position under supervision prospectively approved by the college. Substantially comparable applicants are also required to have prospective approval from the college for the position under peer review (1). The outcome advice letter and the Memorandum of Understanding provided to the applicant following initial assessment include statements regarding all requirements, including the need for prospective approval of the proposed position (11).

On entry to the pathway, substantially comparable SIMGs are advised of the requirement to undertake the ACEM CPD program as an Educational Affiliate Member of ACEM. Each SIMG application is submitted to the Council of Education for endorsement of admission to this category of membership and subsequently to the specialist CPD program. Partially comparable SIMGs are invited to participate in the ACEM CPD program as Educational Affiliates, however are not required to do so as they are considered to be in training.

SIMGs who are assessed as not comparable are advised of their eligibility to apply for the ACEM Fellowship training program, in which Recognition of Prior Learning provisions apply, and also are referred to AHPRA for other options for working as an emergency physician in Australia.

ACEM maintains a SIMG spreadsheet and SIMG data base to track applications, and reports annually on its performance against the MBA Benchmarks for the assessment of SIMGs (11).

The *Guidelines for the Supervision and Management of Specialist International Medical Graduates in Australia* provide further detail on requirements for partially and substantially comparable SIMGs (17). The college *Guidelines for the Supervision and*



*Management of SIMGs* do not allow for remote supervision (17). All positions of oversight are approved by the college and include agreement by an ACEM Fellow to supervise the SIMG in question, with consideration also given to whether the position in which the SIMG intends to undertake a period of specialist practice under peer review for the purposes of meeting the college's requirements is suitable for this purpose and for the needs of the individual SIMG.

When an issue with a supervisor is reported, the case is raised first with the SIMG Assessment Committee Chair and the Censor-in-Chief for investigation and/or action as indicated. The college further has a policy on Supporting Trainees in Difficulty that provides a model for the care of trainees and SIMGs experiencing issues in their supervision (18). In part the policy advises Directors of Training to respond to issues or concerns raised by trainees in a respectful and civil manner, addressing behaviours of others that impact upon the trainee's ability to safely manage patients, recommend and encourage the trainee to take up the Employee Assistance Program, whether through the employer or the college, for professional counselling and support if needed, and ensure that informed support and guidance is provided to the trainee where they move training sites. ACEM also has a Policy on Reporting of Patient Safety Concerns (19).

## Analysis

As per the *Good Practice Guidelines*, substantially comparable SIMGs require peer review or 'oversight' while partially comparable SIMGs require a period of supervised training or 'upskilling'.

ACEM SIMG assessment is aligned with that of Australian trainees completing their training, and any specified clinical experience and assessment required of SIMGs as part of the college's further requirements is no more than that required of Australian trainees completing their training.

All substantially comparable applicants are required to complete continuing professional development (CPD) program, and it was confirmed that they have access to this (11). Partially comparable applicants are not required to meet college CPD requirements during the assessment process, but are invited to participate in the ACEM CPD program as educational affiliates. ACEM does not allow for remote supervision.

ACEM refers SIMGs assessed as not comparable to AHPRA for other options for working as an emergency physician in Australia.



## 5.6 Area of need assessment

### Overall finding



*ACEM complies with the Good Practice Guidelines in relation to area of need assessment.*

### Key features of process

The ACEM *Guidelines for Area of Need Assessment* outline the purpose, background and process of area of need applications (20).

Area of need applications are initially considered by the Chair of the SIMG Assessment Committee. Where the Chair of the Committee is unable to make a determination on the information submitted, the applicant will be invited to attend an assessment interview.

The outcome of the area of need assessment will be that the SIMG is either suitable for the area of need position for which they are being considered or not suitable for the position.

Where a SIMG is assessed as suitable for the area of need position, ACEM will recommend to the MBA that the applicant be granted the appropriate medical registration. The employer will also be notified of the college's decision.

All area of need practitioners approved by the college are subject to supervision for the first 12 months of their appointment. As such, they are supervised by an ACEM Fellow located at the relevant hospital who will also ensure the completion of oversight reports

every three (3) months. Area of need supervisors will generally be at least three years post award of ACEM Fellowship.

SIMG applicants assessed as suitable for the specific area of need position for which they are being considered and who commence employment in that position are interviewed by ACEM approximately four to eight weeks after they commence. This interview is conducted by the Chair or Deputy-Chair (Australia) of the SIMG Assessment Committee. The interview is conducted by phone and serves to obtain feedback on the position in terms of educational, training and continuing professional development support available to the area of need practitioner.

## Analysis

The *Good Practice Guidelines* require that colleges have a process for assessing applicants for an area of need. ACEM has a published process for area of need assessment. Area of need applications do not have to be concurrent with specialist applications. However, area of need applicants may apply to ACEM for concurrent assessment under both the specialist and area of need assessment pathways (20).



## 5.7 Communication

### Overall finding



*ACEM complies with the Good Practice Guidelines in relation to communication with the MBA and AHPRA, and SIMGs.*

### Key features of process

SIMGs are provided with detailed guidance about the specialist pathway in in *Regulation C* and the *Policy on the Assessment of SIMGs in Australia*, which are published on the college website (1, 4). The documents explain the assessment process including eligibility, the assessment process, interim assessment, ongoing assessment, final assessment, timeframes, re-assessments and roles and responsibilities.

ACEM communicates the outcome of the interim assessment outcome to SIMG and AHPRA using Report 1 and uploads Report 1 to the AMC secure portal (11). SIMGs are also sent an assessment outcome letter, which provides an explanation for the SIMG of the reasons for the college comparability decision and the further requirements.

Once a SIMG has completed their requirements, ACEM will recommend the SIMG for specialist recognition, using Report 2, which is uploaded via the AMC secure portal (1).

ACEM has a policy of notifying the MBA if issues come up in the training or supervision process. The *Reporting of Patient Safety Concerns Arising from Trainee Assessment Policy* covers all SIMGs on the assessment pathway as well as FACEM trainees (19). The purpose of this policy is to describe a process to address matters of significant concern arising from assessments of trainees conducted during any training program (including Joint Training Programs) of the ACEM, and which may be sufficient to warrant those concerns being communicated to a relevant regulatory (e.g. MBA, Medical Council of New Zealand) or other statutory authority. These matters may relate to any aspect of professional performance, including those arising from technical clinical knowledge and skills, as well as those more related to the affective domains of professional practice, such as communication, relationships and ethics (19).

## Analysis

The ACEM website and policies provide significant amounts of information to SIMGs on the SIMG assessment process (9, 1, 4).

The college meets other aspects of the *Good Practice Guidelines* relating to communication, including informing the SIMG of the interim assessment outcome and additional requirements; and uploading its decisions using Reports 1 and 2.

The *Reporting of Patient Safety Concerns Arising from Trainee Assessment Policy* appears to be primarily targeted towards any concern arising from a formally designated training program or a peer review/oversight process such as examinations, workplace-based assessments and structured references. However, the policy could also be applicable to any information received by the college for the purposes of the



interim assessment decision that raises concerns about a SIMG's suitability for registration (19, 11).



## 5.8 Governance and appeals processes

### Overall finding



*ACEM complies with the Good Practice Guidelines in relation to governance and appeals processes.*

### Key features of process

SIMG applicants in Australia may seek reconsideration, review and/or appeal of their assessment decision and outcome through the provisions of the *ACEM Reconsideration, Review and Appeals Policy* (23). ACEM reported five review or reconsideration cases, and no appeals in 2016. The five review or reconsideration cases related primarily to the requirements in Report 1 and interim assessment outcomes. Two of the cases were upheld, one overturned and one modified, with one still to be determined.

Thorough documentation including dates of submissions and approvals throughout each stage of the SIMG Pathway are documented in the SIMG Database. Full and accurate documentation of the assessment process was found through file review. During the file review the following documents were noted:

- Evidence of the initial review including a confirmation of the initial document submission, evidence of any pre-interview notes/discussions by the assessment panel.
- Outcome of the interim assessment and communication to the SIMG, including communication of interim assessment outcome to SIMG and AHPRA using Report 1, appropriate explanation to SIMG of reasons for college comparability decision, and communication of further requirements to SIMG.
- Evidence of review of supervisor reports on progress of SIMG.
- Documentation of any deliberation or discussions to support final assessment decision and communication to applicant.

The SIMG Assessment Committee Terms of Reference indicate that an assessment decision that varies from policies or procedures would require approval by the Council of Education (2, 11). Otherwise, any departure from published procedures should not occur (11).

Should the college receive publically provided / externally available information, the SIMG would be provided an opportunity to respond to the publicly provided or externally available information, in line with the college Policy on Procedural Fairness (6). The policy describes procedural fairness as the right to a fair hearing and lack of bias in the decision making process. It requires the decision-maker to:

- inform the individual of the matter to be dealt with
- give the individual an opportunity to be heard
- not be biased or seen to be biased
- act only on relevant information or evidence.

The individual that is the subject of a decision must be provided with sufficient details of the matter affecting him/her to enable a response to be prepared, including:

- reasons for the matter relating to him/her;
- information or evidence on which the decision will be based;
- reasons why a decision is required and the nature of the impending decision and relevant criteria for;
- making the impending decision; and
- possible outcomes which might ensue.

The policy also states that an individual that is the subject of a decision must be given a reasonable opportunity to be heard and to respond to any complaint or matter or impending decision before a decision is made.

Finally, the policy states that the decision-maker must give genuine and proper consideration to the particular merits of the individual's case before reaching a decision. The decision-maker should not take into account facts or considerations unrelated to the matter at hand and that circumstances such as race, religion, gender and a range of other grounds can form no part of a decision regarding employment, education and training. Where irrelevant material is presented, the decision-maker should make it clear that the material is not being considered or relied upon in any way.

Applicants assessed as either substantially comparable or partially comparable to an Australian-trained specialist in emergency medicine have six months from the date of notification of the assessment decision in which to advise the college of their intention to proceed with the requirements specified in order to become eligible for election to Fellowship and 12 months from the date of notification of the assessment decision in which to obtain an appropriate position and commence the requirements of their pathway to Fellowship. Applicants who are assessed as not comparable to an Australian-trained specialist in emergency medicine, may not apply for reassessment while their assessment decision remains valid (1).

ACEM has a general *Discrimination, Bullying and Sexual Harassment Policy* which covers SIMGs and has associated procedures for handling discrimination, bullying or sexual harassment complaints (23).

## Analysis

ACEM has appropriate documentation of governance processes, reassessment, and policies around *Reconsideration, Review and Appeals* and bullying and harassment.

The requirement for procedural fairness in the case of externally provided information is documented in ACEM guidelines, in accordance with the *Good Practice Guidelines*.

While departure from procedures should not occur, ACEM has guidelines on the process of managing deviations from the SIMG procedures. The SIMG Assessment Committee Terms of Reference indicate that an assessment decision that varies from policy or procedure would require approval by the Council of Education.



## 5.9 Fees

### Overall finding



*ACEM substantially complies with the Good Practice Guidelines in relation to fees. All fees are listed on the website. However, the college should clearly display in one location on their website, an estimate of the total fee that a SIMG is likely to incur to complete the requirements for the specialist pathway.*

### Key features of process

ACEM's SIMG assessment fees are listed in the Assessment Payment Advice Slip (24), which is located on the college's webpage on interview fees and dates for specialist assessment. The current fees are:

- Initial Assessment Fee (\$1,250)
- Structured Interview Fee (\$4,200)
- Area of Need Position Assessment Fee (\$1,250)
- Incomplete Application Fee (\$270)
- Specialist-in-Training Assessment Fee (\$530)

The college also charges a fee for SIMG Annual Registration (\$1,570), for a review of a decision (\$206) and for appeals (\$4,120). The college does not charge for reconsideration of a decision. These fees are listed on the ACEM subscription and charges webpage (25).

Under the Reconsideration, Review and Appeals Policy, in the event that an appeal is upheld, the college will refund the appeal fee to the appellant (21).

## Analysis

In line with the *Good Practice Guidelines*, ACEM only charges fees for the allowed activities.

The fees for the assessment process are easy to find on the ACEM webpage on Specialist Assessment (9). However, the SIMG assessment fees list does not specify if, and how much, the fees would be for undertaking supervised practice or peer review, workplace based assessments or formal examinations. It may not be clear to applicants they will be required to pay these fees in addition to the assessment fees.

## 5.10 Medical Board of Australia benchmarks and compliance measures

Table 5.1: Medical Board of Australia benchmarks

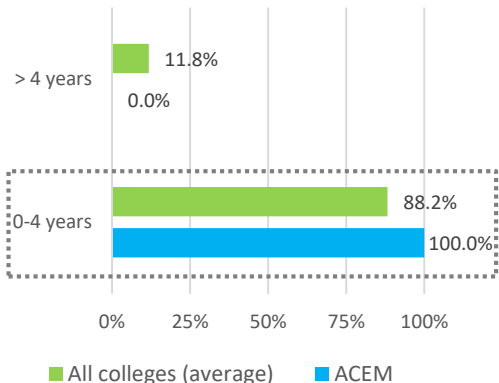
Benchmark <i>all data is for 2016</i>	Description	Comments															
<b>Time to first available interview</b> <table border="1"> <thead> <tr> <th>Time Frame</th> <th>All colleges (average)</th> <th>ACEM</th> </tr> </thead> <tbody> <tr> <td>&gt;9 months</td> <td>0.8%</td> <td>0.0%</td> </tr> <tr> <td>&gt;6-9 months</td> <td>0.8%</td> <td>0.0%</td> </tr> <tr> <td>&gt;3-6 months</td> <td>16.2%</td> <td>0.0%</td> </tr> <tr> <td>0-3 months</td> <td>82.1%</td> <td>100.0%</td> </tr> </tbody> </table>	Time Frame	All colleges (average)	ACEM	>9 months	0.8%	0.0%	>6-9 months	0.8%	0.0%	>3-6 months	16.2%	0.0%	0-3 months	82.1%	100.0%	<p><b>Start date:</b> date complete application received</p> <p><b>End date:</b> date of first available interview that is offered</p> <p><b>Benchmark:</b> interview available within 3 months</p>	<p>The college met this benchmark for all applicants in 2016.</p>
Time Frame	All colleges (average)	ACEM															
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<b>Time from interview to interim assessment decision</b> <table border="1"> <thead> <tr> <th>Time Frame</th> <th>All colleges (average)</th> <th>ACEM</th> </tr> </thead> <tbody> <tr> <td>&gt;28 days</td> <td>42.5%</td> <td>77.3%</td> </tr> <tr> <td>15-28 days</td> <td>17.5%</td> <td>22.7%</td> </tr> <tr> <td>0-14 days</td> <td>40.1%</td> <td>0.0%</td> </tr> </tbody> </table>	Time Frame	All colleges (average)	ACEM	>28 days	42.5%	77.3%	15-28 days	17.5%	22.7%	0-14 days	40.1%	0.0%	<p><b>Start date:</b> date of interview</p> <p><b>End date:</b> date that decision of interim assessment is made by the college (Report 1)</p> <p><b>Benchmark:</b> interim assessment completed within 14 days from the interview</p>	<p>The college explained in the report to the MBA that the college did not meet this benchmark because of the number of working days allowed for the Interview Panel to prepare the report (7), the SIMG Assessment Committee to vote on recommendations (7) and (previously) the Council of Education to vote on Panel recommendations (5), with additional days required in between in order to facilitate this process. Council of Education approval is no longer required and decision times have since decreased (26).</p>			
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Benchmark <i>all data is for 2016</i>	Description	Comments															
<p><b>Time for specialist recognition interim assessment</b></p> <table border="1"> <thead> <tr> <th>Time Interval</th> <th>All colleges (average)</th> <th>ACEM</th> </tr> </thead> <tbody> <tr> <td>9 months +</td> <td>2.5%</td> <td>0.0%</td> </tr> <tr> <td>7-9 months</td> <td>10.8%</td> <td>19.2%</td> </tr> <tr> <td>3 months, 15 days - 6 months</td> <td>34.6%</td> <td>19.2%</td> </tr> <tr> <td>0 - 3 months, 14 days</td> <td>52.1%</td> <td>61.5%</td> </tr> </tbody> </table>	Time Interval	All colleges (average)	ACEM	9 months +	2.5%	0.0%	7-9 months	10.8%	19.2%	3 months, 15 days - 6 months	34.6%	19.2%	0 - 3 months, 14 days	52.1%	61.5%	<p><b>Start date:</b> date complete application is received</p> <p><b>End date:</b> date decision of interim assessment is made by the college (Report 1)</p> <p><b>Benchmark:</b> interim assessment completed within 3 months and 14 days</p>	<p>The college explained in the report that the college did not meet the benchmark for some applicants due to a range of reasons, including the number of working days allowed for the Interview Panel to prepare the report (7), the SIMG Assessment Committee to vote on recommendations (7) and (previously) the Council of Education to vote on Panel recommendations (5). Council of Education approval is no longer required and decision times have since decreased (26).</p> <p>Owing to changes in the college's assessment processes, consideration by the SIMG Assessment Committee was deferred until next meeting in some cases. SIMGs also delayed attending for interview in some cases.</p>
Time Interval	All colleges (average)	ACEM															
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Time Interval	All colleges (average)	ACEM															
>9 months	0.0%	0.0%															
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Time Interval	All colleges (average)	ACEM															
>9 months	0.0%	0.0%															
>6-9 months	0.6%	0.0%															
>2-6 months	6.3%	0.0%															
0-2 months	93.1%	100.0%															

Source: MBA data, 2017.

Table 5.2: Medical Board of Australia compliance measures

Compliance measure <i>all data is for 2016</i>	Description	Comments															
<p><b>Period of peer review – substantially comparable IMGs</b></p> <table border="1"> <thead> <tr> <th>Period</th> <th>All colleges (average)</th> <th>ACEM</th> </tr> </thead> <tbody> <tr> <td>&gt;18 months</td> <td>0.4%</td> <td>0.0%</td> </tr> <tr> <td>&gt;12-18 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>0-12 months</td> <td>49.5%</td> <td>100.0%</td> </tr> <tr> <td>No peer review</td> <td>50.1%</td> <td>0.0%</td> </tr> </tbody> </table>	Period	All colleges (average)	ACEM	>18 months	0.4%	0.0%	>12-18 months	0.0%	0.0%	0-12 months	49.5%	100.0%	No peer review	50.1%	0.0%	<p><b>Compliance measure:</b> up to 12 months FTE of peer review</p>	<p>No substantially comparable SIMGs were required to do more than 12 months of peer review in 2016, as per the <i>Good Practice Guidelines</i>.</p>
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Period	All colleges (average)	ACEM															
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<p><b>Timeframes to complete requirements – substantially comparable IMGs</b></p> <table border="1"> <thead> <tr> <th>Timeframe</th> <th>All colleges (average)</th> <th>ACEM</th> </tr> </thead> <tbody> <tr> <td>&gt; 2 years</td> <td>0.5%</td> <td>0.0%</td> </tr> <tr> <td>0-2 years</td> <td>99.5%</td> <td>100.0%</td> </tr> </tbody> </table>	Timeframe	All colleges (average)	ACEM	> 2 years	0.5%	0.0%	0-2 years	99.5%	100.0%	<p><b>Compliance measure:</b> up to two years to complete 12 months FTE peer review</p>	<p>All substantially comparable SIMGs who completed the requirements in 2016 did so within two years, as per the <i>Good Practice Guidelines</i>.</p>						
Timeframe	All colleges (average)	ACEM															
> 2 years	0.5%	0.0%															
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Compliance measure <i>all data is for 2016</i>	Description	Comments
<p><b>Timeframes to complete requirements – partially comparable IMGs</b></p>  <p>■ All colleges (average) ■ ACEM</p>	<p><b>Compliance measure:</b> up to four years to complete 24 months FTE of supervised practice</p>	<p>All partially comparable SIMGs who completed the requirements in 2016 did so within four years, as per the <i>Good Practice Guidelines</i>.</p>
<p><b>Formal examinations for substantially comparable IMGs</b></p> <p><i>No colleges required substantially comparable IMGs to sit exams in 2016</i></p>	<p><b>Compliance measure:</b> substantially comparable IMGs should not be required to undertake a formal examination</p>	<p>The college did not require any substantially comparable SIMGs to undertake formal examinations in 2016, as per the <i>Good Practice Guidelines</i>.</p>

Source: MBA data, 2017.

#### Documents reviewed and information sources

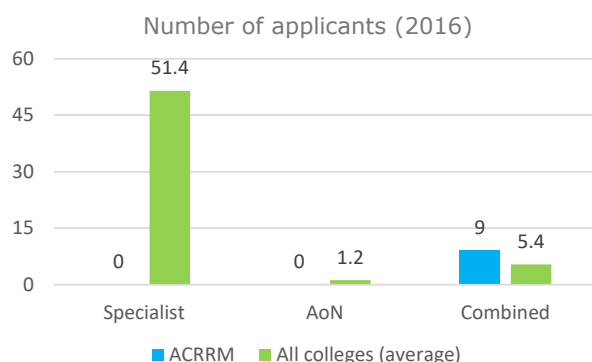
- (1) Regulation C – Assessment of Specialist International Medical Graduates v6, 2017
- (2) Terms of Reference – SIMG Assessment Committee v2, 2015
- (3) Terms of Reference – SIMG Panel Assessors v2, 2015
- (4) Policy on the Assessment Process of Specialist International Medical Graduates in Australia v3, 2017
- (5) Conflict of Interest Policy v2, 2016
- (6) Policy on Procedural Fairness v2, 2017
- (7) Policy on College Entities v6, 2017
- (8) Application to be assessed for recognition as an Emergency Medicine Specialist, Form no: OC313, 2014
- (9) 'Specialist Assessment' webpage. Available at: <https://acem.org.au/Education-Training/International-Medical-Specialist-Programs/Specialist-Assessment.aspx>, accessed October 2017
- (10) SIMG Assessment Guidelines for Determining Comparability v1, 2016
- (11) Discussion with college and review of de-identified file notes.
- (12) Guidelines for Assessing SIMG Research Experience v1, 2016
- (13) ACEM Exceptional Circumstances and Special Consideration Policy v4, 2016
- (14) Sample Assessor Workshop Program
- (15) ACEM Curriculum Framework, ACF440
- (16) SIMG Assessment Guidelines for Determining Comparability v1, 2016
- (17) Guidelines for the Supervision and Management of SIMGs in Australia
- (18) Supporting trainees in difficulty policy v1, 2017
- (19) Reporting of Patient Safety Concerns Arising from Trainee Assessment Policy v1, 2016
- (20) Guidelines for Area of Need Assessment v1, 2016

- (21) Reconsideration, Review and Appeals Policy v3, 2016
- (22) Exceptional Circumstances and Special Consideration Policy v4, 2016
- (23) Discrimination, Bullying and Sexual Harassment Policy
- (24) SIMG Assessment Fees 2017/2018, June 2017. Available at: [https://acem.org.au/getmedia/a45b681f-951f-46cf-9cac-e648d14f5c0e/SIMG-Assessment-fees\\_2017\\_2018.pdf.aspx](https://acem.org.au/getmedia/a45b681f-951f-46cf-9cac-e648d14f5c0e/SIMG-Assessment-fees_2017_2018.pdf.aspx), accessed October 2017
- (25) ACEM Subscription and Charges 2017/2018. Available at: [https://acem.org.au/getmedia/a5fcd7d-9e7c-46f9-9bb3-92884512ff43/Subs-Charges-2017-2018-\(Jul-Dec-17\).pdf.aspx](https://acem.org.au/getmedia/a5fcd7d-9e7c-46f9-9bb3-92884512ff43/Subs-Charges-2017-2018-(Jul-Dec-17).pdf.aspx), accessed October 2017
- (26) ACEM Report to the Medical Board of Australia (2014, 2015, 2016)

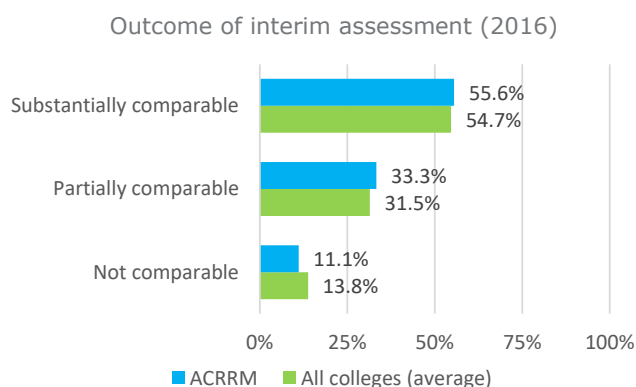
## 6 Australian College of Rural & Remote Medicine

### Overview of college assessment process

The Australian College of Rural & Remote Medicine (ACRRM) process for assessing SIMGs is detailed in the ACRRM *Specialist Pathway Procedures* (an internal document), with information for prospective applicants published on the college website.



Source: MBA data, 2017.



Source: MBA data, 2017. "Not comparable" includes SIMGs who were found to be not comparable at the paper-based assessment.

### Compliance with the *Good Practice Guidelines*

Committee structure and operation	Application and paper-based review	Interview	Interim assessment decision	College additional requirements and final assessment	Area of need assessment	Communication	Governance and appeals processes	Fees

In order to fully comply with the *Good Practice Guidelines*, we recommend that ACRRM: publishes a policy on the requirements for recency of practice; clearly documents and publishes the requirements and procedures for the interview; includes a community member on the interview panel; presents more detailed information on its website about the examinations, peer review and supervised practice requirements, including the period of time involved; develops guidelines for addressing issues that arise during supervision or peer review; documents the policy and process for re-assessment; clearly displays in one location on its website, the total range of costs that an SIMG may incur to complete the requirements for the specialist pathway; and publishes the appeals fee.

### Performance against benchmarks

Time to first available interview	Time from interview to interim assessment decision	Time for specialist recognition interim assessment decision	Time for area of need assessment	Time for final assessment decision
50.0%	62.5%	50.0%	N/A	100.0%

In 2016, some applications did not meet benchmark for time to first available interview due to difficulties in scheduling interviews because ACRRM panellists are located in different regions across Australia. Some applications also did not meet the benchmarks related to the interim assessment decision because the interview panel requested additional information.

### Performance against compliance measures

Period of peer review	Period of supervision	Timeframe to complete requirements for substantially comparable SIMGs	Timeframe to complete requirements for partially comparable SIMGs	Formal examinations for substantially comparable IMGs
100.0%	100.0%	N/A	75.0%	100.0%

Some partially comparable SIMGs did not meet the four year timeframe to complete college requirements, due to individuals taking leave, delays in obtaining Medicare provider numbers, and changes to supervisors.



## Overview

The ACRRM SIMG assessment process evaluates a SIMG's training, qualifications and experience for comparability with an Australian trained specialist. Candidates are eligible to apply for assessment if they hold a qualification listed on the college's codified list of recognised qualifications for selected countries.

When applying for assessment with ACRRM, SIMGs must concurrently apply for primary source verification with the AMC. The SIMG's application form is then reviewed by the college's Medical Educator as part of a paper-based assessment, and subsequently the SIMG may be invited to attend an interview. Interviews are used to further explore an applicant's training, experience, skills, and other professional attributes. The interview is typically conducted via videoconference with a panel of three approved ACCRM Fellows, one of whom is the appointed chair. Decisions regarding comparability are made on a consensus basis, with all decisions then reviewed and endorsed by the college approved Medical Educator. Not comparable candidates can be determined after the paper-based assessment or interview stage.

Additional requirements for SIMGs are determined based on their individual training, experience, and identified gaps. The requirements, including any assessments, are set out in a learning plan that is developed in consultation with the candidate, supervisor, and ACRRM Medical Educator. The candidate then undertakes a period of peer review or supervised practice and completes the learning plan requirements, which are reviewed on a six monthly basis. Successful SIMGs are then recommended to the ACRRM board for bestowing of Fellowship. ACRRM requires that SIMGs obtain Fellowship as part of the College's recommendation for registration.

ACRRM also accepts applications from SIMGs seeking an area of need assessment which is assessed concurrently as part of the interview process where requested. Applicants can choose to apply for the specialist pathway, area of need, or both.

The assessment process is overseen by ACRRM's dedicated SIMG Committee, which has responsibility for overseeing the assessment process for the college, and reviewing and approving specialist pathway procedures. The committee includes a Chair nominated by the Board, a Registrar (preferably a SIMG), up to six college Fellows, and other college staff or outside experts.

The ACRRM process for assessing Australian and New Zealand medical graduates with overseas specialist qualifications is the same as the SIMG process.



### 6.1 Committee structure and operation

#### Overall finding



*ACRRM complies with the Good Practice Guidelines in relation to the committee structure and operation.*

#### Key features of process

The ACRRM IMG Assessment Committee is governed by the committee terms of reference, which outlines the committee's roles, responsibilities and structure (1). The committee's responsibilities include overseeing assessments, and reviewing and approving specialist pathway procedures. This includes ensuring that appropriate systems are in place to manage assessment responsibilities with procedural fairness and efficiency.

The committee members comprise a Chair nominated by the ACRRM Board, up to six college Fellows, a registrar (who is preferably a SIMG), and other college staff or outside experts from time to time (including individuals in their capacity as community or health consumer representatives).

The committee membership includes at least one member who is a SIMG, at least one member who is actively engaged in the provision of College vocational training assessment activities, and at least three members who are actively engaged in the provision of college SIMG assessment activities.

The committee terms of reference require that conflicts of interest are declared by members and recorded in meeting minutes.

## Analysis

As per the *Good Practice Guidelines*, ACRRM has established a committee responsible for the assessment process and has created a documented governance framework for the committee. The committee is governed by its terms of reference which specify the committee's role, responsibilities, structure, conflicts of interest procedures, and its responsibility for ensuring procedural fairness.

The *Good Practice Guidelines* require that committee members have the necessary attributes, knowledge and skills in the assessment of college trainees and understand the college's training requirements and standards. ACRRM has sought to meet this requirement through the committee membership rules, which require members to include persons who are actively engaged in the provision of college vocational training assessments and SIMG assessments.

The *Good Practice Guidelines* further require that the committee includes at least one Fellow who has been through the SIMG assessment process and, if possible, at least one community member. The ACRRM SIMG Assessment Committee includes at least one SIMG. In addition, the committee may invite individuals in their capacity as community members or health consumer representatives to attend meetings.

ACRRM has systems in place to ensure procedural fairness and manage conflicts of interest.



## 6.2 Application and paper-based review

### Overall finding



*ACRRM substantially complies with the Good Practice Guidelines in relation to the application and paper-based review. ACRRM should publish a policy on the requirements for recency of practice as required by the guidelines.*

*As part of the de-identified file review, we confirmed that, for the files shown, the paper-based assessment was undertaken using the template and requirements specified by the college.*

### Key features of process

Candidates are eligible to apply for assessment if they hold a qualification listed on the college's codified list of recognised qualifications for selected countries (2). If eligible, an application form must be submitted which records an applicant's qualifications, relevant training, experience, and details of area of need position (if applicable) (3). The application form must be lodged together with supporting documentation listed on the form, which includes evidence of English language proficiency at a level acceptable by the MBA. Before applying, candidates are required to submit their medical qualifications for primary source verification via the AMC website.

The process for paper-based assessment is documented in ACRRM's *Specialist Pathway Application Guidelines*, which are published on the college's website and provide guidance to applicants on completing the application form (4). The paper based assessment is completed by the ACRRM Medical Educator (5). The Medical Educator uses a standardised template to record the applicant's level of experience, recognition of prior learning, suitability for area of need position (if applicable), and a recommendation on whether to proceed to interview. It also includes comments for the interview panel, and any feedback to the applicant (6).

ACRRM applies the MBA's published registration standard in determining a SIMG's recency of practice for the purposes of assessing comparability or suitability for an area of need position (11). However this information is not published by the college.

## Analysis

As per the requirements in the *Good Practice Guidelines*, ACRRM undertakes a review of documentary evidence provided by the SIMG and publishes the requirements for paper-based assessment. This includes the requirement for applicants to apply to have their medical qualifications verified by the AMC.

The application form includes a statement of the documentary evidence that the applicant is required to submit, including English language proficiency requirements at a standard acceptable to the MBA.

While the college follows the MBA's standard for recency of practice, the requirements are not published by ACRRM. The college could publish guidance for applicants on the requirements for recency of practice (for example, a link to the MBA standard could be included on the ACRRM website).



### 6.3 Interview

#### Overall finding



*ACRRM substantially complies with the Good Practice Guidelines in relation to the interview. ACRRM should clearly document and publish the requirements and procedures for the interview to prospective applicants, and should include a community member on the interview panel.*

*As part of the de-identified file review, we confirmed that, for the files shown, the interview was undertaken using the template and requirements specified by the college.*

#### Key features of process

The ACRRM website includes a high-level flow chart showing the steps involved in the assessment, including the interview (7). Interviews are conducted for applicants who successfully pass the paper-based assessment. The purpose is to confirm matters of training and experience, and the equivalence of the SIMG's knowledge, skills, and attitudes to the standards expected of a Fellow of ACRRM (9). Identified gaps are used to recommend specific areas of further training or professional development for the SIMG.

ACRRM frequently conducts interviews via videoconference. Candidates, invigilators and assessors are provided with guidelines on the conduct of the interview, and rules relating to misconduct and irregularities (8). Applicants are responsible for sourcing a suitable examination venue and an invigilator, which must be advised to ACRRM at least 14 days prior to the interview.

Candidates are interviewed by a panel of three approved ACRRM Fellows, one of whom is the appointed chair (5). ACRRM does not directly involve community representatives on the interview panel, however, each member of the panel is involved in their local communities. The panel members review the applicant's documentation prior to the interview, and discuss the applicant's experience and background, including targeted questions for the interview.

During the interview, each panel member completes an individual rating form containing a set of standard questions (10). Panel members follow the *ACRRM Rating Guide* for interviews (9), which includes guidance on rating criteria, interview approach, and suggested format. The interview does not involve clinical testing. SIMGs are given the opportunity to ask questions about the assessment process and next steps.

At the completion of the interview, panel members discuss their assessment and work towards a consensus decision. The Chair then completes an outcome report which is forwarded to the College Medical Educator who is responsible for reviewing the outcome for consistency and providing assurance that the process has followed ACRRM's standards.

Panel assessors must complete training prior to being approved to assess. Training includes individual instruction, observing interview sessions, participation in interviews whilst being observed, and review sessions following training (5). Assessors also complete an online learning module.

#### Analysis

The *Good Practice Guidelines* require that colleges clearly document and publish the requirements and procedures for the interview. Ahead of the interview, applicants are provided with guidelines on interview rules and procedures. However, these guidelines are not publicly available. ACRRM could publish more detailed guidance for prospective

applicants (for example, on the college website), including information about eligibility, the structure and format of the interview, any specific rules, and indicative topics to be covered.

The *Good Practice Guidelines* also recommend that the interview panel should include a community member. While ACRRM's assessors are involved in their respective communities, ACRRM does not have an individual on the panel in their specific capacity as a community member. ACRRM meets other aspects of the *Good Practice Guidelines* in relation to interviews. This includes having trained assessors; reviewing SIMG documentation in advance; using relevant and structured questions; giving SIMGs the opportunity to ask questions; and not undertaking clinical testing.



## 6.4 Interim assessment decision (assessment of comparability)

### Overall finding



*ACRRM complies with the Good Practice Guidelines in relation to the interim assessment decision.*

### Key features of process

The interim assessment decision at ACRRM involves evaluating a SIMG's training, qualifications and experience for comparability with an Australian trained specialist (7).

Through the interim assessment, the college seeks to identify potential deficits in knowledge, skills and attitude in order to determine learning and supervision needs, and to identify competence and suitability for specific tasks in the case of area of need applicants (9). The interim is completed against a standard assessment framework with applicants being assigned ratings against competency areas.

The college requires that substantially comparable applicants are required to complete up to 12 months of peer review / oversight (11). Partially comparable SIMGs are required to complete up to 24 months of supervised practice / upskilling with associated assessment. SIMGs who require more than 24 months upskilling would be deemed as not comparable.

An individual learning plan is developed for substantially and partially comparable SIMGs to account for their training, experience, additional requirements, and where the candidate is intending to work. Substantially and partially comparable SIMGs are given two and four years, respectively, to complete their period of peer review or supervised practice.

SIMGs must submit all documentation, including supervisor details and nominated positions, at the application stage for approval (3).

The interim assessment requires that applicants appreciate limitations to their scope of practice in decision-making on treatment and referral (9). However, ACRRM does not offer limited scope of practice assessments to SIMGs (11).

### Analysis

ACRRM undertakes interim assessments in line with the MBA's approved definitions for comparability for partially and substantially comparable SIMGs, including time periods for supervised practice and peer review. The maximum timeframes for completing college requirements are also aligned to the *Good Practice Guidelines*.

As per the *Good Practice Guidelines*, the interim assessment is used to identify the SIMG's gaps and deficiencies compared with Australian specialist training.



## 6.5 College additional requirements and final assessment

### Overall finding



*ACRRM substantially complies with the Good Practice Guidelines in relation to college additional requirements and final assessment. To fully meet the guidelines, ACRRM could more clearly publish the college's requirements and procedures for supervision and examinations. ACRRM could also develop guidelines for addressing issues that arise during supervision / peer review.*

### Key features of process

During the period of peer review or supervised practice, SIMGs are monitored by supervisors in accordance with ACRRM's Specialist Pathway Procedures (12). The roles and responsibilities of supervisors and SIMGs are outlined in the ACRRM Candidate and Supervisor Agreements (13, 14). In particular, supervisors must provide quarterly supervisor report to ACRRM using the college's template (15).

ACRRM operates under the Primary Rural and Remote Training Standards for Supervisors and Teaching Posts, which are published on the college website under the 'training towards Fellowship' section (16, 17). The document describes the standards for supervisors and college teaching posts.

A SIMG's assessment requirements, including any examinations, are determined at the interview stage and are aligned to ACRRM's requirements for Australian trainees seeking Fellowship (11). Guidelines on examinations are published in ACRRM's Fellowship Assessment Handbook (18), which is available on the ACRRM website. The guidelines cover ACRRM's approaches to assessment, including summative assessments, multi-source feedback, mini clinical examinations, case based discussions, assessment using multiple patient scenarios, and procedural skills logbooks.

Ongoing assessments are required for both partially and substantially comparable SIMGs. These assessments are completed after a period of time on the pathway and are designed to assess interpersonal and professional behaviour, development and clinical skills (11). Substantially comparable SIMGs are not required to undertake formal, written examinations.

The college determines the appropriate level of supervision for SIMGs on a case-by-case basis, by reference to the experience of each candidate and how it relates to ACRRM's primary curriculum (5). Details such as training, experience, the location where the candidate is intending to work, additional training requirements, and supervision opportunities are a part of developing and implementing individual learning plans. Due to the nature of rural and remote work, the majority of ACRRM's applicants undertake remote supervision, which is done at Level 3 of the MBA's Guidelines for Supervised Practice for International Medical Graduates (11, 19).

SIMGs must submit supervisor details and nominated positions, at the application stage for approval (3).

In its input into the review, ACRRM noted that due to its small volume of applications, any issues arising during supervision / peer review are handled on a case by case basis (11). Applicants who are not recommended for registration in the final assessment decision are advised to contact AHPRA for further guidance (11).

Whilst on the specialist pathway, access to ACRRM's CPD program is optional (11).

After a SIMG has completed the additional requirements, ACRRM informs the SIMG of its final recommendation and uploads its decision using Report 2 to the AMC portal (2). In 2016, ACRRM recommended four SIMGs for registration and no SIMGs were not recommended (21). In 2015, two SIMGs were recommended for registration, while four were not recommended.

### Analysis

The *Good Practice Guidelines* require that colleges clearly document and publish the requirements and procedures for supervision and examinations. While ACRRM publishes its standards for supervisors and teaching posts (16) on the college website, this information is on a different part of the website to the specialist pathway process for SIMGs. The ACRRM website could more clearly direct SIMGs to the appropriate policies

for supervision, and provide a clear statement of the requirements and procedures for supervision.

Similarly, ACRRM's requirements and procedures for examinations, as documented in the Fellowship Assessment Handbook (18), could be more clearly drawn to the attention of SIMGs on ACRRM's website, including the specific examination requirements applying to SIMGs.

The *Good Practice Guidelines* further require that colleges have guidelines defining the processes for addressing issues arising during supervision / peer review. While ACRRM has a small volume of applicants, and issues are currently managed on a case-by-case basis, ACRRM could develop guidelines on the principles and mechanisms for reporting and managing issues to ensure there is consistency and transparency in ACRRM's approach.

ACRRM meets other requirements in the *Good Practice Guidelines* including not requiring substantially comparable SIMGs to sit formal written examinations; aligning SIMG clinical experience and assessment requirements to what is required of Australian trainees; documenting the process for monitoring SIMGs (i.e. through supervisor reports); and advising SIMGs who do not meet college requirements to contact AHPRA for further guidance.

Furthermore, in line with the *Good Practice Guidelines*, ACRRM has guidelines defining the roles and responsibilities of supervisors and SIMGs, the appropriate level of supervision, and the requirements for remote supervision.

The *Good Practice Guidelines* require colleges to inform SIMGs about the requirement for prospective approval of supervisors or positions. ACRRM meets this requirement through its SIMG application form, where details of supervisors and positions must be provided.



## 6.6 Area of need assessment

### Overall finding



*ACRRM complies with the Good Practice Guidelines in relation to area of need assessment.*

### Key features of process

The ACRRM website includes a high-level flowchart describing the steps involved in the assessment process, including area of need assessment (7). The ACRRM Specialist Pathway Application Form (3) and Application Guidelines (4) provide further guidance, including asking candidates to describe how their knowledge, skills and attitudes meet the requirements of the position. The Application Guidelines also refer applicants to the AMC's webpage which describes the area of need pathway. Candidates must provide employer contact details as part of their area of need application (3).

Suitability for area of need positions is assessed concurrently with specialist recognition, as part of the interview process where requested (5). Applicants can choose to apply for the specialist pathway, area of need, or both (7, 3). The ACRRM applicant rating form and supporting guide for interview panel members (10, 9) provide further guidance for assessors on area of need.

### Analysis

The *Good Practice Guidelines* require that colleges have a process for assessing applicants for an area of need. ACRRM has a published process for area of need assessment as per the process described in college guidelines for applicants and assessors, and the ACRRM website. Applicants can choose to apply for the specialist pathway, area of need, or both.





## 6.7 Communication

### Overall finding



*ACRRM substantially complies with the Good Practice Guidelines in relation to communication with the MBA and AHPRA, and SIMGs. However, ACRRM should present more detailed information on its website about peer review and supervised practice requirements, including the period of time involved.*

### Key features of process

SIMGs wishing to apply to ACRRM for the specialist pathway are provided with a high-level overview of the assessment process on the college website (7). This includes a description of both the specialist recognition and area of need pathways, as well as eligibility criteria and instructions for applying. The website has a flow chart showing the key steps in the assessment process.

Applicants receive email communication from the college throughout the assessment process. The communication is based on email templates contained in the ACRRM Specialist Pathway Procedures (12). This includes email confirmation when an application is received, requests for additional documentation (where required), and an invitation to interview if applicable.

ACRRM advises interim assessment outcomes by way of email notification to the applicant, which includes reasons for the assessment decision, and a copy of a draft learning plan for partially and substantially comparable SIMGs. The learning plan documents the college's additional requirements. If applicable, applicants are also provided with a candidate agreement form, college membership form, a copy of the supervisor guidelines, the specialist pathway pricing schedule, guidelines for ACRRM's online learning platform, and the assessment handbook.

ACRRM also uploads the interim assessment decision to the AMC secure portal in the form of Report 1, which outlines the college's additional requirements.

After a SIMG has completed the additional requirements, ACRRM informs the SIMG of its final recommendation and uploads its decision using Report 2 to the AMC secure portal. A copy of Report 2 is also provided to the candidate.

Whilst, in its submission to the review, ACRRM noted that it has never received information for the purposes of the interim assessment decision that raised concerns about a SIMG's suitability for registration, such information would be handled on a case by case basis (11). This may involve referral to the ACRRM Medical Educator or assessment committee. In some circumstances, it may be appropriate to discuss the information with the MBA.

### Analysis

The *Good Practice Guidelines* require that colleges have a clear process for assessment in the specialist pathway. The ACRRM website provides applicants with high level information about the specialist recognition and area of need pathways, including eligibility criteria, and the key steps in the assessment process. However, based on the information provided on the website, the timeframes and other requirements for peer review and supervised practice are not clear.

ACRRM could more clearly present information about the period of time required for peer review and supervised practice (including maximum timeframes), and the types of assessments that are typically involved.

The college meets other aspects of the *Good Practice Guidelines* relating to communication, including informing the SIMG of the interim assessment outcome and additional requirements; and uploading its decisions to the AMC secure portal using Reports 1 and 2. The college reported that it has never received information for the purposes of the interim assessment decision that raises concerns about a SIMG's suitability for registration.



## 6.8 Governance and appeals processes

### Overall finding



*ACRRM substantially complies with the Good Practice Guidelines in relation to governance and appeals processes. The college does not currently offer re-assessment of comparability. ACRRM should document the policy and process for SIMGs with material changes in their training and experience to apply for re-assessment.*

### Key features of process

SIMGs who wish to appeal a decision by ACRRM have access to the college's appeals process as documented in the college's Appeals Policy published on the college's website (20). ACRRM did not receive any appeals from SIMGs between 2014 and 2016 (21).

The college's Appeals Committee comprises three college Fellows with medical educator experience who were not party to any decision to which the appeal relates. The committee also includes the Chief Executive Officer as a non-voting member; and other individuals as appropriate to a specific case. The Appeals Committee is responsible for hearing appeals, while the ACRRM Board makes the final appeals decisions on the recommendation of the Appeals Committee. Appeals must be lodged in writing within 21 days of the appellant being informed of the decision to which the appeal is being made.

All SIMG applications and correspondence are recorded in the college's customer relationship management (CRM) system, which is used to monitor applications and timeframes (12).

Based on a review of three de-identified file notes, the college documents the key stages of the assessment process for each SIMG (11). This includes the application submission; paper-based assessment; interview outcome; and supervisor agreements and report. ACRRM also documents its decisions in Reports 1 and 2 provided to the MBA. The decision of comparability is supported by an overall performance summary document prepared by the interview panel, including ratings against clinical and training criteria.

If any deviations from published procedures occur, ACRRM will examine these on a case by case basis (11). This may involve referring deviations to the education / assessment committee for review.

As part of reviewing the governance and appeals processes, colleges were asked to comment on how they would handle publically provided / externally available information about a SIMG. ACRRM noted that, due to the low volume of applications, this is addressed on a case-by-case basis (11). In the first instance, the college would refer relevant information to the medical educator or assessment committee, and in some circumstances it may be appropriate to discuss the information with the MBA. Applicants would be given the opportunity to respond to any publically available or externally provided information.

ACRRM does not offer re-assessment of comparability, however applicants may present for a new assessment should their circumstances change since the original assessment (11).

SIMGs are also able to lodge complaints to ACRRM regarding discrimination, bullying and harassment. ACRRM's policy for addressing complaints is published on the ACRRM website (22). In particular, complaints can be lodged on the college website, or individuals can speak with college management or lodge a written complaint with the Chief Executive Officer. Formal complaints are reviewed by ACRRM management in consultation with relevant staff. If necessary, the issues can be addressed formally through committee or ACRRM Board processes.

### Analysis

As required by the *Good Practice Guidelines*, ACRRM has published the requirements and procedures for its appeals process. ACRRM also has in place mechanisms for SIMGs to lodge complaints about discrimination, bullying and harassment.



The *Good Practice Guidelines* require that colleges should document a policy and process for SIMGs to apply for re-assessment. ACRRM does not currently offer re-assessments. The college should implement a policy allowing SIMGs with material changes in their training and experience to apply for re-assessment, without needing to lodge a new assessment application.

ACRRM meets other aspects of the *Good Practice Guidelines* in relation to governance and appeals. This includes ACRRM having in place a process for monitoring applications; documenting deviations from published procedures; documenting each stage of the assessment process; and following procedural fairness in the case of publically available / externally provided information.



## 6.9 Fees

### Overall finding



*ACRRM partially complies with the Good Practice Guidelines in relation to fees. However, the college should clearly display in one location on their website, the total range of costs that an SIMG may incur to complete the requirements for the specialist pathway. The college should also publish the appeals fee.*

### Key features of process

ACRRM's SIMG fees are outlined in the college's specialist pathway pricing schedule, which is published on ACRRM's website (23). The amount of each fee is included in the schedule, with the exception of some of the assessment fees, which are listed separately on the webpage with the details of assessments for all trainees (24), and the reconsideration and appeals fees, which are found on the application form. The current fees are:

- Application review (\$705)
- Paper-based Assessment (\$595)
- Structured Interview (\$1,785)
- Video conferencing (\$565)
- Learning plan development (\$1,195)
- IMG support fee (\$652 payable quarterly)
- Assessment fees (from \$255 to \$2,795 depending on required assessment)
- Review meeting (\$595 if applicable)

The pricing schedule document provides an explanation of each fee, the activities it covers, and when the fee is payable (23). In its submissions to the review, ACRRM noted that it operates on a cost recovery basis (11).

The fees for reconsideration and review are published on the form *Application for Reconsideration or Review of a Decision* (25). The college no longer publishes the appeal fee and the Reconsideration, Review and Appeals Policy states that the CEO "will advise the appellant of the applicable fee prior to lodgement of the formal appeal" (20). As part of the review, the college provided the previous Appeals Policy, which included the appeals fee. The new policy came into effect from September 2017.

The college will refund the fee paid for the reconsideration, review or appeal in the case that the appeal is successful (20).

### Analysis

In line with the *Good Practice Guidelines*, ACRRM documents the fees involved in the assessment process and only charges fees for the allowed activities.

The ACRRM price list for the specialist pathway is easily found on the ACRRM website. However, the ACRRM price list does not list the amount of each fee in one place, and the assessment fees are more difficult to find on the website. It would be useful to provide SIMGs with a total estimate of the expected cost to complete the specialist pathway.

ACRRM also does not publish the appeals fee on its website, the *Good Practice Guidelines* require the costs of each element of the process to be published.

## 6.10 Medical Board of Australia benchmarks and compliance measures

Table 6.1: Medical Board of Australia benchmarks

Benchmark <i>all data is for 2016</i>	Description	Comments															
<p><b>Time to first available interview</b></p> <table border="1"> <thead> <tr> <th>Time Range</th> <th>All colleges (average)</th> <th>ACRRM</th> </tr> </thead> <tbody> <tr> <td>&gt;9 months</td> <td>0.8%</td> <td>0.0%</td> </tr> <tr> <td>&gt;6-9 months</td> <td>0.8%</td> <td>0.0%</td> </tr> <tr> <td>&gt;3-6 months</td> <td>16.2%</td> <td>50.0%</td> </tr> <tr> <td>0-3 months</td> <td>82.1%</td> <td>50.0%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ ACRRM</p>	Time Range	All colleges (average)	ACRRM	>9 months	0.8%	0.0%	>6-9 months	0.8%	0.0%	>3-6 months	16.2%	50.0%	0-3 months	82.1%	50.0%	<p><b>Start date:</b> date complete application received</p> <p><b>End date:</b> date of first available interview that is offered</p> <p><b>Benchmark:</b> interview available within 3 months</p>	<p>50% of applications did not meet this benchmark in 2016 due to challenges in scheduling interviews, which typically involve three panellists situated across multiple time zones (11, 21).</p>
Time Range	All colleges (average)	ACRRM															
>9 months	0.8%	0.0%															
>6-9 months	0.8%	0.0%															
>3-6 months	16.2%	50.0%															
0-3 months	82.1%	50.0%															
<p><b>Time from interview to interim assessment decision</b></p> <table border="1"> <thead> <tr> <th>Time Range</th> <th>All colleges (average)</th> <th>ACRRM</th> </tr> </thead> <tbody> <tr> <td>&gt;28 days</td> <td>42.5%</td> <td>0.0%</td> </tr> <tr> <td>15-28 days</td> <td>17.5%</td> <td>37.5%</td> </tr> <tr> <td>0-14 days</td> <td>40.1%</td> <td>62.5%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ ACRRM</p>	Time Range	All colleges (average)	ACRRM	>28 days	42.5%	0.0%	15-28 days	17.5%	37.5%	0-14 days	40.1%	62.5%	<p><b>Start date:</b> date of interview</p> <p><b>End date:</b> date decision of interim assessment is made by the college (Report 1)</p> <p><b>Benchmark:</b> interim assessment completed within 14 days from the interview</p>	<p>37.5% of applications did not meet this benchmark in 2016 as a result of delays caused where the interview panel requested additional information from SIMGs (11).</p>			
Time Range	All colleges (average)	ACRRM															
>28 days	42.5%	0.0%															
15-28 days	17.5%	37.5%															
0-14 days	40.1%	62.5%															
<p><b>Time for specialist recognition interim assessment</b></p> <table border="1"> <thead> <tr> <th>Time Range</th> <th>All colleges (average)</th> <th>ACRRM</th> </tr> </thead> <tbody> <tr> <td>9 months +</td> <td>2.5%</td> <td>0.0%</td> </tr> <tr> <td>7-9 months</td> <td>10.8%</td> <td>0.0%</td> </tr> <tr> <td>3 months, 15 days - 6 months</td> <td>34.6%</td> <td>50.0%</td> </tr> <tr> <td>0 - 3 months, 14 days</td> <td>52.1%</td> <td>50.0%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ ACRRM</p>	Time Range	All colleges (average)	ACRRM	9 months +	2.5%	0.0%	7-9 months	10.8%	0.0%	3 months, 15 days - 6 months	34.6%	50.0%	0 - 3 months, 14 days	52.1%	50.0%	<p><b>Start date:</b> date complete application is received</p> <p><b>End date:</b> date decision of interim assessment is made by the college (Report 1)</p> <p><b>Benchmark:</b> interim assessment completed within 3 months and 14 days</p>	<p>50% of applications did not meet this benchmark in 2016 as a result of delays caused where the interview panel requested additional information from SIMGs (11).</p>
Time Range	All colleges (average)	ACRRM															
9 months +	2.5%	0.0%															
7-9 months	10.8%	0.0%															
3 months, 15 days - 6 months	34.6%	50.0%															
0 - 3 months, 14 days	52.1%	50.0%															

Benchmark <i>all data is for 2016</i>	Description	Comments
<p><b>Time for area of need assessment</b></p> <p>■ All colleges (average) ■ ACRRM</p>	<p><b>Start date:</b> date complete application is received</p> <p><b>End date:</b> date decision of assessment is made by college</p> <p><b>Benchmark:</b> area of need assessment completed within 2 months</p>	<p>There were no applications for area of need assessment only in 2016.</p>
<p><b>Time for final assessment decision</b></p> <p>■ All colleges (average) ■ ACRRM</p>	<p><b>Start date:</b> date college notified that IMG has completed all requirements</p> <p><b>End date:</b> date decision of final assessment is made (Report 2)</p> <p><b>Benchmark:</b> decision completed within 2 months</p>	<p>The college met this benchmark for all applicants in 2016.</p>

Source: MBA data, 2017.

Table 6.2: Medical Board of Australia compliance measures

Compliance measure <i>all data is for 2016</i>	Description	Comments
<p><b>Period of peer review – substantially comparable IMGs</b></p> <p>■ All colleges (average) ■ ACRRM</p>	<p><b>Compliance measure:</b> up to 12 months FTE of peer review</p>	<p>No substantially comparable SIMGs were required to do more than 12 months of peer review in 2016, as per the <i>Good Practice Guidelines</i>.</p>

Compliance measure <i>all data is for 2016</i>	Description	Comments															
<p><b>Period of supervision – partially comparable IMGs</b></p> <table border="1"> <thead> <tr> <th>Period of supervision</th> <th>All colleges (average)</th> <th>ACRRM</th> </tr> </thead> <tbody> <tr> <td>&gt;36 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>&gt;24-36 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>0-24 months</td> <td>79.1%</td> <td>100.0%</td> </tr> <tr> <td>No supervision</td> <td>20.9%</td> <td>0.0%</td> </tr> </tbody> </table>	Period of supervision	All colleges (average)	ACRRM	>36 months	0.0%	0.0%	>24-36 months	0.0%	0.0%	0-24 months	79.1%	100.0%	No supervision	20.9%	0.0%	<p><b>Compliance measure:</b> up to 24 months FTE of supervised practice</p>	<p>No partially comparable SIMGs were required to undertake more than 24 months of supervised practice in 2016, as per the <i>Good Practice Guidelines</i>.</p>
Period of supervision	All colleges (average)	ACRRM															
>36 months	0.0%	0.0%															
>24-36 months	0.0%	0.0%															
0-24 months	79.1%	100.0%															
No supervision	20.9%	0.0%															
<p><b>Timeframes to complete requirements – substantially comparable IMGs</b></p> <table border="1"> <thead> <tr> <th>Timeframes to complete requirements</th> <th>All colleges (average)</th> <th>ACRRM</th> </tr> </thead> <tbody> <tr> <td>&gt; 2 years</td> <td>0.5%</td> <td>0.0%</td> </tr> <tr> <td>0-2 years</td> <td>99.5%</td> <td>0.0%</td> </tr> </tbody> </table>	Timeframes to complete requirements	All colleges (average)	ACRRM	> 2 years	0.5%	0.0%	0-2 years	99.5%	0.0%	<p><b>Compliance measure:</b> up to two years to complete 12 months FTE peer review</p>	<p>In 2016, the college did not have any substantially comparable SIMGs complete the college requirements.</p>						
Timeframes to complete requirements	All colleges (average)	ACRRM															
> 2 years	0.5%	0.0%															
0-2 years	99.5%	0.0%															
<p><b>Timeframes to complete requirements – partially comparable IMGs</b></p> <table border="1"> <thead> <tr> <th>Timeframes to complete requirements</th> <th>All colleges (average)</th> <th>ACRRM</th> </tr> </thead> <tbody> <tr> <td>&gt; 4 years</td> <td>11.8%</td> <td>25.0%</td> </tr> <tr> <td>0-4 years</td> <td>88.2%</td> <td>75.0%</td> </tr> </tbody> </table>	Timeframes to complete requirements	All colleges (average)	ACRRM	> 4 years	11.8%	25.0%	0-4 years	88.2%	75.0%	<p><b>Compliance measure:</b> up to four years to complete 24 months FTE of supervised practice</p>	<p>In 2016, 25% of partially comparable SIMGs who completed ACRRM's additional requirements, did so in more than 4 years (not meeting the compliance measure). Delays were caused by some SIMGs taking leave, delays in obtaining Medicare provider numbers, and changes to supervisors (11). Extensions to maximum timeframes are considered by ACRRM on a case-by-case basis.</p>						
Timeframes to complete requirements	All colleges (average)	ACRRM															
> 4 years	11.8%	25.0%															
0-4 years	88.2%	75.0%															
<p><b>Formal examinations for substantially comparable IMGs</b></p> <p><i>No colleges required substantially comparable IMGs to sit exams in 2016</i></p>	<p><b>Compliance measure:</b> substantially comparable IMGs should not be required to undertake a formal examination</p>	<p>The college did not require any substantially comparable SIMGs to undertake formal examinations in 2016, as per the <i>Good Practice Guidelines</i>.</p>															

Source: MBA data, 2017.

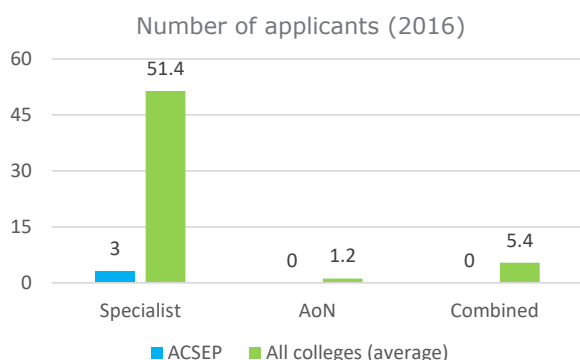
#### **Documents reviewed and information sources**

- (1) International Medical Graduate Assessment Committee Terms of Reference, 2016 (*internal document*)
- (2) 'Eligibility – Specialist Pathway' webpage. Available at: <http://www.acrrm.org.au/becoming-registered-in-australia/specialist-pathway/eligibility>, accessed September 2017
- (3) Application to be Assessed for Recognition as a Specialist in the field of General Practice
- (4) Specialist Pathway – Application Guidelines
- (5) Report prepared for Deloitte Access Economics, 5 July 2017 (*internal document*)
- (6) Paper-based Assessment – Specialist Pathway template (*internal document*)
- (7) 'Process – Speciality pathway' webpage. Available at: <http://www.acrrm.org.au/becoming-registered-in-australia/specialist-pathway/process>, accessed September 2017
- (8) Specialist Pathway Interview (SPI) Rules and Regulations for Candidates and Invigilators
- (9) Overseas Trained General Practitioners – (OTGP) Assessment – Specialist Assessment Pathway – Rating Guide for Interview Panel Members (*internal document*)
- (10) Overseas Trained General Practitioners – Assessment Specialist Pathway: Applicant Rating Form – Individual Panellist Evaluation (*internal document*)
- (11) Discussion with college and review of de-identified file notes.
- (12) ACRRM, Specialist Pathway Procedures, 1 July 2014 (*internal document*)
- (13) ACRRM, Candidate Agreement
- (14) ACRRM, Supervisor Agreement
- (15) ACRRM Specialist Assessment Pathway – Supervisor Report
- (16) ACRRM, Primary Rural and Remote Training, Standards for Supervisors and Teaching Posts
- (17) 'Supervisors and teaching posts' webpage. Available at: <http://www.acrrm.org.au/training-towards-fellowship/training-your-registrars/supervisors-and-teaching-posts>, accessed September 2017
- (18) ACRRM Fellowship Assessment Handbook
- (19) Medical Board of Australia, Guidelines: Supervised Practice for International Medical Graduates
- (20) ACRRM, Reconsideration, Review and Appeals Policy, 2017.
- (21) ACRRM report to the Medical Board of Australia (2014, 2015, 2016)
- (22) 'College policy for addressing complaints' webpage. Available at: <http://www.acrrm.org.au/about-the-college/complaints/policy-on-addressing-complaints>, accessed September 2017
- (23) Specialist Pathway Fees Pricing Scheduled as of 1 July 2017
- (24) 2017 Assessment and Assessment Support Program dates. Available at: <http://www.acrrm.org.au/training-towards-fellowship/reporting-and-assessments/dates-and-enrolment>, accessed November 2017
- (25) Application for Reconsideration or Review of a Decision. Available at: <http://www.acrrm.org.au/forms/application-for-reconsideration-or-review-of-a-decision>, accessed December 2017.

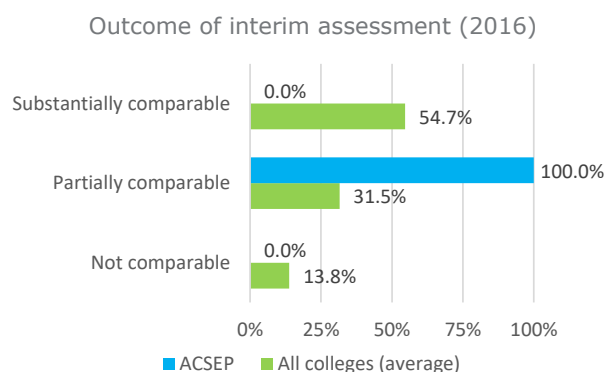
## 7 Australasian College of Sport and Exercise Physicians

### Overview of college assessment process

The Australasian College of Sport and Exercise Physicians (ACSEP) OTS assessment process is designed is outlined in the *Overseas trained Sport and Exercise Medicine Physician* document found on the college's website. ACSEP receives a very small number of applications each year.



Source: MBA data, 2017.



Source: MBA data, 2017. "Not comparable" includes SIMGs who were found to be not comparable at the paper-based assessment.

### Compliance with the *Good Practice Guidelines*

Committee structure and operation	Application and paper-based review	Interview	Interim assessment decision	College additional requirements and final assessment	Area of need assessment	Communication	Governance and appeals processes	Fees

In order to fully comply with the *Good Practice Guidelines*, we recommend that ACSEP provides additional information for applicants on its website in relation to: the information and evidence that is required to apply for specialist recognition; the requirements and procedures for supervision and examinations; the policy and process for re-assessment; the requirements and procedures for appeals; and an estimate of the total fee that a SIMG is likely to incur to complete the requirements for the specialist pathway. The college should revise its process for the interim assessment decision to meet the requirements of the Guidelines and introduce a process for assessing area of need applicants. In relation to the assessment committee, ACSEP should document guidelines for procedural fairness and managing conflicts of interest. ACSEP should also ensure it is applying the MBA's definitions of comparability in relation to examinations correctly and not requiring applicants with many years' experience to complete examinations.

### Performance against benchmarks

Time to first available interview	Time from interview to interim assessment decision	Time for specialist recognition interim assessment decision	Time for area of need assessment	Time for final assessment decision
N/A	N/A	100.0%	N/A	N/A

ACSEP does not conduct interviews and there were no applications that went through final assessment in 2016.

### Performance against compliance measures

Period of peer review	Period of supervision	Timeframe to complete requirements for substantially comparable SIMGs	Timeframe to complete requirements for partially comparable SIMGs	Formal examinations for substantially comparable IMGs
N/A	100.0%	N/A	N/A	N/A

## Overview

The ACSEP OTS assessment process is designed to evaluate the education, training, work experience and ongoing professional development of the overseas trained specialist for comparability with an ACSEP trained Fellow. In general, the college receives a very small number of applications to the specialist pathway each year, receiving only three in 2016.

The ACSEP OTS Committee is responsible for the assessment of OTS applicants. The committee has four active members who are all Fellows of the college, including one who has been through the OTS process.

The OTS assessment process consists of three stages: the initial, ongoing, and final assessment.

During the "initial assessment" stage, the ACSEP OTS Committee assesses paper-based applications and determine the comparability of applicants. The college does not conduct any interviews to assist with the interim assessment decision and the college requires the applicant to be practising up to the point of application. Additionally, to be considered substantially comparable, the college requires OTS applicants to have completed a qualification of at least four years, with an entry and exit exam. ACSEP assesses very few applicants as substantially comparable due to the differences between the Australian training program and international counterparts.

Prior to the final assessment, applicants must complete the requirements set out to them in the initial assessment. These can include a period of supervision and the Part Two (Exit) Examination which is sat by college trainees. As applicants progress through the process they are often unable to proceed further than the initial comparability assessment stage due to difficulties in securing a supervisor. This issue is a particular problem for the college, with only one applicant successfully obtaining a supervisor since the introduction of the *Good Practice Guidelines*.

There are two main reasons that it is difficult for OTS applicants to find a supervisor. First, applicants are required to be supervised by a Fellow of the college, who largely work in private practice, and do not have sufficient incentives to bring on an OTS under supervision. Although the college has three Fellows in the public system, none of them are in full-time roles and are all in sponsored roles, funded outside the state funding system. Second, the college has a low number of Fellows compared to other colleges, meaning there is limited availability for supervision to be undertaken.

In the final assessment, the OTS Committee provide a final determination of the comparability of an applicant which is conditional on successful completion of their supervised practice and exam requirements. It is not a requirement to obtain Fellowship as a part of being recommended for specialist recognition.

The college specialist pathway does not support area of need positions for OTS applicants. There are a small number of Fellows that work in areas of need but all positions are Government sponsored and are only granted to local ACSEP trainees.

The ACSEP process for assessing Australian and New Zealand medical graduates with overseas specialist qualifications is the same as the ACSEP OTS assessment process.



## 7.1 Committee structure and operation

### Overall finding



*ACSEP partially complies with the Good Practice Guidelines in relation to the committee structure and operation. To fully meet the Guidelines, ACSEP should document guidelines for procedural fairness and managing conflicts of interest.*

*ACSEP could consider including a community member on the committee.*

### Key features of process

ACSEP has established an OTS Committee, which is responsible for the assessment of OTS applicants. The committee has four active members who are all Fellows of the college, including a member or past member of the Board of Censors, a member or past member of the Training Committee, and a Fellow who has been through the OTS assessment process (2). There is no community member on the committee (1).



The college outlines the key competencies and characteristics required by members of the committee in the Terms of Reference document (2). The college ensures committee members understand the ACSEP training requirements and standards by circulating *Good Practice Guidelines* documents, alongside any new updates, to members (2).

The OTS Committee's Terms of Reference also includes the roles and responsibilities of the committee (2). The college expects committee members to declare and manage any potential conflicts of interest, although this policy is not documented (1).

## Analysis

As per the requirements in the *Good Practice Guidelines*, ACSEP has established a committee for the OTS assessment process.

The *Good Practice Guidelines* require that the committee includes one OTS who has been through the process and one community member, if possible. The OTS Committee includes one representative who has completed the OTS pathway but no community member.

The *Good Practice Guidelines* require that the college have a process in place for ensuring that members of the committee have the necessary attributes, knowledge and skills in the assessment of college trainees and understand their college's training requirements and standards. The college requires the committee to include a number of Fellows with specific experience although does not have a formal process in place that satisfies the requirement of this guideline. The Committee includes a member of the Training Committee, and the Terms of Reference do state that members should have "Commitment to maintaining standards of academic and clinical excellence within the College".

ACSEP has a documented governance framework for the operation of the committee, as required by the *Good Practice Guidelines*. However, this document does not include any procedures in place for declaring and managing conflicts of interest. ACSEP also does not make mention of procedural fairness in committee documents, or publish a detailed policy on the SIMG application process. ACSEP also does not publish an appeals policy. Without these documents it is difficult for SIMGs to determine if they have received procedural fairness in their assessment or know how to appeal a decision.



## 7.2 Application and paper-based review

### Overall finding



*ACSEP somewhat complies with the Good Practice Guidelines in relation to the application and paper-based review. The college should clearly publish the information and evidence that is required to apply for specialist recognition.*

*As the review of the templates and policies provided from the college already indicated significant variation to the guidelines, we did not consider it necessary to confirm our findings through a review of the college's de-identified file notes.*

### Key features of process

The ACSEP OTS Committee review paper applications to determine the comparability of applicants as the college does not conduct an interview (3). Applicants are assessed against a checklist which lists information to be provided by the applicant (4). The college's main requirement for comparability is that the OTS has completed a specialist medical training program of four years (or equivalent) with both an entry and exit exam (1). The college does not publish this requirement or a statement of the assessment standards and criteria for applicants.

The college's application form includes space for the AMC Confirmation (EICS number), although the requirement for applicants to apply to have their medical qualifications verified by the AMC is not directly stated (4).

The application form notes that a complete application should include the application form, completed checklist, certified documents and payment (4). However, the college



does not list what certified documents are required or inform applicants of any proof of English language requirements (4).

The college requires applicants to have practised up to when they submit their application, although does not formally publish a recency of practice requirement (1).

## Analysis

ACSEP includes a review of documentary evidence provided by the OTS, as required by the *Good Practice Guidelines*. The guidelines also require colleges to publish a clear statement of the assessment standards and criteria against which applicants will be assessed. The college has sought to meet this requirement by including questions as a part of the OTS assessment form, providing a general overview of the types of information assessed.

The colleges does not publish the information and evidence that the college requires from the OTS; whether the college requires proof of English language proficiency; the requirement to apply for AMC primary source verification; or a Recency of Practice policy, as required by the *Good Practice Guidelines*.



## 7.3 Interview

### Overall finding



*ACSEP does not conduct interviews as part of the interim assessment, this is allowed under the Good Practice Guidelines.*

### Key features of process

The college does not conduct interviews unless it is absolutely necessary given the applicant's initial application (1). As of October 2017, there has been one applicant interviewed following a review of their application.

### Analysis

The *Good Practice Guidelines* note that an interview is not mandatory for the college to undertake.



## 7.4 Interim assessment decision (assessment of comparability)

### Overall finding



*ACSEP processes differ significantly from the Good Practice Guidelines in relation to the interim assessment decision. The college should revise its process for the interim assessment decision to meet the requirements of the guidelines.*

### Key features of process

Applicants are assessed as comparable, partially comparable or not comparable (3). The college does not publish any information for the basis of assigning applicants to each of these three categories.

From our consultations with the college, we understand that to be considered comparable, the college requires OTS applicants to have completed a qualification with a minimum length of four years, which has both an entry and exit exam (1). Very few applicants are initially assessed as comparable as there is not a sufficiently comparable training program in other countries when compared to Australia (1).

The college uses academic modules undertaken by the applicant to assess how comparable they are to an equivalent Australian specialist (3).

The college does not assess OTS applicants in a limited scope of practice. Although there are some subspecialties that operate in this area, applicants are required by the college to work across all areas (1).

The college requires partially comparable applicants to complete their requirements within 48 months, and those assessed as comparable to complete the associated

requirements within 24 months, after commencing in an approved position (1). This requirement is not published.

## Analysis

The *Good Practice Guidelines* require applicants to be assessed in accordance with the approved MBA definitions of comparability (i.e. not/partially/substantially comparable to an Australian trained specialist in the same field). OTS applicants are mostly assessed as partially comparable and required to sit at least one college exam, regardless of their level of experience at the time of application. There has been at least one case where an OTS applicant has been required to sit the college's exit exam, with no supervised training requirement due to their qualifications and exceptional experience (1). The *Good Practice Guidelines* require OTS applicants to be assessed for comparability of their training, rather than equivalence.

The college has maximum timeframes to complete the requirements assigned by the OTS Committee based on comparability, as required by the *Good Practice Guidelines*. However, the college does not document these as a part of their policy for OTS applicants.

The college does not publish a limited scope of practice policy, or inform applicants whether they assess in a limited scope, as required by the *Good Practice Guidelines*.



## 7.5 College additional requirements and final assessment

### Overall finding



*ACSEP somewhat complies with the Good Practice Guidelines in relation to college additional requirements and final assessment. To fully meet the Guidelines, ACSEP should provide further clarity regarding the requirements and procedures for supervision and examinations, the process for monitoring progress and the roles and responsibilities of supervisors and applicants. ACSEP should also direct unsuccessful applicants to AHPRA.*

### Key features of process

The college does not publish the assessment requirements for those determined comparable, partially comparable and not comparable. Instead, the college publishes a general requirement that applicants are required to complete a period of supervision and the Part Two (Exit) Examination, following their comparability assessment (3).

As applicants progress through the process they are often unable to proceed past the initial comparability assessment stage due to difficulties in securing a supervisor (1). This issue is a particular problem for the college, with only one candidate successfully obtaining a supervisor for the supervision requirement since the introduction of the *Good Practice Guidelines* (1). Candidates are expected to advise the college of their supervisor and ensure that the associated practice is accredited by ACSEP (1). The college includes on their website that it is the applicant's responsibility to find a training position under the supervision of an ACSEP Fellow (3). Once a supervisor is granted, the level of supervision required for an OTS is determined by them (1).

Applicants often have difficulties securing a supervisor as most of the Fellows in the college operate in private practice and do not have sufficient incentives to accept an OTS under supervision (1). In addition, the size of the college in general means that there are already a limited number of Fellows and supervision placements available for local trainees (1).

The college has assessed no applicants as substantially comparable, and therefore it is not clear whether they are required to undertake formal examinations. This is despite the requirement to complete the Part Two (Exit) Examination following the comparability assessment, as published on the college website (3).

The college documents the process for monitoring OTS applicants during the period of supervised practice in the same way as ACSEP trainees (1). Supervisors determine the mechanisms that are used to determine whether an OTS is satisfactorily fulfilling college requirements (1). However, they are expected to document progress of applicants during on-site assessments and provide them with feedback directly (1).

The college did not clarify what processes they have in place for monitoring applicants during the period of supervision.

For those who do not meet college requirements, the college often advises the OTS that they should complete the ACSEP training program (1).

The college does not have guidelines outlining the roles and responsibilities of supervisors, peer reviewers, and OTS during the period of supervised practice (1). OTS applicants undertaking supervision are to address issues through their state training coordinator (1). This process is not documented in college policy.

The college does not have guidelines outlining the requirements for remote supervision. As most ACSEP Fellows work in private practice it can be difficult to organise remote supervision for the college, although this reason is not communicated in college policy to applicants (1).

OTS applicants are not required to participate in the college's CPD program, and are only enabled access to the CPD program once they have met all ACSEP Fellowship requirements (1).

## Analysis

ACSEP does not clearly document or publish the requirements and procedures for supervision and examinations, as required by the *Good Practice Guidelines*. Whilst ACSEP publishes some information, they do not distinguish which applicants are required to sit the examination and the details / associated requirements of a period of supervised practice.

The college does not provide advice to OTS applicants who do not meet college requirements to contact AHPRA for further guidance, as required by the *Good Practice Guidelines*. Instead, the college often advises the OTS that they should complete the ACSEP training program.

The *Good Practice Guidelines* requires no formal examinations for OTS applicants determined substantially comparable. Although the college does not require substantially comparable to sit exams, it is possible that some applicants are assessed as partially comparable in order to sit the college entrance/exit exam to ensure their training is equivalent to the Australian standard.

The college meets aspects of the *Good Practice Guidelines* requiring colleges to inform the OTS whether the college requires prospective approval of supervisors, and that any specified clinical experience and assessment required of OTS applicants as part of the college's further requirements should be no more than that required of Australian trainees.

The college does not document a number of other areas required by the *Good Practice Guidelines*. These include a process for monitoring OTS applicants during the period of supervised practice; mechanisms that will be used to determine whether a OTS is satisfactorily fulfilling college requirements; the roles and responsibilities of supervisors, peer reviewers and OTS during the period of supervised practice; processes for addressing issues arising during the supervision / peer review period; and the appropriate level of supervision for an OTS applicants' level of training and experience.



## 7.6 Area of need assessment

### Overall finding



ACSEP does not comply with the *Good Practice Guidelines* in relation to area of need assessment.

### Key features of process

The college does not assess applications for area of need or publish any information referring to area of need applicants on the website. As most of the college Fellows work in private practice, there are very few Fellows working in area of need areas to supervise area of need OTS applicants (1).

## Analysis

The *Good Practice Guidelines* require that colleges have a process for assessing OTS applicants for area of need. ACSEP does not have a process in place for area of need applicants.



## 7.7 Communication

### Overall finding



*ACSEP partially complies with the Good Practice Guidelines in relation to communication with the MBA and AHPRA, and SIMGs. The college does not publish a clear process for assessment through the specialist pathway.*

### Key features of process

The college publishes a high-level process overview for the specialist pathway providing a basic description for the initial, ongoing and final assessment stages (3). This includes the expected time for each stage but provides limited detail on what the requirements are and any further detail on each of the comparability definitions, the process for organising supervision, examination practice, etc. (3).

OTS applicants are informed by email about their assessment outcome and any additional requirements (5). The email communicates the comparability decision of the OTS Committee and the necessary requirements to obtain Fellowship with ACSEP. It does not explain the reasons for the comparability decision. The decision is then uploaded to the AMC secure portal using Report 1 (1).

At the final assessment, ACSEP will decide whether the applicant has successfully completed their requirements. If successful, the ACSEP will recommend the applicant for specialist recognition using Report 2 (1).

The *Good Practice Guidelines* require that colleges notify the MBA of any information received by the college for the purposes of the interim assessment decision that raises concerns about an OTS applicant's suitability for registration. ACSEP has not had any cases in the past where this requirement was relevant to the college, and does not have formal process in place.

## Analysis

The *Good Practice Guidelines* require that colleges have a clear process for assessment in the specialist pathway. The college provides a high-level, half page, overview of the process which is insufficient to provide a clear process for assessment to applicants.

The college meets aspects of the *Good Practice Guidelines* relating to informing the OTS of the interim assessment outcome and additional requirements, and uploading its decisions to the AMC secure portal using Reports 1 and 2.

ACSEP has not had a situation where there has been information received during the assessment process that has raised concerns.



## 7.8 Governance and appeals processes

### Overall finding



*ACSEP partially complies with the Good Practice Guidelines in relation to governance and appeals processes. The college should publish the requirements and procedures for appeals. The college does not currently offer re-assessment of comparability. ACSEP should document the policy and process for SIMGs with material changes in their training and experience to apply for re-assessment.*

### Key features of process

The college has an internal appeals regulation policy, which covers the reconsideration of decisions, grounds for appeal, Appeals Committee composition, consideration of appeals, decisions of the Appeals Committee, and procedures (6). This document is

not published on the website. ACSEP did not have any appeals from SIMGs between 2014 and 2016 (10).

As the college receives a small number of applicants each year, they rely on one internal staff member to oversee the administration side of the process to ensure applications proceed in a timely manner (1). The assessment results are documented via an initial letter to the candidate, outlining the OTS Committee's assessment decision and email communication to the candidate about requirements (5).

Any deviations from procedures are documented as part of the initial assessment (1). One example of a deviation required by the college was the addition of an interview to assist with the interim comparability assessment, as the college does not usually require applicants to undertake an interview (1).

The college does not have formal mechanisms in place for managing publicly provided or externally available information. Evidence from other sources that may impact the OTS assessment has not been provided to the college (1).

The process for re-assessment is not documented, although applicants are advised to reapply through the normal process (1).

The college publishes a bullying, harassment and discrimination policy on the college website (7).

## Analysis

The *Good Practice Guidelines* require a process for monitoring an application to ensure it progresses in a timely manner. The college has sought to meet this through an internal staff member to oversee the administration side of the process. This may be sufficient given the low number of applications received by the college.

The *Good Practice Guidelines* require colleges to document any reasons for deviating from published procedures. The college has sought to meet this requirement by documenting deviations as part of the initial assessment.

The *Good Practice Guidelines* require colleges to keep full and accurate documentation of each stage of the assessment process. The college has sought to meet this requirement through the documentation of email communication and official letters to the applicant. The college could consider clearly documenting the reasons and process involved in the determination of the interim comparability assessment decision.

The college does not document or publish the requirements and procedures of the appeals process for applicants, as required by the *Good Practice Guidelines*. However, the college has an internal document, which covers the appeals process, although, this does not cover reviews or reconsiderations (6).

The *Good Practice Guidelines* require that colleges should document a policy and process for SIMGs to apply for re-assessment. ACSEP does not offer re-assessments. The college should implement a policy allowing SIMGs with material changes in their training and experience to apply for re-assessment, without needing to lodge a new assessment application.



## 7.9 Fees

### Overall finding



*ACSEP substantially complies with the Good Practice Guidelines in relation to fees. All fees are listed on the website. However, the college should clearly display in one location on their website, an estimate of the total fee that a SIMG is likely to incur to complete the requirements for the specialist pathway.*

### Key features of process

ACSEP's OTS assessment fees are outlined in the ACSEP 2017/18 Fee Schedule (8). The current fees are:

- Overseas Trained Specialist (Australian Pathway) (\$1,100)
- Part 2 Written Exam (\$2,000)

- Part 2 Clinical Exam (\$2,750)

The college states in the document explaining the OTS assessment process published on its website that an applicant is charged fees relating to the assessment of an application, alongside an additional cost for those required to sit the Part Two (Exit) Examination (2).

No fee is provided for the appeals process, as the college does not have a published appeals process in place for OTS applicants (8).

## Analysis

In line with the *Good Practice Guidelines*, ACSEP documents the fees involved in the assessment process and only charges fees for the allowed activities.

The fee schedule is reasonably easy to find and can be accessed via the document on the OTS assessment process, or directly from the drop down menu on college resources from the ACSEP home page. The fee schedule is for all college fees and it does not specify that SIMGs will need to pay the Part 2 examination fees. If the applicant accesses the fees via the document on the OTS assessment process, they should have seen that they are likely to have to pay the assessment fee and examination fees. However, if they only access the fee schedule it may not be clear.

## 7.10 Medical Board of Australia benchmarks and compliance measures

Table 7.1: Medical Board of Australia benchmarks

Benchmark <i>all data is for 2016</i>	Description	Comments															
<b>Time to first available interview</b>  <table border="1"> <thead> <tr> <th>Time to first available interview</th> <th>All colleges (average)</th> <th>ACSEP</th> </tr> </thead> <tbody> <tr> <td>&gt;9 months</td> <td>0.8%</td> <td>0.0%</td> </tr> <tr> <td>&gt;6-9 months</td> <td>0.8%</td> <td>0.0%</td> </tr> <tr> <td>&gt;3-6 months</td> <td>16.2%</td> <td>0.0%</td> </tr> <tr> <td>0-3 months</td> <td>82.1%</td> <td>0.0%</td> </tr> </tbody> </table>	Time to first available interview	All colleges (average)	ACSEP	>9 months	0.8%	0.0%	>6-9 months	0.8%	0.0%	>3-6 months	16.2%	0.0%	0-3 months	82.1%	0.0%	<b>Start date:</b> date complete application received  <b>End date:</b> date of first available interview that is offered  <b>Benchmark:</b> interview available within 3 months	The college did not conduct interviews for OTS applicants in 2016.
Time to first available interview	All colleges (average)	ACSEP															
>9 months	0.8%	0.0%															
>6-9 months	0.8%	0.0%															
>3-6 months	16.2%	0.0%															
0-3 months	82.1%	0.0%															

Benchmark <i>all data is for 2016</i>	Description	Comments															
<p><b>Time from interview to interim assessment decision</b></p> <table border="1"> <thead> <tr> <th>Time Period</th> <th>All colleges (average)</th> <th>ACSEP</th> </tr> </thead> <tbody> <tr> <td>&gt;28 days</td> <td>42.5%</td> <td>0.0%</td> </tr> <tr> <td>15-28 days</td> <td>17.5%</td> <td>0.0%</td> </tr> <tr> <td>0-14 days</td> <td>40.1%</td> <td>0.0%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ ACSEP</p>	Time Period	All colleges (average)	ACSEP	>28 days	42.5%	0.0%	15-28 days	17.5%	0.0%	0-14 days	40.1%	0.0%	<p><b>Start date:</b> date of interview</p> <p><b>End date:</b> date decision of interim assessment is made by the college (Report 1)</p> <p><b>Benchmark:</b> interim assessment completed within 14 days from the interview</p>	<p>The college did not conduct interviews for OTS applicants in 2016.</p>			
Time Period	All colleges (average)	ACSEP															
>28 days	42.5%	0.0%															
15-28 days	17.5%	0.0%															
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<p><b>Time for specialist recognition interim assessment</b></p> <table border="1"> <thead> <tr> <th>Time Period</th> <th>All colleges (average)</th> <th>ACSEP</th> </tr> </thead> <tbody> <tr> <td>9 months +</td> <td>2.5%</td> <td>0.0%</td> </tr> <tr> <td>7-9 months</td> <td>10.8%</td> <td>0.0%</td> </tr> <tr> <td>3 months, 15 days - 6 months</td> <td>34.6%</td> <td>0.0%</td> </tr> <tr> <td>0 - 3 months, 14 days</td> <td>52.1%</td> <td>100.0%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ ACSEP</p>	Time Period	All colleges (average)	ACSEP	9 months +	2.5%	0.0%	7-9 months	10.8%	0.0%	3 months, 15 days - 6 months	34.6%	0.0%	0 - 3 months, 14 days	52.1%	100.0%	<p><b>Start date:</b> date complete application is received</p> <p><b>End date:</b> date decision of interim assessment is made by the college (Report 1)</p> <p><b>Benchmark:</b> interim assessment completed within 3 months and 14 days</p>	<p>The college met this benchmark for all applicants in 2016.</p>
Time Period	All colleges (average)	ACSEP															
9 months +	2.5%	0.0%															
7-9 months	10.8%	0.0%															
3 months, 15 days - 6 months	34.6%	0.0%															
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<p><b>Time for area of need assessment</b></p> <table border="1"> <thead> <tr> <th>Time Period</th> <th>All colleges (average)</th> <th>ACSEP</th> </tr> </thead> <tbody> <tr> <td>&gt;9 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>&gt;6-9 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>&gt;2-6 months</td> <td>33.3%</td> <td>0.0%</td> </tr> <tr> <td>0-2 months</td> <td>66.7%</td> <td>0.0%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ ACSEP</p>	Time Period	All colleges (average)	ACSEP	>9 months	0.0%	0.0%	>6-9 months	0.0%	0.0%	>2-6 months	33.3%	0.0%	0-2 months	66.7%	0.0%	<p><b>Start date:</b> date complete application is received</p> <p><b>End date:</b> date decision of assessment is made by college</p> <p><b>Benchmark:</b> area of need assessment completed within 2 months</p>	<p>The college does not assess applicants for area of need positions.</p>
Time Period	All colleges (average)	ACSEP															
>9 months	0.0%	0.0%															
>6-9 months	0.0%	0.0%															
>2-6 months	33.3%	0.0%															
0-2 months	66.7%	0.0%															

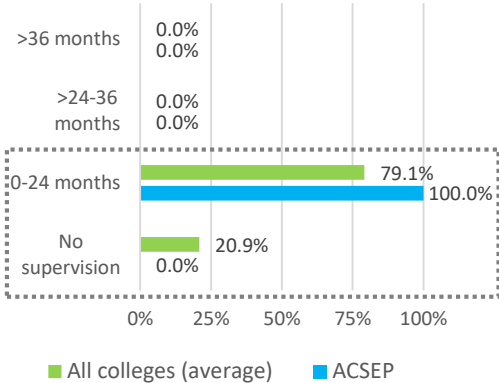
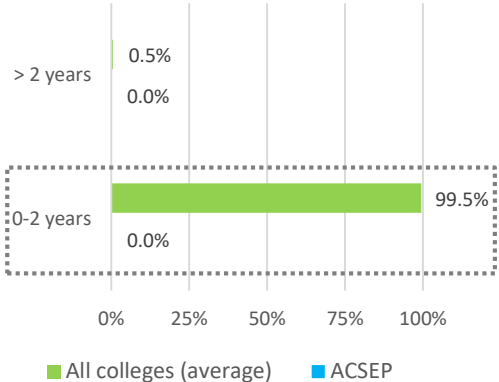
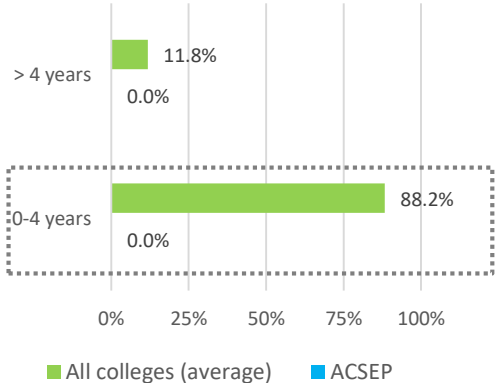
Benchmark <i>all data is for 2016</i>	Description	Comments															
<p><b>Time for final assessment decision</b></p> <table border="1"> <thead> <tr> <th>Time Interval</th> <th>All colleges (average)</th> <th>ACSEP</th> </tr> </thead> <tbody> <tr> <td>&gt;9 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>&gt;6-9 months</td> <td>0.6%</td> <td>0.0%</td> </tr> <tr> <td>&gt;2-6 months</td> <td>6.3%</td> <td>0.0%</td> </tr> <tr> <td>0-2 months</td> <td>93.1%</td> <td>0.0%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ ACSEP</p>	Time Interval	All colleges (average)	ACSEP	>9 months	0.0%	0.0%	>6-9 months	0.6%	0.0%	>2-6 months	6.3%	0.0%	0-2 months	93.1%	0.0%	<p><b>Start date:</b> date college notified that IMG has completed all requirements</p> <p><b>End date:</b> date decision of final assessment is made (Report 2)</p> <p><b>Benchmark:</b> decision completed within 2 months</p>	<p>There were no applicants that had their final assessment decision conducted in 2016.</p>
Time Interval	All colleges (average)	ACSEP															
>9 months	0.0%	0.0%															
>6-9 months	0.6%	0.0%															
>2-6 months	6.3%	0.0%															
0-2 months	93.1%	0.0%															

Source: MBA data, 2017.

Table 7.2: Medical Board of Australia compliance measures

Compliance measure <i>all data is for 2016</i>	Description	Comments															
<p><b>Period of peer review – substantially comparable IMGs</b></p> <table border="1"> <thead> <tr> <th>Time Interval</th> <th>All colleges (average)</th> <th>ACSEP</th> </tr> </thead> <tbody> <tr> <td>&gt;18 months</td> <td>0.4%</td> <td>0.0%</td> </tr> <tr> <td>&gt;12-18 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>0-12 months</td> <td>49.5%</td> <td>0.0%</td> </tr> <tr> <td>No peer review</td> <td>50.1%</td> <td>0.0%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ ACSEP</p>	Time Interval	All colleges (average)	ACSEP	>18 months	0.4%	0.0%	>12-18 months	0.0%	0.0%	0-12 months	49.5%	0.0%	No peer review	50.1%	0.0%	<p><b>Compliance measure:</b> up to 12 months FTE of peer review</p>	<p>The college did not assess any applicants as substantially comparable in 2016.</p>
Time Interval	All colleges (average)	ACSEP															
>18 months	0.4%	0.0%															
>12-18 months	0.0%	0.0%															
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Compliance measure <i>all data is for 2016</i>	Description	Comments															
<b>Period of supervision – partially comparable IMGs</b>  <table border="1"> <thead> <tr> <th>Period of supervision</th> <th>All colleges (average)</th> <th>ACSEP</th> </tr> </thead> <tbody> <tr> <td>&gt;36 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>&gt;24-36 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>0-24 months</td> <td>79.1%</td> <td>100.0%</td> </tr> <tr> <td>No supervision</td> <td>20.9%</td> <td>0.0%</td> </tr> </tbody> </table>	Period of supervision	All colleges (average)	ACSEP	>36 months	0.0%	0.0%	>24-36 months	0.0%	0.0%	0-24 months	79.1%	100.0%	No supervision	20.9%	0.0%	<b>Compliance measure:</b> up to 24 months FTE of supervised practice	<p>No partially comparable SIMGs were required to undertake more than 24 months of supervised practice in 2016, as per the <i>Good Practice Guidelines</i>.</p> <p>However, the college report to the MBA indicated that all three applicants in 2016 withdrew from the process between the interim and final assessment stages and did not undertake any period of supervision (10).</p>
Period of supervision	All colleges (average)	ACSEP															
>36 months	0.0%	0.0%															
>24-36 months	0.0%	0.0%															
0-24 months	79.1%	100.0%															
No supervision	20.9%	0.0%															
<b>Timeframes to complete requirements – substantially comparable IMGs</b>  <table border="1"> <thead> <tr> <th>Timeframes to complete requirements</th> <th>All colleges (average)</th> <th>ACSEP</th> </tr> </thead> <tbody> <tr> <td>&gt; 2 years</td> <td>0.5%</td> <td>0.0%</td> </tr> <tr> <td>0-2 years</td> <td>99.5%</td> <td>0.0%</td> </tr> </tbody> </table>	Timeframes to complete requirements	All colleges (average)	ACSEP	> 2 years	0.5%	0.0%	0-2 years	99.5%	0.0%	<b>Compliance measure:</b> up to two years to complete 12 months FTE peer review	<p>In 2016, the college did not have any substantially comparable SIMGs complete the college requirements.</p>						
Timeframes to complete requirements	All colleges (average)	ACSEP															
> 2 years	0.5%	0.0%															
0-2 years	99.5%	0.0%															
<b>Timeframes to complete requirements – partially comparable IMGs</b>  <table border="1"> <thead> <tr> <th>Timeframes to complete requirements</th> <th>All colleges (average)</th> <th>ACSEP</th> </tr> </thead> <tbody> <tr> <td>&gt; 4 years</td> <td>11.8%</td> <td>0.0%</td> </tr> <tr> <td>0-4 years</td> <td>88.2%</td> <td>0.0%</td> </tr> </tbody> </table>	Timeframes to complete requirements	All colleges (average)	ACSEP	> 4 years	11.8%	0.0%	0-4 years	88.2%	0.0%	<b>Compliance measure:</b> up to four years to complete 24 months FTE of supervised practice	<p>In 2016, the college did not have any partially comparable SIMGs complete the college requirements.</p>						
Timeframes to complete requirements	All colleges (average)	ACSEP															
> 4 years	11.8%	0.0%															
0-4 years	88.2%	0.0%															
<b>Formal examinations for substantially comparable IMGs</b> <p><i>No colleges required substantially comparable IMGs to sit exams in 2016</i></p>	<b>Compliance measure:</b> substantially comparable IMGs should not be required to undertake a formal examinations	<p>The college did not assess any applicants as substantially comparable in 2016.</p>															

Source: MBA data, 2017.

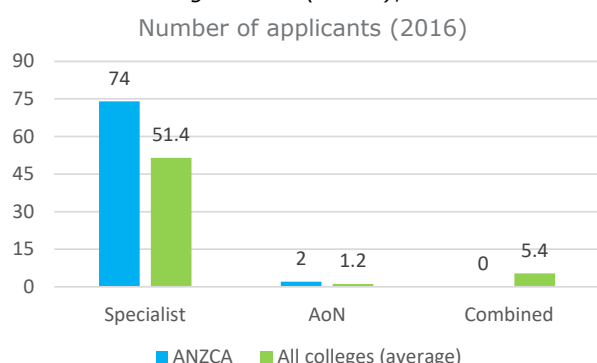
#### **Documents reviewed and information sources**

- (1) Discussions with college, 2017
- (2) OTS Committee Terms of Reference, 2017 (*internal document*)
- (3) Overseas trained Sport and Exercise Medicine Physician, 2017. Available at: <http://www.acsep.org.au/content/Document/Overseas%20trained%20Sport%20and%20Exercise%20Medicine%20Physician%20Australia.pdf>, accessed October 2017
- (4) Application to be assessed for recognition as a specialist in sport and exercise medicine, 2017
- (5) ACSEP Initial Comparability Assessment Letter Example 2015 (*internal document*)
- (6) ACSEP Appeals Regulation accessed October 2017 (*internal document*)
- (7) 'ACSEP Policies' webpage. Available at: <https://www.acsep.org.au/page/about/acsep-governance/acsep-policies>, accessed October 2017
- (8) 'Fees' webpage. Available at: <https://www.acsep.org.au/page/resources/fees>, accessed October 2017
- (9) 'Overseas Trained Specialist' webpage. Available at: <https://www.acsep.org.au/page/members/membership-categories/overseas-trained-specialist>, accessed October 2017
- (10) ACSEP Report to the Medical Board of Australia (2014, 2015, 2016)

## 8 Australian and New Zealand College of Anaesthetists

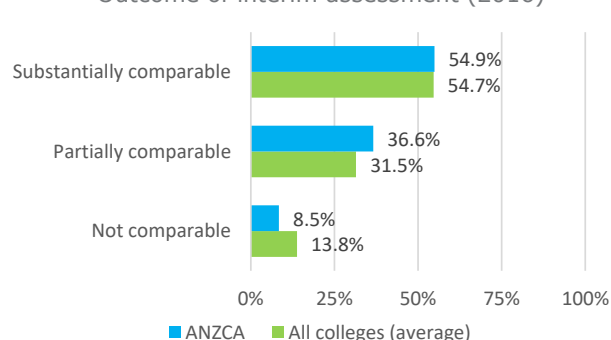
### Overview of college assessment process

The Australian and New Zealand College of Anaesthetists (ANZCA) process for assessing SIMGs is prescribed in Regulation 23, *Recognition as a specialist in anaesthesia or pain medicine; and admission to Fellowship by assessment for specialist international medical graduates (SIMGs)*, which came into effect in April 2017.



Source: MBA data, 2017.

### Outcome of interim assessment (2016)



Source: MBA data, 2017. "Not comparable" includes SIMGs who were found to be not comparable at the paper-based assessment.

### Compliance with the *Good Practice Guidelines*

Committee structure and operation	Application and paper-based review	Interview	Interim assessment decision	College additional requirements and final assessment	Area of need assessment	Communication	Governance and appeals processes	Fees

In order to fully comply with the *Good Practice Guidelines*, we recommend that ANZCA: directs unsuccessful applicants to AHPRA, and clearly display in one location on its website, an estimate of the total fee that a SIMG is likely to incur to complete the requirements for the specialist pathway.

### Performance against benchmarks

Time to first available interview	Time from interview to interim assessment decision	Time for specialist recognition interim assessment decision	Time for area of need assessment	Time for final assessment decision
61.1%	100.0%	61.1%	100.0%	100.0%

In 2016, some applications did not meet the time to interview and time to interim assessment decision benchmarks. In most cases this was because the SIMG chose to delay the interview. There were three applicants where the delay was due to a large influx of applications and ANZCA was unable to form additional interview panels.

### Performance against compliance measures

Period of peer review	Period of supervision	Timeframe to complete requirements for substantially comparable SIMGs	Timeframe to complete requirements for partially comparable SIMGs	Formal examinations for substantially comparable IMGs
100.0%	100.0%	96.2%	87.5%	100.0%

One substantially comparable SIMG took over two years to complete requirements because the applicant requested a specific date for their workplace based assessment. One partially comparable SIMG took over two years to complete requirements because the applicant required additional time to meet an acceptable clinical practice standard.

## Overview

ANZCA introduced the requirements for the *Good Practice Guidelines* in April 2017 through the entry into force of Regulation 23, *Recognition as a specialist in anaesthesia or pain medicine; and admission to Fellowship by assessment for specialist international medical graduates (SIMGs)*, which is available on the college's website. The Regulation is based on meeting the requirements of the MBA, the Medical Council of New Zealand and the college. ANZCA has been updating its guidance progressively over the last 10 years.

The ANZCA assessment process is designed to evaluate the ability of a SIMG to practise independently in Australia or New Zealand as an unsupervised specialist anaesthetist or specialist pain medicine physician at a standard comparable to that required of a Fellow of ANZCA or the Faculty of Pain Medicine. If an applicant still requires training they are not a specialist equivalent and should apply through a different pathway.

The principles underpinning the college's approach to SIMG assessment, as explained by ANZCA, are:

- The SIMG assessment pathway is a direct comparison to, and not a justification of, the professional standards, training, qualifications and specialist status of Australian-trained specialists. The requirements that SIMGs must meet all apply to local anaesthetists and are regulated and accredited by external bodies;
- The MBA requirements are the minimum standard that must be addressed. Where the college requirements are greater than the MBA standards, and are also applied to Australian-trained specialists, SIMGs must meet the MBA and the college requirements;
- SIMG assessment is a recertification of specialists from healthcare systems outside of Australia and New Zealand, not a training pathway; and
- In regard to all aspects of the SIMG assessment pathway, consideration is given to what applies for an Australian-trained specialist. A SIMG is entitled to everything an Australian-trainee or Fellow can access. Where appropriate and justifiable, ANZCA may differentiate its treatment of SIMGs compared to an Australian-trainee or Fellow.

The ANZCA SIMG Committee is responsible for coordinating the assessment of SIMGs. The Australian SIMG Committee has 14 members, and consists of Fellows of ANZCA and/or the Faculty of Pain Medicine, including some who have been through the SIMG assessment process themselves, and a community representative.

Before a specialist international medical graduate can apply to the college, applicants must submit an initial application to the AMC for primary source verification of their medical qualifications. Following this, there are six main steps to the assessment process:

- Submit application to ANZCA for consideration.
- Preliminary paper-based assessment of skills and qualifications to determine whether applicant should progress to an interview.
- Structured interview to determine comparability of applicant.
- Individual program that applicant is required to complete prior to being recommended (or not) for specialist recognition. This will comprise Clinical Practice Assessment, Continuing Professional Development, a Workplace Based Assessment or Examination and may include Effective Management of Anaesthetic Crisis course.
- Final review of applicant after completion of individual program.
- If recommended, applicant may apply for specialist registration and is eligible for Fellowship.

SIMGs are not required to be awarded Fellowship in order to be recommended for specialist recognition. Regulation 23 clearly notes that Fellowship is not a pre-requisite for inclusion on the specialist or vocational registers.

The assessment process for Australian and New Zealand medical graduates with overseas specialist qualifications is the same as the assessment process that applies to SIMGs. Under Regulation 23, the definition of a SIMG is an "anaesthesia or pain medicine specialist who gained their specialist qualification outside of Australia or New Zealand".

## 8.1 Committee structure and operation

### Overall finding



*ANZCA complies with the Good Practice Guidelines in relation to the committee structure and operation.*

### Key features of process

ANZCA has established the *Specialist International Medical Graduate (SIMG) Committee* to be responsible for the assessment of SIMGs under *Regulation 2 - Committees of the ANZCA Council* (1). The roles, responsibilities, meeting requirements, reporting and financial management of the committee are set out in the *ANZCA Specialist International Medical Graduates (SIMG) Committee - Terms of Reference* (2). The college noted that the SIMG Committee has oversight of both the anaesthesia and pain medicine pathways and includes members from both specialities.

There are 14 members of the assessment committee, including the chair, the college president, the director of professional affairs (SIMGs), the director of professional affairs (assessor) or their nominee, the chair of the Final Examination Subcommittee or their nominee), the assessor and a representative of the Faculty of Pain Medicine, at least one community and/or jurisdictional representative, and other such members as appointed by the Education, Training and Assessment Executive Committee. The chair is appointed by ANZCA Council and the other members of the committee are appointed by the Education, Training and Assessment Executive Committee (1).

The requirements for members appointed to the committee are based on having knowledge of international anaesthesia training programs, knowledge of processes for the assessment of medical practitioners and knowledge of the ANZCA Fellowship training program and the ANZCA Continuing Professional Development program. In addition, at least one member will have been admitted to Fellowship via the SIMG process (2).

In addition to the terms of reference for the committee, committee members are also required to adhere to the *ANZCA Conflict of Interest Policy*, which details the expectations of members of committees (3). Regulations 23, 30 and 31 are also applicable and set out the process for the assessment of SIMGs, and the review, reconsideration and appeal processes (4, 5, 6).

### Analysis

As per the *Good Practice Guidelines*, ANZCA has established a committee for the SIMG assessment process. The committee is part of the college's formal committee structure.

The membership of the committee and the requirements of members cover the experience and knowledge required – ranging from understanding of international anaesthesia training programs to the specific requirements of ANZCA Fellows. The committee also includes both a community member and Fellows who have been through SIMG assessment process.

The *Good Practice Guidelines* require a documented governance framework for the operation of the committee. In April 2017, ANZCA issued terms of reference for the committee. Committee members must also adhere to the conflict of interest policy, which includes an example of a conflicting relationship between assessor and a trainee as something that must be considered. While there is no specific policy on procedural fairness, this is provided through the process for assessment specified in Regulation 23 and through the avenues for review, reconsideration and appeal in Regulations 30 and 31.



## 8.2 Application and paper-based review

### Overall finding



*ANZCA complies with the Good Practice Guidelines in relation to the application and paper-based review.*

*As part of the de-identified file review, we confirmed that, for the files shown, the paper-based review was undertaken using the template and requirements specified by the college.*

### Key features of process

The minimum requirements for applicants to progress to an interview are set out in *Regulation 23* (4). To help SIMGs determine if they are likely to meet the college requirements, ANZCA provides a self-assessment quiz that SIMG applicants can take prior to applying (7). The eligibility requirements are also listed on the ANZCA website (8).

SIMGs are required to show evidence that they have completed a primary medical qualification of 48 months or more, undertaken a 12-month internship, completed specialist training and received a specialist qualification (in anaesthesia and/or pain medicine) and for pain medicine have practised as a specialist pain medicine physician for at least 12 months. The length of time an applicant needs to have spent in the training program varies depending on whether they undertook their training in a comparable or not comparable health system, and if additional training of greater than three months has been undertaken ANZCA will also consider this (4).

Prior to applying, applicants are advised on the website that the first step in the process is to apply for primary source verification of their primary and specialist medical qualifications by the AMC (9). This is also listed in the checklist of documents in the application form (10).

The application form includes a checklist of the documents required to be submitted with the application. The application form also sets out the English Language requirements. The college uses the MBA's *English Language Skills Registration Standard* (10).

The recency of practice requirements are set out on the ANZCA website (8). For anaesthetists, applicants are required to meet the MBA standard for recency of practice, and a return to practice period might be required prior to the interview if the applicant has not worked in anaesthesia in the last 12 months. The website clearly explains that applicants for pain medicine must have practised in at least two of the preceding 12 months, otherwise they will be assessed as not comparable.

Once a complete application has been submitted, the documents provided by the SIMG are reviewed by the ANZCA SIMG administrative team. If there are any concerns, the director of professional affairs (SIMG) and or/the SIMG Chair will also review the application using the checklist. As part of the paper based review, a checklist is completed and a decision is made on whether to proceed to an interview (11).

### Analysis

ANZCA has taken many steps to make the application process as clear as possible for applicants through the specialist pathway. The ANZCA website provides a flowchart for specialist pathway applicants that details each step in the process and links to specific pages for each step in the process. In addition, ANZCA provides an online self-assessment that applicants can use to do their own initial assessment of whether they meet minimum requirements.

The website provides details on each of the elements required by the *Good Practice Guidelines* – recency of practice, English language requirements and primary source verification. The English Language standard required is no more than that required by the MBA's English language skills registration standard.



### 8.3 Interview

#### Overall finding



*ANZCA complies with the Good Practice Guidelines in relation to the interview.*

*As part of the de-identified file review, we confirmed that, for the files shown, the interview was undertaken using the template and requirements specified by the college.*

#### Key features of process

*Regulation 23* sets out the requirements for the SIMG Interview, the assessment criteria that should be used, and the possible outcomes from interview (4). The college requires applicants to undertake a face-to-face interview unless there are special circumstances, for example, if there is a medical reason the applicant cannot travel.

Interview panellists must be accepted by the SIMG Committee as suitable and then they will undergo training. The training involves the interviewer observing an interview panel and being mentored by an experienced panellist. They are then invited to participate in an interview panel with experienced interviewers. Following this the interview panel chair will prepare a report on their participation and suitability for the role which is reviewed by the SIMG Committee Chair and the director of professional affairs (SIMG), who will determine if they can join the pool of interview panellists. The college also noted that only a limited number of interview panellists are able to chair the interview panel and they must also be appropriately trained and experienced. They are able to function both as Chair and panel member, which helps ensure consistency of process across all panels (11).

In the consultation, the college noted that a community representative is used for all assessment panels and this is also set out in *Regulation 23* (4). The college specified that the community representative asks questions on cultural appropriateness and non-technical professional attributes, and has full involvement in all discussions and decision making (11).

Prior to the interview the panellists are provided with the paper based checklist and the completed application, including all submitted documentation. The Chair also has a briefing with the panel prior to each interview highlighting any particular issues or concerns to be addressed (11).

For the interview, each panellist is provided with the template, which has a detailed list of requirements/questions that are covered in the interview. The checklists are used to provide each panellist's outcome from the interview. The SIMG administrative team will check the outcome to ensure consistency with the guidelines, but the outcome will only be amended by the administrative team in consultation with the interview panel Chair (11).

In relation to the content of the interview, feedback provided by the college was that the interview panels are trained not to ask irrelevant questions and this is monitored by the Chair of the panel and the community representative (11). SIMGs are able to ask questions and the interview notes have a record of what was discussed. Clinical testing does not form part of the interview checklist.

ANZCA advises applicants of the interview outcome on the day. SIMGs are also able to ask questions at that point to understand the decision and the requirements. The college noted that all SIMGs are also encouraged to read Report 1 and to approach the SIMG staff at the College if they then have any further questions at any time.

#### Analysis

ANZCA meets the requirements in the *Good Practice Guidelines* for the interview based on the information provided by the college and the requirements set out in *Regulation 23*.

In addition, from the de-identified files we were able to review, we confirmed that panel members are provided with all application documents in advance of the interview, a checklist with the topics to be covered is used, file notes are kept for the interview and clinical testing is not included in the checklist (11).





## 8.4 Interim assessment decision (assessment of comparability)

### Overall finding



*ANZCA complies with the Good Practice Guidelines in relation to the interim assessment decision.*

### Key features of process

The Interview Panel will allocate the SIMG to one of the three categories – substantially comparable, partially comparable or not comparable, as set out in *Regulation 23* (4).

ANZCA uses a template checklist in the paper based review and the interview to assess any gaps compared with Australian-trained specialists. The college noted that the interview identifies specific gaps in training, specialist experience, CPD and other issues related to Professional Conduct, for the purpose of determining comparability.

If the applicant is assessed as substantially comparable, they will be required to undertake a maximum of 12 months (FTE) of clinical practice assessment in an approved position. Substantially comparable SIMGs will also be required to complete a workplace-based assessment. The position must be a "Fellowship or specialist level" position to undertake the workplace based assessment. The requirements must be completed within 24 months from the date of commencement of their individual program (4).

If the applicant is assessed as partially comparable, they will be required to undertake a maximum of 24 months (FTE) of clinical practice assessment in an approved position. They will also be required to undertake either a formal examination or a workplace-based assessment. The requirements must be completed within 48 months from the date of commencement of their individual program (4).

Substantially comparable and partially comparable SIMGs will be required to participate in the ANZCA CPD program, and may be required to undertake the Effective Management of Anaesthetic Crisis course (4).

For both substantially and partially comparable SIMGS, the assessment will remain valid for 24 months, within which SIMGs can find an approved position.

If the applicant requires more than three months of training in a trainee position or more than 24 months (FTE) of clinical practice assessment, they will be assessed as not comparable (4).

Applicants can apply for recognition for anaesthesia and/or pain medicine. However, consideration of limited scope of practice is not offered by ANZCA.

### Analysis

ANZCA undertakes interim assessments in line with the MBA's approved definitions for comparability for partially and substantially comparable SIMGs, including time periods for supervised practice and peer review. The maximum timeframes for completing college requirements are also aligned to the *Good Practice Guidelines*.

As per the *Good Practice Guidelines*, the interim assessment is used to identify the SIMG's gaps and deficiencies compared with Australian specialist training.





## 8.5 College additional requirements and final assessment

### Overall finding



*ANZCA is compliant with the Good Practice Guidelines in relation to college additional requirements and final assessment.*

### Key features of process

Following the interim decision, applicants are required to undertake the requirements listed on their Report 1 (see section 8.4) prior to the final assessment.

Regulation 23 details the timing and expectations of substantially comparable and partially comparable SIMGs for a clinical practice assessment. Clinical Practice Assessment reports (which cover both supervised practice and peer review) are required every 3 months (4). The SIMG and the supervisors are both required to sign an agreement with the college, which sets out their roles and responsibilities and outlines the avenues that both parties have for raising concerns (14, 15).

Both substantially and partially comparable applicants are required to undertake clinical practice assessments, the difference is in the level of positions suitable. Substantially comparable SIMGs may take a position in any hospital, although not all positions will be suitable for the workplace based assessment. Partially comparable SIMGs must work in an ANZCA-accredited department (4).

Regulation 23 and the ANZCA website state that the position and supervisor must be approved prospectively (4, 13). Although, retrospective approval is possible if the applicant has been working in an approved position and the supervisor is willing to provide a retrospective report (4).

The college provided the following information about remote supervision. In some instances remote supervision is acceptable; this is assessed on a case by case basis at the time the position description is reviewed. Remote supervision is usually only considered for substantially comparable SIMGs, or partially comparable SIMGs who have been granted an exemption from needing to have a position within an ANZCA accredited department.

The requirements for the workplace-based assessment and the examination are detailed on the website and in Regulation 23 (4, 18). The college explained that the examination and the workplace-based assessment are modified to address the specific needs of a SIMG. The examination consists only of two viva (oral) sections (medical and anaesthesia). The workplace-based assessment includes direct observation, multisource feedback, review of portfolio and patient records, and case based discussions.

All SIMGs who are categorised as partially comparable or substantially comparable must participate in the ANZCA CPD program. SIMGs are granted access to the ANZCA CPD program on payment of their annual fee (19).

Tailored information is provided to the SIMG throughout their process to ensure they are aware of the requirements and their progress towards those requirements – for example, a letter is sent approving a supervisor's report, which also details when their next report is due and if evidence of completion of other requirements is being awaited (11).

Where concerns have been raised about unsatisfactory performance in completing college requirements, the college may review the progress of the applicant. As part of the review, the college may decide to withdraw the applicant from the SIMG assessment process or change the assessment category – e.g. move them from substantially comparable to partially comparable (4). The college noted that, where applicants are not able to follow the specialist pathway, they will advise them to apply through the standard pathway with the AMC and to apply for admission to the ANZCA training program.

Once the applicant has satisfactorily completed all of the requirements they are eligible for Fellowship and ANZCA will provide a Report 2 to the MBA recommending them for specialist recognition (4).

## Analysis

Australian-trained specialists are required to undertake the EMAC course, CPD, a series of workplace based assessments and an examination. SIMGs may be asked to complete these requirements too.

The college data provided to the MBA in 2015 and 2016 showed there were 27 and 22 SIMGs who were not recommended for specialist recognition, 44% and 37% of the SIMGs who had their final assessment completed in those years. ANZCA explained that this was because they have been closing files where applications had lapsed and that these were recorded as not recommended. In the future, it would be useful if ANZCA was able to reflect this distinction in the data provided (12).



## 8.6 Area of need assessment

### Overall finding



*ANZCA complies with the Good Practice Guidelines in relation to area of need assessment.*

### Key features of process

Regulation 23 outlines the ANZCA area of need process. The Regulation states that it is not possible to only apply for an area of need position; area of need applications must be combined with specialist recognition applications (4). The ANZCA website also includes details on the area of need process (17).

## Analysis

The *Good Practice Guidelines* require that colleges have a process for assessing applicants for an area of need. ANZCA has a published process for area of need assessment. Regulation 23 is very clear that this assessment is only related to a particular position and that the applicant must apply for specialist recognition at the same time, using the same application form.



## 8.7 Communication

### Overall finding



*ANZCA complies with the Good Practice Guidelines in relation to communication with the MBA and AHPRA, and SIMGs.*

### Key features of process

The ANZCA website has a detailed flow-chart that sets out each step for the specialist pathway and includes further details on each stage on a separate webpage (9). The application process is also set out in Regulation 23 (9, 4). Information is also provided about the area of need process (See Section 8.6).

The outcome of the interim assessment is provided to the SIMG at the time of interview, with discussion of what the IMG will be required to do. Report 1 is used to detail the additional requirements and is uploaded to the AMC secure portal. Once the SIMG has completed their requirements, ANZCA will recommend the SIMG for specialist recognition to the MBA using Report 2 (11).

The *Good Practice Guidelines* require the college to notify the MBA about any information received by the college during the assessment process that raises concerns about a SIMG's suitability for registration. This situation is not explicitly mentioned in Regulation 23; however, the regulation does state: "A serious breach of patient care or disciplinary action in respect of employment or medical registration is a matter for the employer or the relevant Medical Board / Council. In some situations, it may be appropriate or required for the Head of Department or other colleagues to report the matter to the Medical Board / Council."

## Analysis

The ANZCA website provides significant amounts of information to SIMGs on the SIMG assessment process, including a flowchart of each stage in the process.

ANZCA is one of few colleges to provide feedback on the day to the applicant. ANZCA considers that this gives the applicant a chance to ask questions and clarify the outcome. The college noted the process comprised a discussion amongst peers rather than asking questions after of the administrative team (which can nonetheless still be done).

The college meets other aspects of the *Good Practice Guidelines* relating to communication, including informing the SIMG of the interim assessment outcome and additional requirements; and uploading its decisions using Reports 1 and 2.

ANZCA does not have documented process for notifying the MBA where information that raises concerns is identified during the interim assessment, but a serious breach could be covered under Regulation 23.



## 8.8 Governance and appeals processes

### Overall finding



*ANZCA complies with the Good Practice Guidelines in relation to governance and appeals processes.*

### Key features of process

Decisions relating to the SIMG assessment can be reconsidered, reviewed and appealed as per Regulations 30 and 31. Decisions by the SIMG Assessment Committee, Interview Panel and the directors of professional affairs in relation to the assessment and the education and training required are included under Regulations 30 and 31.

In 2016, ANZCA had five requests for reconsideration / review. The original decision was upheld in four out of five of the cases. There were also two appeals, in both cases the decision was overturned and a new assessment interview was conducted (12). In 2015, there were 13 requests for reconsideration / review. The original decision was upheld in all but one of the cases. There were no appeals in 2015 (12).

The college has a manual process for monitoring applications, and is considering implementing an online system (11). Regulation 23 outlines the process for monitoring applications, where concerns have been raised about unsatisfactory performance whilst completing the college requirements.

The college uses template documents for the majority of the steps, in particular:

- Preliminary assessment;
- Second opinion on preliminary application;
- Interview;
- Report 1;
- College requirements – clinical practice assessment reports, examination outcomes, workplace-based assessment outcomes, CPD, Effective Management of an Anaesthetic Crisis course; and
- Report 2.

From the consultation, ANZCA stated that it does not tend to deviate from published procedures. If this situation arose, the college would consult (prospectively, where possible) with the relevant authority, e.g. the MBA, in addition to seeking input and advice where relevant from: legal counsel, the directors of professional affairs, the SIMG Chair, the SIMG Committee, ANZCA Council and other relevant college staff and committees, and would fully document the explanation and justification for the deviation. ANZCA also maintains a decision register, which is used to track consistency of decisions. Furthermore, the college noted that in the implementation of ANZCA's Regulation 23 the MBA is regularly approached to comment on the applicability/suitability of all criteria (11).

ANZCA explained that it will Google every applicant who applies and will also occasionally be given information from external sources. Information will be sent to the Chair of the committee for them to review. Any anonymous information provided

to the college will be dealt with very carefully. The SIMG is afforded the opportunity to provide written and/or oral submissions on any additional information gathered (11).

Reapplication is allowed in exceptional circumstances, or if the SIMG was assessed under a previous version of Regulation 23 (i.e. prior to April 2017). The decision of whether to accept the reapplication is made on a case-by-case basis. It was noted in the consultation that for partially comparable and substantially comparable SIMGs, the assessment is only valid for 2 years. If employment is not started within that period, the SIMG would need to apply for a new assessment.

The college has a *Policy on bullying, discrimination and harassment for Fellows and trainees acting on behalf of the college or undertaking college functions* (18).

## Analysis

ANZCA has formally documented procedures and templates for the SIMG assessment as required by the *Good Practice Guidelines*. There are two aspects of the Guidelines, handling third party information and documenting deviations, where the process is not documented. The college feedback indicates that the process they would follow, if either situation arose, complies with what is set out in the *Good Practice Guidelines*.



## 8.9 Fees

### Overall finding



*ANZCA substantially complies with the Good Practice Guidelines in relation to fees. All fees are listed on the website. However, the college should clearly display in one location on their website, an estimate of the total fee that a SIMG is likely to incur to complete the requirements for the specialist pathway.*

### Key features of process

The list of fees specific to SIMGs is published on the ANZCA website (19). The fees vary depending on whether the application is for anaesthesia or pain medicine separately, or combined. SIMGs are required to pay (with the single and then the combined fee in brackets):

- an application fee (\$792 or \$1,188)
- an interview fee (\$5,429 or \$8,143)
- an annual fee (\$2,600 or \$3,847)
- a workplace-based assessment fee (\$7,929)
- area of need application fee (\$1,983 or \$2,975)
- area of need extension fee (\$474 or \$947).

Regulation 31 states that an appeal fee is required to be paid and that it will be capped at \$1,000 per appeal (6). The specific fee is included on the application form that the college emails to applicants when they want to apply for an appeal. The college has chosen not to publish the specific fee on their website to ensure that people do not apply for an appeal prior to completing the reconsideration and review steps (11). In the event that the appeal is successful, Regulation 31 states the ANZCA related costs paid by the appellant may be refunded at the discretion of the Appeals Committee (6).

In the consultation, the college noted that the fees are only charged to cover costs, and that there is no cross subsidisation. ANZCA tries to keep the fees reasonable and the structure and approach mirrors where ever possible the same approach that applies for Trainees and Fellows (11).

## Analysis

In line with the *Good Practice Guidelines*, ANZCA documents the fees involved in the assessment process and only charges fees for allowed activities. The fees charged to SIMGs are consistent with the level of fees charged to Australian trainees and Fellows.

The webpage setting out the fees specific to SIMGs is easily found on the ANZCA website. However, the webpage does not specify if, and how much, the fee for undertaking the examination would be. It may not be clear to applicants that they will also be required to pay the examination fee should they be assessed as partially comparable. The appeal fee is published separately on the ANZCA website.

## 8.10 Medical Board of Australia benchmarks and compliance measures

Table 8.1: Medical Board of Australia benchmarks

Benchmark <i>all data is for 2016</i>	Description	Comments															
<p><b>Time to first available interview</b></p> <table border="1"> <thead> <tr> <th>Time frame</th> <th>All colleges (average)</th> <th>ANZCA</th> </tr> </thead> <tbody> <tr> <td>&gt;9 months</td> <td>0.8%</td> <td>5.6%</td> </tr> <tr> <td>&gt;6-9 months</td> <td>0.8%</td> <td>2.8%</td> </tr> <tr> <td>&gt;3-6 months</td> <td>16.2%</td> <td>30.6%</td> </tr> <tr> <td>0-3 months</td> <td>82.1%</td> <td>61.1%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ ANZCA</p>	Time frame	All colleges (average)	ANZCA	>9 months	0.8%	5.6%	>6-9 months	0.8%	2.8%	>3-6 months	16.2%	30.6%	0-3 months	82.1%	61.1%	<p><b>Start date:</b> date complete application received</p> <p><b>End date:</b> date of first available interview that is offered</p> <p><b>Benchmark:</b> interview available within 3 months</p>	<p>The college explained in the report to the MBA that in most cases the college did not meet the benchmark because the SIMG chose to delay the interview. There were three applicants where the delay was due to a large influx of applications and ANZCA was unable to form additional interview panels (12).</p>
Time frame	All colleges (average)	ANZCA															
>9 months	0.8%	5.6%															
>6-9 months	0.8%	2.8%															
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<p><b>Time from interview to interim assessment decision</b></p> <table border="1"> <thead> <tr> <th>Time frame</th> <th>All colleges (average)</th> <th>ANZCA</th> </tr> </thead> <tbody> <tr> <td>&gt;28 days</td> <td>42.5%</td> <td>0.0%</td> </tr> <tr> <td>15-28 days</td> <td>17.5%</td> <td>0.0%</td> </tr> <tr> <td>0-14 days</td> <td>40.1%</td> <td>100.0%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ ANZCA</p>	Time frame	All colleges (average)	ANZCA	>28 days	42.5%	0.0%	15-28 days	17.5%	0.0%	0-14 days	40.1%	100.0%	<p><b>Start date:</b> date of interview</p> <p><b>End date:</b> date decision of interim assessment is made by the college (Report 1)</p> <p><b>Benchmark:</b> interim assessment completed within 14 days from the interview</p>	<p>The college met this benchmark for all applicants in 2016, as it provides the outcome of the assessment to the applicant on the day of the interview (12).</p>			
Time frame	All colleges (average)	ANZCA															
>28 days	42.5%	0.0%															
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<p><b>Time for specialist recognition interim assessment</b></p> <table border="1"> <thead> <tr> <th>Time frame</th> <th>All colleges (average)</th> <th>ANZCA</th> </tr> </thead> <tbody> <tr> <td>9 months +</td> <td>2.5%</td> <td>5.6%</td> </tr> <tr> <td>7-9 months</td> <td>10.8%</td> <td>5.6%</td> </tr> <tr> <td>3 months, 15 days - 6 months</td> <td>34.6%</td> <td>27.8%</td> </tr> <tr> <td>0 - 3 months, 14 days</td> <td>52.1%</td> <td>61.1%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ ANZCA</p>	Time frame	All colleges (average)	ANZCA	9 months +	2.5%	5.6%	7-9 months	10.8%	5.6%	3 months, 15 days - 6 months	34.6%	27.8%	0 - 3 months, 14 days	52.1%	61.1%	<p><b>Start date:</b> date complete application is received</p> <p><b>End date:</b> date decision of interim assessment is made by the college (Report 1)</p> <p><b>Benchmark:</b> interim assessment completed within 3 months and 14 days</p>	<p>The primary reason for applications exceeding the benchmark is the SIMG delayed the interview or paid the interview fee late. In four cases in 2016, the delay was due to the college having difficulty forming interview panels in time due to the influx of applications and, in one case, because a joint anaesthesia/pain medicine interview was required and additional time was needed to form the interview panel (12).</p>
Time frame	All colleges (average)	ANZCA															
9 months +	2.5%	5.6%															
7-9 months	10.8%	5.6%															
3 months, 15 days - 6 months	34.6%	27.8%															
0 - 3 months, 14 days	52.1%	61.1%															

Benchmark <i>all data is for 2016</i>	Description	Comments
<p><b>Time for area of need assessment</b></p> <p>■ All colleges (average) ■ ANZCA</p>	<p><b>Start date:</b> date complete application is received</p> <p><b>End date:</b> date decision of assessment is made by college</p> <p><b>Benchmark:</b> area of need assessment completed within 2 months</p>	<p>The college met this benchmark for all applicants in 2016.</p>
<p><b>Time for final assessment decision</b></p> <p>■ All colleges (average) ■ ANZCA</p>	<p><b>Start date:</b> date college notified that SIMG has completed all requirements</p> <p><b>End date:</b> date that decision of final assessment is made (Report 2)</p> <p><b>Benchmark:</b> decision completed within 2 months</p>	<p>The college met this benchmark for all applicants in 2016.</p>

Source: MBA data, 2017.

Table 8.2: Medical Board of Australia compliance measures

Compliance measure <i>all data is for 2016</i>	Description	Comments
<p><b>Period of peer review – substantially comparable IMGs</b></p> <p>■ All colleges (average) ■ ANZCA</p>	<p><b>Compliance measure:</b> up to 12 months FTE of peer review</p>	<p>No substantially comparable SIMGs were required to do more than 12 months of peer review in 2016, as per the <i>Good Practice Guidelines</i>.</p>

Compliance measure <i>all data is for 2016</i>	Description	Comments															
<p><b>Period of supervision – partially comparable IMGs</b></p> <table border="1"> <thead> <tr> <th>Supervision Period</th> <th>All colleges (average)</th> <th>ANZCA</th> </tr> </thead> <tbody> <tr> <td>&gt;36 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>&gt;24-36 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>0-24 months</td> <td>79.1%</td> <td>100.0%</td> </tr> <tr> <td>No supervision</td> <td>20.9%</td> <td>0.0%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ ANZCA</p>	Supervision Period	All colleges (average)	ANZCA	>36 months	0.0%	0.0%	>24-36 months	0.0%	0.0%	0-24 months	79.1%	100.0%	No supervision	20.9%	0.0%	<p><b>Compliance measure:</b> up to 24 months FTE of supervised practice</p>	<p>No partially comparable SIMGs were required to undertake more than 24 months of supervised practice in 2016, as per the <i>Good Practice Guidelines</i>.</p>
Supervision Period	All colleges (average)	ANZCA															
>36 months	0.0%	0.0%															
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<p><b>Timeframes to complete requirements – substantially comparable IMGs</b></p> <table border="1"> <thead> <tr> <th>Timeframe</th> <th>All colleges (average)</th> <th>ANZCA</th> </tr> </thead> <tbody> <tr> <td>&gt; 2 years</td> <td>0.5%</td> <td>3.8%</td> </tr> <tr> <td>0-2 years</td> <td>99.5%</td> <td>96.2%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ ANZCA</p>	Timeframe	All colleges (average)	ANZCA	> 2 years	0.5%	3.8%	0-2 years	99.5%	96.2%	<p><b>Compliance measure:</b> up to two years to complete 12 months FTE peer review</p>	<p>In 2016, one applicant took longer than the two year timeframe. This was because the applicant requested a specific date for their workplace based assessment (12).</p>						
Timeframe	All colleges (average)	ANZCA															
> 2 years	0.5%	3.8%															
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<p><b>Timeframes to complete requirements – partially comparable IMGs</b></p> <table border="1"> <thead> <tr> <th>Timeframe</th> <th>All colleges (average)</th> <th>ANZCA</th> </tr> </thead> <tbody> <tr> <td>&gt; 4 years</td> <td>11.8%</td> <td>12.5%</td> </tr> <tr> <td>0-4 years</td> <td>88.2%</td> <td>87.5%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ ANZCA</p>	Timeframe	All colleges (average)	ANZCA	> 4 years	11.8%	12.5%	0-4 years	88.2%	87.5%	<p><b>Compliance measure:</b> up to four years to complete 24 months FTE of supervised practice</p>	<p>In 2016, one applicant took longer than the four year timeframe. This was because the applicant required additional time to meet an acceptable clinical practice standard (12).</p>						
Timeframe	All colleges (average)	ANZCA															
> 4 years	11.8%	12.5%															
0-4 years	88.2%	87.5%															
<p><b>Formal examinations for substantially comparable IMGs</b></p> <p><i>No colleges required substantially comparable IMGs to sit exams in 2016</i></p>	<p><b>Compliance measure:</b> substantially comparable IMGs should not be required to undertake a formal examination</p>	<p>The college did not require any substantially comparable SIMGs to undertake formal examinations in 2016, as per the <i>Good Practice Guidelines</i>.</p>															

Source: MBA data, 2017.



### **Documents reviewed and information sources**

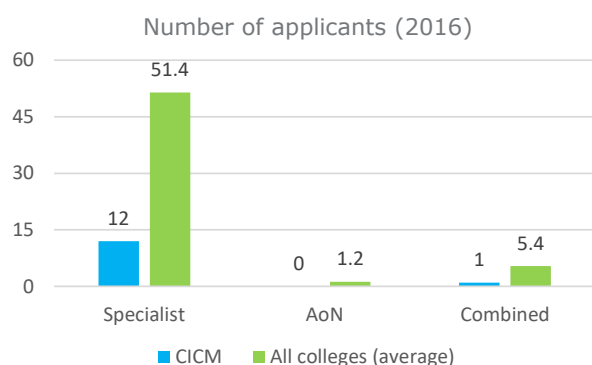
- (1) Regulation 2 - Committees of the ANZCA Council
- (2) ANZCA Specialist International Medical Graduates (SIMG) Committee - Terms of Reference
- (3) ANZCA Conflict of Interest Policy
- (4) Regulation 23 - Recognition as a specialist in anaesthesia or pain medicine; and admission to Fellowship by assessment for specialist international medical graduates (SIMGs)
- (5) Regulation 30 – reconsideration and review process
- (6) Regulation 31 – Appeals process
- (7) 'Self-assessment tool' webpage. Available at: <http://www.anzca.edu.au/training/imgs/self-assessment-tool>, accessed September 2017
- (8) 'Preliminary assessment' webpage. Available at: <http://www.anzca.edu.au/training/imgs/preliminary-assessment#RTP>, accessed September 2017
- (9) 'Specialist International Medical Graduate assessment process' webpage. Available at: <http://www.anzca.edu.au/training/imgs/specialist-international-medical-graduate>, accessed September 2017
- (10) SIMG application form
- (11) Discussion with college and review of de-identified file notes
- (12) ANZCA Report to the Medical Board of Australia (2014, 2015, 2016)
- (13) 'Clinical practice assessment period' webpage. Available at: <http://www.anzca.edu.au/training/imgs/individual-program/clinical-practice-assessment-period>, accessed September 2017
- (14) Annual SIMG agreement
- (15) SIMG Supervisor agreement
- (16) 'Workplace based assessment' webpage. Available at: <http://www.anzca.edu.au/training/imgs/individual-program/workplace-based-assessment>, accessed September 2017
- (17) 'Area of Need process' webpage. Available at: <http://www.anzca.edu.au/training/imgs/area-of-need-process>, accessed September 2017
- (18) Policy on bullying, discrimination and harassment for Fellows and trainees acting on behalf of the college or undertaking college functions.
- (19) 'Fees and forms' webpage. Available at: <http://www.anzca.edu.au/training/imgs/fees-and-forms>, accessed September 2017



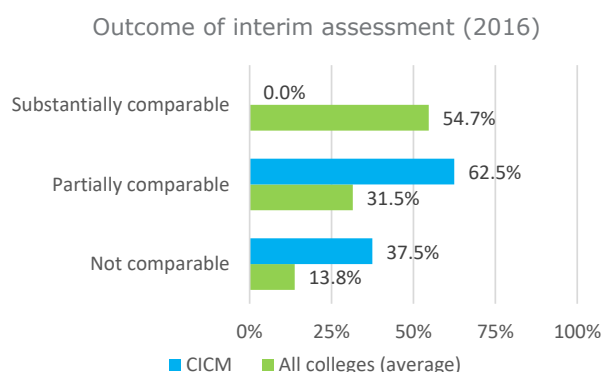
## 9 College of Intensive Care Medicine

### Overview of college assessment process

The College of Intensive Care Medicine (CICM) assessment process aims to determine whether an applicant is able to perform as a specialist in Intensive Care Medicine at a standard comparable to that of a college Fellow.



Source: MBA data, 2017.



Source: MBA data, 2017. "Not comparable" includes SIMGs who were found to be not comparable at the paper-based assessment.

### Compliance with the *Good Practice Guidelines*

Committee structure and operation	Application and paper-based review	Interview	Interim assessment decision	College additional requirements and final assessment	Area of need assessment	Communication	Governance and appeals processes	Fees

In order to fully comply with the *Good Practice Guidelines*, we recommend that CICM: publishes a recency of practice policy; clearly defines the appropriate levels of supervision for different comparability determinations; refers applicants who do not meet college requirements to contact AHPRA for further guidance; documents the policy and process for re-assessment; and clearly displays in one location on its website, an estimate of the total fee that a SIMG is likely to incur to complete the requirements for the specialist pathway. CICM should also ensure it is applying the MBA's definitions of comparability in relation to examinations correctly and not requiring applicants with many years' experience to complete examinations.

### Performance against benchmarks

Time to first available interview	Time from interview to interim assessment decision	Time for specialist recognition interim assessment decision	Time for area of need assessment	Time for final assessment decision
40.0%	100.0%	43.8%	N/A	100.0%

In 2016 some applications did not meet the time to interview, and time for specialist recognition interim assessment requirements. CICM explained that this was due to infrequent committee meetings (three times per year) and because the college schedules the interviews around the time of the committee meetings.

### Performance against compliance measures

Period of peer review	Period of supervision	Timeframe to complete requirements for substantially comparable SIMGs	Timeframe to complete requirements for partially comparable SIMGs	Formal examinations for substantially comparable IMGs
N/A	100.0%	N/A	100.0%	N/A

## Overview

The CICM assessment process aims to determine whether an applicant is able to perform as a specialist in Intensive Care Medicine at a standard comparable to that of a college Fellow.

The assessment process is overseen by the OTS Committee. The committee includes a Censor (Chair), Deputy Censor, Paediatric Deputy Censor (where applicable), Director of Professional Affairs, Assessments Committee Chair and a community representative. The committee also includes at least one Fellow of the college who had been through the OTS pathway. Committee members both oversee the process, and are actively involved in the paper-based assessment and face-to-face interviews.

The paper-based assessment provides a basis for the college's interim decision and aims to identify any gaps/deficiencies in the applicant's training compared to the College's training program. This assessment takes into account evidence of medical qualifications, completion of specialist training programs, recognition as an intensive care specialist in their country of training and any previous work experience. Applicants who pass this stage are invited to a face-to-face interview conducted by members of the OTS Committee and other volunteer Fellows if necessary.

The interview is used by the committee to confirm the comparability of the applicant based various criteria. The panel makes a decision on the comparability of the applicant following the interview and presents the results to the applicant, who has an opportunity to ask questions and clarify. Written confirmation of the recommendations are sent to the applicant and relevant bodies following the interview.

Candidates assessed as partially and substantially comparable are required to undergo a period of supervised clinical practice, the length of which is dependent on their comparability definition. Applicants found to be partially comparable are also required to sit a formal examination consisting of written and clinical components. Upon completing the assigned requirements, the college will recommend the OTS applicant for specialist recognition to the MBA, before considering the applicant for Fellowship. OTS applicants are not required to be awarded Fellowship in order to be recommended for specialist recognition.

CICM also accepts applications from OTS applicants seeking an area of need assessment which is assessed concurrently with the specialist pathway. Australian and New Zealand medical graduates with overseas specialist qualifications undergo the same process as other OTS applicants.



## 9.1 Committee structure and operation

### Overall finding



*CICM complies with the Good Practice Guidelines in relation to the committee structure and operation.*

### Key features of process

CICM has established the OTS Committee, which is responsible for the assessment of all applications, with the Committee's findings recommended to the College Board (1).

The Committee consists of the Censor, Deputy Censor, Paediatric Deputy Censor (where applicable), Director of Professional Affairs, Assessments Committee Chair, a community representative and a Fellow who has completed the OTS pathway (1).

New committee members are inducted onto the committee through a handover process with exiting members (2). This approach is undertaken to ensure that members understand the responsibilities of the position and associated process of the specialist recognition pathways (2).

The terms of reference for the Censor's Committee applies to the OTS committee (2). This document, however, does not include procedures for declaring and managing conflicts of interest and guidelines to ensure procedural fairness (3). CICM has a general board member policy that applies across all committees, which includes a policy for managing conflicts of interest and ensuring procedural fairness.

### Analysis

In line with the *Good Practice Guidelines*, CICM has established a committee responsible for the assessment process, which includes both a Fellow who has been through the OTS assessment process and a community member.

The *Good Practice Guidelines* require that committee members have the necessary attributes, knowledge and skills in the assessment of college trainees and understand the college's training requirements and standards. CICM has sought to meet this requirement through an induction process undertaken by new committee members, overseen by the Censor of the committee. The college also explained that they are in the process of developing an online module which is intended to more formally introduce the process and specific requirements to incoming committee members (2).

CICM complies with the *Good Practice Guidelines* on governance frameworks, which include procedures for declaring conflicts of interest and ensuring procedural fairness through the Terms of Reference and overarching policies.



## 9.2 Application and paper-based review

### Overall finding



*CICM substantially complies with the Good Practice Guidelines in relation to the application and paper-based review. The college should publish a recency of practice policy.*

*As part of the de-identified file review, we confirmed that, for the files shown, the paper-based review was undertaken using the template and requirements specified by the college.*

### Key features of process

The *Assessment of Overseas Trained Intensive Care Specialists* policy provides an overview of the paper-based assessment which is conducted by the college to determine the eligibility of an applicant (1). This takes into account an applicant's medical qualification, completion of training programs, recognition as an intensive care specialist in their country of training and previous work experience (1). By taking into account this evidence, the college aims to identify any potential gaps/deficiencies in the applicant's training in comparison to the college's training program (1).

Prior to applying, applicants are advised on the website that they must apply for primary source verification of their primary and specialist medical qualifications by the AMC (1). This requirement is also published in the checklist of documents required on the pathway application form (4). The application form also sets out the English Language requirements, with the college adopting the MBA's English Language Skills Registration Standard (4). The college does not publish any recency of practice requirements.

As a time saving measure, administration staff ensure the correct documents have been submitted before forwarding them to the OTS Committee for review (2). The college will interview applicants unless it is obvious from their documentation that their training and experience is not comparable to that of a CICM Fellow (1).

### Analysis

The college meets aspects of the *Good Practice Guidelines* including: documenting and publishing the requirements and procedures for the paper-based assessment; providing a clear statement of the assessment standards and criteria against which applicants will be assessed; informing applicants of the requirement for verification of qualifications with the AMC; listing the documents required; and stating the English language proficiency required by the college.

The *Good Practice Guidelines* require colleges to publish a policy on the requirements for recency of practice for the purposes of assessing OTS comparability or assessing OTS suitability for an area of need position. The college does not publish whether the college requires applicants to have recency of practice.



### 9.3 Interview

#### Overall finding



*CICM complies with the Good Practice Guidelines in relation to the interview.*

*As part of the de-identified file review, we confirmed that, for the files shown, the interview was undertaken using the template and requirements specified by the college.*

#### Key features of process

The college requires applicants to undertake a face-to-face interview with members of the OTS Committee, including at least one college Fellow from the relevant jurisdiction and a community representative (2). New assessors are required to observe a round of interviews and take part in a handover process to ensure they are adequately trained, before participating (2).

Members of the panel are provided the opportunity to review the application documents in detail prior to the interview commencing (2). In addition, at least one member of the panel sits across the paper-based review and interview stages (2).

The interview is based on published interview criteria and specific topics for questions that are published on the website in an *Interview Report* (6). This approach ensures that questions not relevant to the college assessment criteria are avoided. This document covers all areas required by the *Good Practice Guidelines*, with the exception of cultural sensitivities. However, the college requires all applicants to undergo a Cultural Awareness Course to address this assumed shortfall in knowledge (2). Clinical testing does not form part of the interview checklist and was not included in any of the files shown during the de-identified file review.

Candidates are provided their results on the day of their interview after deliberation by the assessment panel (2). At this stage, applicants are given the opportunity to ask questions to clarify aspects of their comparability determination or the process in general (2).

#### Analysis

CICM meets the requirements in the *Good Practice Guidelines* for the interview based on the information provided by the college and associated documents. Although the college does not ask about cultural sensitivities in the interview, it requires all applicants to undertake a Cultural Awareness Course.

CICM meets the other aspects of the *Good Practice Guidelines* in relation to interviews. This includes clearly communicating the process to applicants; having trained assessors and a community member on the interview panel; assessors reviewing documentation; use of structured questions addressing relevant topics; clear assessment criteria; avoiding unnecessary questions; and no clinical testing.



### 9.4 Interim assessment decision (assessment of comparability)

#### Overall finding



*CICM partially complies with the Good Practice Guidelines in relation to the interim assessment decision. The college's assessment in some cases appears inconsistent with the application of the MBA's definitions of comparability.*

#### Key features of process

The *Assessment of Overseas Trained Intensive Care Specialists* policy states an applicant should be able to perform as a specialist in Intensive Care Medicine at a standard comparable to that of a college Fellow (1). The interim assessment aims to identify any gaps/deficiencies in the applicant's training compared to the college's training program, which is published on the website (1).

Partially comparable applicants are required to complete up to 24 months FTE of supervised practice alongside prescribed assessments, including a formal exam (1). Substantially comparable applicants may be required to undertake a period of up to 12 months FTE of supervised clinical practice (1). Applicants determined not

comparable are considered “unable to reach comparability” within a 24 month FTE timeframe of supervised clinical practice (1).

Partially comparable applicants have a total of four years to complete all supervised practice and assessment requirements recommended by the college (1).  
Substantially comparable applicants have a total of two years. The starting point for these requirements begins from when the applicant accepts the requirements (1).

The college does not have a documented policy and process for addressing OTS applicants in a limited scope of practice. Despite there being no case of assessing an applicant in a limited scope of practice, the OTS Committee would consider this assessment if applicable to the applicant (2).

## Analysis

The *guidelines* require colleges to assess OTS applicants in accordance with the MBA's approved definitions for assessment of comparability. The *Good Practice Guidelines* also require that the college identifies any gaps/deficiencies compared with Australian specialist training. This fundamentally relates to the similarity of what is learnt from the training program compared to the qualifications, training and experience of the applicant. Instead, the college appears to focus on the similarities of the OTS applicant's training program compared to theirs when making the initial comparability determination, notably the exam requirements.

Of those applicants who received an interim assessment decision in 2016, none were determined substantially comparable. The college noted that is because the college requires applicants to sit an exam, which the guidelines prohibit for substantially comparable OTS applicants. The data also showed one OTS who was assessed as partially comparable but then was not required to undertake any supervised practice. Based on the information available, it appears that CICM assesses applicants as partially comparable so that they can sit the exam, when in other respects they should have been assessed as substantially comparable. Noting, that in one of the de-identified files provided by the college from 2017, an applicant was assessed as eligible for Fellowship based on their interim application (2).

As per the *Good Practice Guidelines*, the interim assessment is used to identify the OTS applicants' gaps and deficiencies compared with Australian specialist training. The maximum timeframes for completing college requirements are aligned to the *Good Practice Guidelines*.

The college does not have a policy for assessing OTS applicants who are practising at a similar standard as an Australian trained specialist practising in a limited scope of practice as required by the *Good Practice Guidelines*.



## 9.5 College additional requirements and final assessment

### Overall finding



*CICM substantially complies with the Good Practice Guidelines in relation to college additional requirements and final assessment. To fully meet the Guidelines, CICM should more clearly define the appropriate levels of supervision for different comparability determinations, and refer applicants who do not meet college requirements to contact AHPRA for further guidance.*

### Key features of process

Applicants determined partially and substantially comparable are required to undertake a period of supervised clinical practice (1). In addition, applicants are required to satisfy college CPD requirements, which are accessible via the website (1, 7). Partially comparable applicants have a maximum of 24 months FTE of practice, with substantially comparable applicants requiring a maximum of 12 months supervision under peer review (1). The degree of supervision varies based on the applicants' comparability levels and experience in the field, with more senior OTS applicants working with minimal supervision (2).

Partially comparable applicants are required to undertake prescribed assessments over this period including a formal examination (1). There are two components to the

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examination, covering a series of short answer questions and a clinical component. The OTS is required to achieve at least 50% on the short answer questions and a satisfactory mark in the assessment of clinical skills. After two failed attempts on either section, the College reviews the original OTS assessment, and after five failed attempts, the candidate is withdrawn from the pathway (1). Substantially comparable applicants are not required to undertake any form of formal examination (1).

OTS requirements are consistent with what is required from Australian trainees (1). OTS applicants undertake exams in the same conditions as regular trainees, to the extent that with examiners not informed whether an applicant is an OTS or an Australian trainee (2).

The college documents the role of supervisors and training on their website, with OTS applicants treated the same as regular college trainees (2, 8). Before starting any supervised practice, the applicant must provide prospective approval of clinical practice to the college (9). 'In Training Evaluation Reports' are then used to document and monitor progress (1). The college varies the level of supervision required by an OTS based on the level of training, experience and nature of the position they hold in Australia (2).

Applicants are encouraged to contact the college should any problems occur during the supervision or peer review process (2). Where this problem relates to issues with satisfying requirements, issues can be raised through the 'In Training Evaluation Reports' (1). Remote supervision is only provided to area of need applicants where oversight can be provided in the first six months (5). The policy does not specify that this must be in person. In this case, regular contact must occur thereafter with at least one on-site visit (5).

Applicants who are unsuccessful at completing college requirements are provided guidance on how to apply for the training program (2).

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## Analysis

The *Good Practice Guidelines* require that colleges clearly document and publish the requirements and procedures for supervision and examinations. Whilst CICM publishes this information, they do not clearly distinguish the differences in supervision for supervised clinical practice versus supervised practice under peer review. The *Good Practice Guidelines* also require guidelines which define the appropriate level of supervision given an OTS applicant's level of training and experience, which CICM does not have.

The *Good Practice Guidelines* require colleges to inform OTS applicants about the requirement for prospective approval of supervisors or positions. CICM instead requires applicants to provide "prospective approval of clinical practice" (4).

The *Good Practice Guidelines* require colleges to provide advice to applicants who do not meet college requirements to contact AHPRA for further guidance. The college instead provides applicants with guidance on how to apply for the college's training program.

CICM meets other *Good Practice Guidelines* requirements including not requiring substantially comparable OTS applicants to sit formal written examinations; aligning OTS clinical experience and assessment requirements to what is required of Australian trainees; documenting the process for monitoring OTS applicants; defining the roles and responsibilities of supervisors and OTS; and the requirements for remote supervision.

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## 9.6 Area of need assessment

### Overall finding



*CICM complies with the Good Practice Guidelines in relation to area of need assessment.*

### Key features of process

Applicants applying through the area of need pathway are required to apply for a specific area of need post. The process includes a fast-tracked paper based assessment that applies to overseas trained doctors with temporary or permanent resident visas (5).

The area of need assessment is conducted by the Censor, the Deputy Censor and the relevant Regional Committee Chair using criteria detailed in the *Intensive Care Services for Areas of Need* guide, which is published on the website (5). The area of need assessment will match the applicant's qualities with the requirements of the post as given by the job description and key selection criteria (5). The college also publishes the objectives of the area of need process, the process for establishing a post, employer responsibilities and area of need criteria (5).

Depending on the outcome of the area of need assessment, area of need applicants may be able to complete the requirements of the specialist recognition and area of need pathways concurrently (1, 5). Area of need and specialist assessment pathways also happen concurrently, however the area of need assessment and outcomes are distinct from the specialist recognition assessment process (5).

### Analysis

The *Good Practice Guidelines* require that colleges have a process for assessing OTS applicants for area of need. CICM has a published process for the area of need assessment.



## 9.7 Communication

### Overall finding



*CICM complies with the Good Practice Guidelines in relation to communication with the MBA and AHPRA, and SIMGs.*

### Key features of process

The college publishes separate documents on their website, which provides a step-by-step overview of the process for assessment under the specialist recognition and area of need pathways (1). This process provides an overview of the process, with detailed sections on the application, interim assessment, interview, criteria for assessment, comparability determination, supervised clinical practice, examinations, fees, maximum timeframes and appeals procedures (1). The college publishes a separate document outlining the types of questions asked in the interview (6).

Interim assessment decisions are communicated on the day of the interview thereby giving applicants the chance to ask questions and clarify the process (2). The college then formally communicates the interim assessment decision and further requirements to applicants via email, along with Report 1 (9). Report 1 is used by the college to communicate the interim assessment decision to the AMC and AHPRA, and to note any concerns about an OTS suitability for registration (2).

Following successful completion of the assessment, the SIMG is recommended for specialist recognition to the MBA using Report 2 (2).

### Analysis

The *Good Practice Guidelines* require that colleges have a clear process for assessment in the specialist pathway. The college achieves this through the information published on the website.

The college meets other aspects of the *Good Practice Guidelines* relating to communication, including informing the OTS of the interim assessment outcome and additional requirements; and uploading its decisions using Reports 1 and 2.



## 9.8 Governance and appeals processes

### Overall finding



*CICM substantially complies with the Good Practice Guidelines in relation to governance and appeals processes. The college does not currently offer re-assessment of comparability. CICM should document the policy and process for SIMGs with material changes in their training and experience to apply for re-assessment.*

### Key features of process

The college has a documented appeal, review and reconsideration policy which outlines the grounds of reconsideration and review, the reconsideration committee, the review committee and the appeals process (10). The college had no applicants or OTS trainees apply for appeal or review/reconsideration in 2016 (11).

The college is able to monitor applications to ensure they progress in a timely matter with the use of spreadsheets and internal procedures (2). The college is able to manage their process in this manner as they have a small number of applications and active OTS members undertaking the pathway at any one time (2).

The process is documented for each stage of the process, with a file created for each OST applicant once they accept the recommendations from the interim assessment decision (2). A shared directory is used with all physical files complemented by an electronic version (2).

Deviations from published procedures are documented as part of the interview recommendations and dealt with on a case-by-case basis (2). This information is then put into an official letter which is sent to the applicant via email, which they are required to accept (2).

Where publically provided / externally available information is provided, and the college believes it is relevant, the OTS applicant is given the opportunity to reply (2).

The college does not document a policy for re-assessment, where a material change occurs in relation to OTS training or experience since they were initially assessed by the college (2).

The college has a documented bullying, discrimination and harassment policy which outlines processes for addressing these issues across all training pathways (12).

### Analysis

The *Good Practice Guidelines* require colleges to have a policy for how to apply for re-assessment of comparability and the circumstances under which the college will consider these applications. Re-assessment relates to a material change to an OTS's training and/or experience since they were initially assessed. CICM does not have a policy which documents this process.

The college meets other aspects of the *Good Practice Guidelines* relating to monitoring applications; documenting each stage of the process and deviations from the published policy; ensuring procedural fairness in externally provided/available information; and a policy for managing appeals, reviews and reconsiderations.





## 9.9 Fees

### Overall finding



*CICM substantially complies with the Good Practice Guidelines in relation to fees. All fees are listed on the website. However, the college should clearly display in one location on their website, an estimate of the total fee that a SIMG is likely to incur to complete the requirements for the specialist pathway.*

### Key features of process

CICM's OTS assessment fees are outlined in the fee section of the college's website (13). The current fees are:

- OTS Assessment Fee (\$4,598)
- Second Part Examination Fee (Including OTS) (\$3,590)
- Annual Training Fee (\$1,580)
- Area of Need Site Visit (\$2,277 + expenses)
- Area of Need Assessment Fee (\$2,024)

The pricing schedule document provides an explanation of each fee (13). The OTS Assessment Fee applies to each applicant whereas the other fees depend on the requirements the SIMG is required to complete following the interim assessment decision (2). The assessment fee is not charged to the OTS until they undergo the interview, and either accept the requirements of the OTS Committee or choose to exit the process.

The appeals fee is capped at \$1,000 per appeal, and some or all of the fee may be waived. This is set out in the college's policy document on Appeals, Review and Reconsideration Processes. Where the appeal is successful, all college related costs paid by the applicant are refunded (10).

### Analysis

In line with the *Good Practice Guidelines*, CICM documents the fees involved in the assessment process and only charges fees for the allowed activities. The fees are in line with the fees for Australian trainees.

CICM mentions OTS applicants specifically in the assessment and examination fee titles in the fee schedule. The fees for area of need are also clear. The fee schedule is easy to locate on the website, within the section on Trainees and IMGs. The fee schedule also includes a description of what the fee is for.

The annual training fee is also applicable to OTS, if they are undertaking training that they would like to have accredited. However, this is not clear from the fee schedule and applicants may not clearly understand the total cost they may incur.

## 9.10 Medical Board of Australia benchmarks and compliance measures

Table 9.1: Medical Board of Australia benchmarks

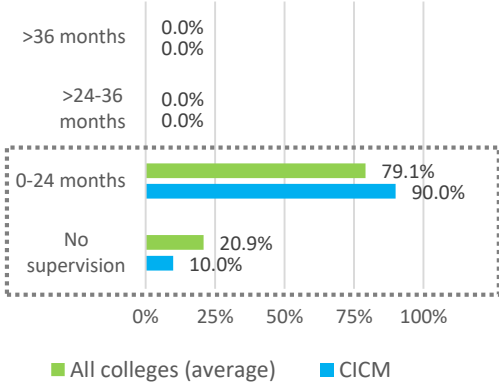
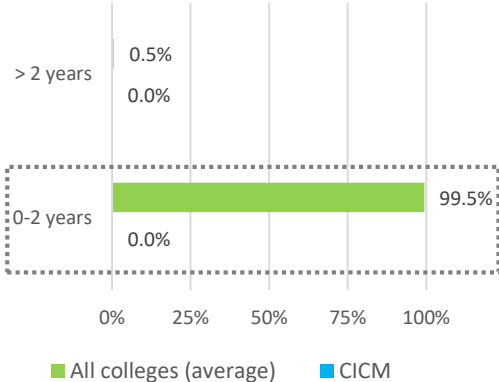
Benchmark <i>all data is for 2016</i>	Description	Comments															
<p><b>Time to first available interview</b></p> <table border="1"> <thead> <tr> <th>Time Range</th> <th>All colleges (average)</th> <th>CICM</th> </tr> </thead> <tbody> <tr> <td>&gt;9 months</td> <td>0.8%</td> <td>6.7%</td> </tr> <tr> <td>&gt;6-9 months</td> <td>0.8%</td> <td>0.0%</td> </tr> <tr> <td>&gt;3-6 months</td> <td>16.2%</td> <td>53.3%</td> </tr> <tr> <td>0-3 months</td> <td>82.1%</td> <td>40.0%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ CICM</p>	Time Range	All colleges (average)	CICM	>9 months	0.8%	6.7%	>6-9 months	0.8%	0.0%	>3-6 months	16.2%	53.3%	0-3 months	82.1%	40.0%	<p><b>Start date:</b> date complete application received</p> <p><b>End date:</b> date of first available interview that is offered</p> <p><b>Benchmark:</b> interview available within 3 months</p>	<p>The college explained in the report to the MBA that some applications did not meet the time to interview benchmark due to infrequent committee meetings (three times per year) and associated scheduling of interviews around these times (2).</p>
Time Range	All colleges (average)	CICM															
>9 months	0.8%	6.7%															
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<p><b>Time from interview to interim assessment decision</b></p> <table border="1"> <thead> <tr> <th>Time Range</th> <th>All colleges (average)</th> <th>CICM</th> </tr> </thead> <tbody> <tr> <td>&gt;28 days</td> <td>42.5%</td> <td>0.0%</td> </tr> <tr> <td>15-28 days</td> <td>17.5%</td> <td>0.0%</td> </tr> <tr> <td>0-14 days</td> <td>40.1%</td> <td>100.0%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ CICM</p>	Time Range	All colleges (average)	CICM	>28 days	42.5%	0.0%	15-28 days	17.5%	0.0%	0-14 days	40.1%	100.0%	<p><b>Start date:</b> date of interview</p> <p><b>End date:</b> date that decision of interim assessment is made by the college (Report 1)</p> <p><b>Benchmark:</b> interim assessment completed within 14 days</p>	<p>The college met this benchmark for all applicants in 2016, as it provides the outcome of the assessment to the applicant on the day of the interview (2).</p>			
Time Range	All colleges (average)	CICM															
>28 days	42.5%	0.0%															
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<p><b>Time for specialist recognition interim assessment</b></p> <table border="1"> <thead> <tr> <th>Time Range</th> <th>All colleges (average)</th> <th>CICM</th> </tr> </thead> <tbody> <tr> <td>9 months +</td> <td>2.5%</td> <td>6.3%</td> </tr> <tr> <td>7-9 months</td> <td>10.8%</td> <td>0.0%</td> </tr> <tr> <td>3 months, 15 days - 6 months</td> <td>34.6%</td> <td>50.0%</td> </tr> <tr> <td>0 - 3 months, 14 days</td> <td>52.1%</td> <td>43.8%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ CICM</p>	Time Range	All colleges (average)	CICM	9 months +	2.5%	6.3%	7-9 months	10.8%	0.0%	3 months, 15 days - 6 months	34.6%	50.0%	0 - 3 months, 14 days	52.1%	43.8%	<p><b>Start date:</b> date complete application is received</p> <p><b>End date:</b> date that decision of interim assessment is made by the college (Report 1)</p> <p><b>Benchmark:</b> interim assessment completed within 3 months and 14 days</p>	<p>The college explained in the report to the MBA that some applications did not meet the time for specialist recognition interim assessment benchmark due to infrequent committee meetings (three times per year) and because the college schedules the interviews around the time of the committee meetings (11).</p>
Time Range	All colleges (average)	CICM															
9 months +	2.5%	6.3%															
7-9 months	10.8%	0.0%															
3 months, 15 days - 6 months	34.6%	50.0%															
0 - 3 months, 14 days	52.1%	43.8%															

Benchmark <i>all data is for 2016</i>	Description	Comments
<p><b>Time for area of need assessment</b></p> <p>0% 25% 50% 75% 100%</p> <p>■ All colleges (average) ■ CICM</p>	<p><b>Start date:</b> date complete application is received</p> <p><b>End date:</b> date that decision of assessment is made by college</p> <p><b>Benchmark:</b> area of need assessment completed within 2 months</p>	<p>There were no applications for area of need assessment only in 2016.</p>
<p><b>Time for final assessment decision</b></p> <p>0% 25% 50% 75% 100%</p> <p>■ All colleges (average) ■ CICM</p>	<p><b>Start date:</b> date college notified that IMG has completed all requirements</p> <p><b>End date:</b> date that decision of final assessment is made (Report 2)</p> <p><b>Benchmark:</b> decision completed within 2 months</p>	<p>The college met this benchmark for all applicants in 2016.</p>

Source: MBA data, 2017.

Table 9.2: Medical Board of Australia compliance measures

Compliance measure <i>all data is for 2016</i>	Description	Comments
<p><b>Period of peer review – substantially comparable IMGs</b></p> <p>0% 25% 50% 75% 100%</p> <p>■ All colleges (average) ■ CICM</p>	<p><b>Compliance measure:</b> up to 12 months FTE of peer review</p>	<p>The college did not assess any applicants as substantially comparable in 2016.</p>

Compliance measure <i>all data is for 2016</i>	Description	Comments															
<p><b>Period of supervision – partially comparable IMGs</b></p>  <table border="1"> <thead> <tr> <th>Supervision Period</th> <th>All colleges (average)</th> <th>CICM</th> </tr> </thead> <tbody> <tr> <td>&gt;36 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>&gt;24-36 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>0-24 months</td> <td>79.1%</td> <td>90.0%</td> </tr> <tr> <td>No supervision</td> <td>20.9%</td> <td>10.0%</td> </tr> </tbody> </table>	Supervision Period	All colleges (average)	CICM	>36 months	0.0%	0.0%	>24-36 months	0.0%	0.0%	0-24 months	79.1%	90.0%	No supervision	20.9%	10.0%	<p><b>Compliance measure:</b> up to 24 months FTE of supervised practice</p>	<p>No partially comparable SIMGs were required to undertake more than 24 months of supervised practice in 2016, as per the <i>Good Practice Guidelines</i>.</p> <p>One applicant was not required to undertake any supervised practice.</p>
Supervision Period	All colleges (average)	CICM															
>36 months	0.0%	0.0%															
>24-36 months	0.0%	0.0%															
0-24 months	79.1%	90.0%															
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<p><b>Timeframes to complete requirements – substantially comparable IMGs</b></p>  <table border="1"> <thead> <tr> <th>Timeframe</th> <th>All colleges (average)</th> <th>CICM</th> </tr> </thead> <tbody> <tr> <td>&gt; 2 years</td> <td>0.5%</td> <td>0.0%</td> </tr> <tr> <td>0-2 years</td> <td>99.5%</td> <td>0.0%</td> </tr> </tbody> </table>	Timeframe	All colleges (average)	CICM	> 2 years	0.5%	0.0%	0-2 years	99.5%	0.0%	<p><b>Compliance measure:</b> up to two years to complete 12 months FTE peer review</p>	<p>In 2016, the college did not have any substantially comparable SIMGs complete the college requirements.</p>						
Timeframe	All colleges (average)	CICM															
> 2 years	0.5%	0.0%															
0-2 years	99.5%	0.0%															
<p><b>Timeframes to complete requirements – partially comparable IMGs</b></p>  <table border="1"> <thead> <tr> <th>Timeframe</th> <th>All colleges (average)</th> <th>CICM</th> </tr> </thead> <tbody> <tr> <td>&gt; 4 years</td> <td>11.8%</td> <td>0.0%</td> </tr> <tr> <td>0-4 years</td> <td>88.2%</td> <td>100.0%</td> </tr> </tbody> </table>	Timeframe	All colleges (average)	CICM	> 4 years	11.8%	0.0%	0-4 years	88.2%	100.0%	<p><b>Compliance measure:</b> up to four years to complete 24 months FTE of supervised practice</p>	<p>All partially comparable SIMGs who completed the requirements in 2016 did so within four years, as per the <i>Good Practice Guidelines</i>.</p>						
Timeframe	All colleges (average)	CICM															
> 4 years	11.8%	0.0%															
0-4 years	88.2%	100.0%															
<p><b>Formal examinations for substantially comparable IMGs</b></p>	<p><b>Compliance measure:</b> substantially comparable IMGs should not be required to</p>	<p>The college did not assess any applicants as substantially comparable in 2016.</p>															

Compliance measure <i>all data is for 2016</i>	Description	Comments
<b>No colleges required substantially comparable IMGs to sit exams in 2016</b>	undertake a formal examination	

Source: MBA data, 2017.

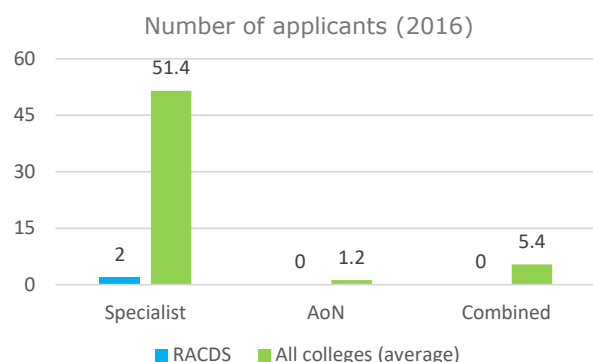
#### Documents reviewed and information sources

- (1) Assessment of Overseas Trained Intensive Care Specialists, 2015
- (2) Discussions with college and review of de-identified files, 2017
- (3) Censor's Committee Terms of Reference, 2014
- (4) Application form
- (5) Intensive Care Services for Area of Need, 2014
- (6) OTS Interview Report – General Pathway
- (7) 'CPD' webpage. Available at: <https://www.cicm.org.au/Fellows/CPD>, accessed September 2017
- (8) The Role of Supervisors of Training in Intensive Care Medicine (2012)
- (9) CICM Registration Letter Template, 2017 (*internal document*)
- (10) Appeals, Review and Reconsideration Processes (2014)
- (11) CICM Report to the Medical Board of Australia (2014, 2015, 2016)
- (12) Prevention of Bullying, Discrimination and Harassment in the Workplace (2016)
- (13) 'Fees' webpage. Available at: <https://www.cicm.org.au/Trainees/Fees>, accessed September 2017

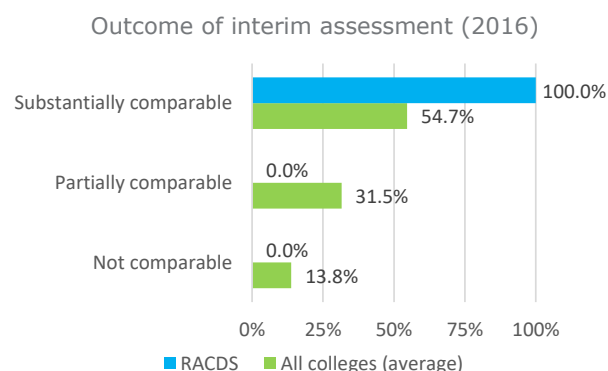
## 10 Royal Australasian College of Dental Surgeons

### Overview of college assessment process

The Royal Australasian College of Dental Surgeons (RACDS) assessment process and guidelines for applicants are outlined in the college's *Overseas Trained Oral and Maxillofacial Surgeon (OMS) Special Assessment Policy*.



Source: MBA data, 2017.



Source: MBA data, 2017. "Not comparable" includes SIMGs who were found to be not comparable at the paper-based assessment.

### Compliance with the *Good Practice Guidelines*

Committee structure and operation	Application and paper-based review	Interview	Interim assessment decision	College additional requirements and final assessment	Area of need assessment	Communication	Governance and appeals processes	Fees

In order to fully comply with the *Good Practice Guidelines*, we recommend that RACDS: includes a SIMG who has been through the process on the committee; puts a process in place to ensure members of the committee have the necessary attributes, knowledge and skills; includes a community member on the interview panel; revises its *Overseas Trained OMS Special Assessment Policy* to comply with the Guidelines; more clearly stipulates the additional requirements required of partially and substantially comparable applicants, and the differences in requirements for specialist recognition and Fellowship; publish a policy and process for re-assessment; develops a separate process for area of need assessment; clearly displays in one location on its website, an estimate of the total fee that an SIMG is likely incur to complete the requirements for the specialist pathway; and specifies the maximum appeal fee that may be incurred.

### Performance against benchmarks

Time to first available interview	Time from interview to interim assessment decision	Time for specialist recognition interim assessment decision	Time for area of need assessment	Time for final assessment decision
50.0%	50.0%	50.0%	N/A	100.0%

In 2016, one applicant did not meet the benchmarks related to the interim assessment. Delays were due to time needed for processing the application, the availability of the assessment committee, and the time needed for primary source verification and referee checking process.

### Performance against compliance measures

Period of peer review	Period of supervision	Timeframe to complete requirements for substantially comparable SIMGs	Timeframe to complete requirements for partially comparable SIMGs	Formal examinations for substantially comparable IMGs
100.0%	N/A	100.0%	N/A	100.0%

## Overview

The RACDS assessment process evaluates the training, qualifications and experience of the SIMG for comparability with an Australian trained specialist. The requirements for the process are set out in the *Overseas Trained Oral and Maxillofacial Surgeon (OMS) Special Assessment Policy*.

Applicants for the RACDS Overseas Trained Oral and Maxillofacial Surgeon (OTOMS) Specialist Assessment must have a Dental degree, full registration as a dentist in Australia or New Zealand, a Medical degree, full registration as a medical practitioner in Australia or New Zealand and specialist qualifications in the field of Oral and Maxillofacial Surgery. Applicants are to submit the Application for Specialist Assessment in the Specialty of Oral and Maxillofacial Surgery, including all relevant attachments. A paper-based assessment will take place when all required attachments have been received to determine eligibility, and applicants who are likely to be found Not Comparable will be advised in writing and provided with an opportunity to withdraw their application.

Following the application and initial paper-based assessment by the Overseas Trained Specialist Working Group, applicants deemed suitable for interview are invited to a structured face-to-face or teleconference interview which is conducted by the RACDS Interview Panel. The Panel consists of the Chair of the Accreditation Committee, a regional Director of Training in OMS, and the Registrar - OMS or a representative. Interviewers fill out the Oral and Maxillofacial Surgery Training & Scope of Practice Assessment Tool which is then forwarded to the applicant and the Overseas Trained Specialist Working Group.

Following the interview, applicants are assessed as either not comparable, partially comparable, or substantially comparable. The final decision on the assessment is made through a discussion with the Accreditation Committee, based on a consensus of opinion.

According to the college's policy, applicants who are assessed as partially comparable may be required to complete further training for six months to three years, undergo a period of supervised clinical practice for 12 to 24 months, undergo a practice visit during the period of supervised clinical practice, maintain a logbook during the period of supervised clinical practice, pass the final examination in OMS, complete any specified up-skilling, and complete any OMS Training Program assessments deemed necessary by the Overseas Trained Specialist Working Group.

OTOMS applicants who are assessed as substantially comparable may be required to undergo a period of supervised clinical practice of 12 months, maintain a logbook during the period of supervised clinical practice and pass the final examination in OMS unless an exemption is granted. The OTOMS applicant may also be required to complete a practice visit during the period of supervised clinical practice.

All area of need positions are concurrently assessed for Specialist Assessment. It is not possible to apply for area of need separately. All standards that apply for specialist assessment applicants apply to area of need applicants.

RACDS does not require applicants to gain Fellowship in order for them to be recommended for specialist recognition. However, RACDS has a different process and sets different requirements for applicants who seek to gain Fellowship, and those who only seek specialist recognition.

The process for assessment of Australia and New Zealand medical graduates with overseas specialist qualifications is no different.

## 10.1 Committee structure and operation

### Overall finding



*RACDS partially complies with the Good Practice Guidelines in relation to the committee structure and operation. To fully meet the Guidelines, RACDS should include a SIMG who has been through the process on the committee, and could consider including a community member on the committee. RACDS should also develop a terms of reference for the committee that provide detail on the operating procedures for the committee, as set out in the Guidelines.*

### Key features of process

RACDS has an Overseas Trained Specialist Working Group, which is responsible for the assessment of OTOMS. The Overseas Trained Specialist Assessment Working Group sits within the Accreditation Committee of the Board of Studies – Oral & Maxillofacial

Surgery (1, 2). The interview panel is formed by the Overseas Trained Specialist Working Group under the direction of the members of the Overseas Trained Specialist Working Group and Chair of the Accreditation Committee.

The areas of responsibility for the Overseas Trained Specialist Working Group are to provide advice to the Accreditation Committee on applications from OTOMS as per the *Handbook for Accredited Education and Training in Oral and Maxillofacial Surgery* (1). The *RACDS OTOMS Specialist Assessment Policy* underpins the activity and process of the Overseas Trained Specialist Working Group (3).

The working group does not include a community member or a SIMG who has been through the process. It was noted in the consultation that RACDS is a small specialty with few OTOMS, which makes it difficult to find representatives to be on the committee (1).

All Councillors, Members and Fellows engaged with the governance or delivery of College programs, the Chief Executive Officer and Senior Managers of the RACDS must declare any direct or indirect personal relationships, affiliations or associations that they have which may give rise to any actual or perceived competing interests in relation to their work with RACDS through the *Competing Interests Annual Declaration Form* (4).

## Analysis

As per the requirements in the *Good Practice Guidelines*, RACDS has established a working group for the SIMG assessment process. However, terms of reference were not available. Terms of reference for Board of Studies were provided, but these are high level and do not detail the roles, responsibilities, structure, operating procedures and key relationships, as specified in the Guidelines.

The *Good Practice Guidelines* require that the committee includes one SIMG who has been through the process and, if possible, one community member. The Overseas Trained Specialist Working Group does not include one representative who has completed the SIMG pathway or a community member. It was noted that this is due to the small size of the specialty.

The college does not have a process in place for ensuring that members of the committee have the necessary attributes, knowledge and skills in the assessment of college trainees and understand their college's training requirements and standards, as required by the *Good Practice Guidelines*.

RACDS complies with the *Good Practice Guidelines* on governance frameworks. Committee members must declare any competing interests in relation to their work with RACDS. While there is no specific policy on procedural fairness, this is provided through the detailed process for assessment specified in the *RACDS OTOMS Specialist Assessment Policy*, and through the avenues for review, reconsideration and appeal.



## 10.2 Application and paper-based review

### Overall finding



*RACDS complies with the Good Practice Guidelines in relation to the application and paper-based review.*

*As part of the de-identified file review, we confirmed that, for the files shown, the paper-based review was undertaken using the template and requirements specified by the college.*

### Key features of process

The RACDS assessment process begins with an initial paper based assessment of the SIMG's application.

It is written in the *Overseas Trained OMS Special Assessment Policy* and on the website that all applicants for specialist assessment must meet the following eligibility criteria:

- A dental degree, which should be primary source verified.
- Full registration as a dentist in Australia or New Zealand.
- A medical degree, which must be primary source verified.



- Specialist qualifications in the field of Oral and Maxillofacial Surgery, which should be primary source verified (3, 5).

The *Overseas Trained OMS Special Assessment Policy* lists the attachments required for the application for specialist assessment. This includes proof of primary source verification and evidence of English language proficiency obtained within two years of the date of application (3). The Application Form further clarifies that SIMGs do not have to submit evidence of English language proficiency to the medical colleges for specialist assessment; however evidence of English language proficiency is a requirement to gain medical registration to practice medicine in Australia. This requirement is no higher than that required by the MBA's English language skills registration standard (6).

Applicants who are deemed likely to be not comparable at the initial paper based assessment are advised in writing and provided with an opportunity to withdraw their application (3).

The *Overseas Trained OMS Special Assessment Policy – Australia* policy states the criteria for eligibility to apply for specialist assessment (3). The website states that the RACDS' specialist assessment focuses on education, training, quality, quantity and scope of clinical experience, level of formal assessment including specialist qualifications in surgery, recency of relevant practice (i.e. practice within the last two years) and relevant professional skills and attributes in order to determine comparability with that of a surgeon who has been trained by RACDS (5). More information on the training program is available on the website and the *Handbook for Accredited Education and Training in Oral and Maxillofacial Surgery* (1).

RACDS does not have a documented recency of practice policy, however, recency of practice is assessed through viewing logbooks and during the interview process.

## Analysis

The criteria for applicants in gaining specialist assessment are clearly set out in RACDS policy (3). The *Good Practice Guidelines* require colleges to publish the information and evidence that the college requires from the SIMGs, and to provide a statement of the documentary evidence, including clearly stating if the college requires proof of English language proficiency. The college policy includes a list of required attachments.

RACDS includes a review of documentary evidence provided by the SIMGs, as required by the *Good Practice Guidelines*. The guidelines also require colleges to publish a clear statement of the assessment standards and criteria against which applicants will be assessed. The college clearly states the criteria and that the assessment seeks comparability with a surgeon trained by RACDS and the training processes and procedures are accessible on the website as well as in the assessment policy (3). RACDS does not have a recency of practice policy.



## 10.3 Interview

### Overall finding



*RACDS substantially complies with the Good Practice Guidelines in relation to the interview. RACDS should include a community member on the interview panel.*

*As part of the de-identified file review, we confirmed that, for the files shown, the interview was undertaken using the template and requirements specified by the college.*

### Key features of process

If deemed eligible to proceed during the interim assessment, applicants for specialist assessment must present for an interview (3).

The *Overseas Trained OMS Special Assessment Policy – Australia* policy states that the interview is not an examination but is for the purposes of clarifying details of the applicant's training and experience in Oral and Maxillofacial Surgery and assessing the applicant's standing in relation to an Australasian-trained OMG Specialist (3).

The interview is conducted by an interview panel of three members: the Chair of the Accreditation Committee, a Regional Director of Training in OMS, and the Registrar – OMS. The interview panel does not include a community member.

Interviews take place face-to-face or via videoconference. The criteria against which the candidate is assessed during the interview includes:

- The OMS training in comparison with the RACDS training program in its duration, structure and content, assessments and supervision
- Specialist qualifications and previous practice as an Oral and Maxillofacial Surgeon. This includes clarification of documentation provided by the applicant.
- Experience as an Oral and Maxillofacial Surgeon in terms of case mix, use of equipment and procedures, and compliance with good practice as promoted in RACDS documentation.
- Evidence of participation in continuing education and quality assurance activities. A continuous involvement in recent years is particularly important (3).

Assessors on the interview panel do not receive formal training, however, there is a validation process where the questions and format of the interview is agreed on prior to the interview (2). Assessors are also advised to allow the SIMG to ask questions (2).

Interviewers will fill out the *Oral and Maxillofacial Surgery Training & Scope of Practice Assessment Tool* (7), which will be forwarded to the applicant and to the Overseas Trained Specialist Working Group along with all application documentation.

It was noted by RACDS that the Overseas Trained OMS Special Assessment Policy is due to be updated. This includes minor changes, for example that the Registrar - OMS forms part of the interview panel rather than the Assistant Registrar (OMS).

## Analysis

RACDS has a structured interview process including an Assessment Tool which is filled out by interviewers and provided to the Overseas Trained Specialist Working Group along with all application documentation. Evidence of the application to be assessed for recognition as a specialist and the *Extract of Minutes - Meeting of the OMS Overseas Trained Specialist Assessment Group of the Board of Studies* are reviewed and discussed by the Committee (8). Interview questions were not included in the de-identified file review, however, the *Extract of Minutes* indicates that questions that were not relevant to the college assessment criteria were avoided and that SIMGs are given an opportunity to ask questions (2, 8).

While the interview panel does not receive any formal training, the interview questions and format are formalised and agreed upon prior to the interview. The panel does not include a community member.



## 10.4 Interim assessment decision (comparability)

### Overall finding



*RACDS partially complies with the Good Practice Guidelines in relation to the interim assessment decision. The college should revise its Overseas Trained OMS Special Assessment Policy to comply with the guidelines.*

### Key features of process

Following the interview, all OTOMS applications will be assessed by the Overseas Trained Specialist Working Group. There are three possible outcomes to the specialist assessment process:

- not comparable;
- partially comparable; and
- substantially comparable.

Applicants are assessed on their surgical qualifications and clinical experience in order to determine comparability with a surgeon who has trained in Australia or New Zealand in Oral and Maxillofacial Surgery (3).

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The *Overseas Trained OMS Special Assessment Policy* provides detail on the criteria for each outcome (3). Applicants assessed as partially comparable have provided insufficient evidence to convince the college that he or she can practice as an independent surgeon in the Australian health system. Applicants are deemed partially comparable if:

- there is evidence of recent consultant level surgical practice in OMS; and
- there is evidence of completion of a specialist training program that is broadly comparable to the College OMS Training program, including a research component; but which does not necessarily cover the full scope and depth of the College OMS Training Program; and/or
- the applicant has not completed a comparable exit examination to the College Final RACDS(OMS) Examination; and/or
- the depth and scope of surgical practice in OMS since the attainment of their surgical qualification is not of a sufficiently high standard or duration as to waive the need to sit the FRACDS(OMS) Examination (3).

Applicants who are deemed partially comparable are required to:

1. Complete further training. The period specified may be from six months up to three years as deemed necessary to satisfy eligibility for the RACDS(OMS) Examination
2. Undergo a period of supervised clinical practice (12 - 24 months in duration) (3).

For partially comparable applicants with further formal training in OMS requirements ranging from six months to three years, this will be undertaken in recognised training positions (2). The applicant will be essentially equivalent to a trainee in Oral & Maxillofacial Surgery and have to fulfil all of the training requirements & assessments that are outlined in the *Handbook* (1, 2).

Applicants assessed as substantially comparable have been able to provide evidence to demonstrate substantial comparability to that of a surgeon who has completed the College OMS training program (3). The OTOMS are deemed substantially comparable if:

- There is evidence of recency of surgical practice in OMS; and
- There is evidence of completion of a specialist training program comparable to the College OMS Training program, including a research component; and
- There is evidence the applicant has completed an exit examination equivalent to the College Final Examination in OMS and the depth and scope of surgical practice in the specialty since the attainment of their surgical qualification is of a sufficiently high standard or duration as to waive the need to sit the Final Examination in OMS (3).

The policy states that applicants who are assessed as substantially comparable are required to undertake 12 months of supervised practice during which they maintain a logbook (3).

RACDS does not have a documented policy and process for assessing SIMGs who are practising to a similar standard as an Australian trained specialist practising in a limited scope of practice within a specialty or field of specialty practice, there have been no such applicants so far (2).

The policy states that OTOMS applicants have two years from the date of receipt of their outcome to demonstrate that they have commenced completion of requirements, and four years from the date of commencement of their specialist recognition requirements to complete their specialist recognition requirements unless otherwise stipulated by the Overseas Trained Specialist Working Group (3).

The policy states the CPD requirements for approval of supervised clinical practice (3). It was confirmed by RACDS that only applicants who are seeking admission to Fellowship by assessment are required to participate in the RACDS CPD program for the duration of their minimum requirements (supervised clinical practice, logbook, Final Examination) (2).

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## Analysis

RACDS definitions of comparability adhere to the *Good Practice Guidelines* which require applicants to be assessed in accordance with the approved MBA definitions of comparability (i.e. not/partially/substantially comparable to an Australian trained specialist in the same field). Extracts of minutes and the assessment tool suggest consideration is given to the applicant's scope of practice (7, 8).

RACDS requires supervised clinical practice rather than peer review for substantially comparable OTOMS. The policy states that applicants who are assessed as substantially comparable will be required to undertake 12 months of supervised practice. RACDS sometimes deviates from this policy. A small number of recent assessments from surgeons trained in the United Kingdom, with currency of practice, have had this requirement waived after discussion with the Overseas Trained Specialist Working Group and Accreditation Committee. This was as a result of an individual assessment and it is not the general approach (2).

The *Good Practice Guidelines* state that the period of supervised practice or upskilling for partially comparable applicants may be up to 24 months. Applicants assessed as partially comparable at RACDS may be required to complete up to three years of training, and undergo a period of supervised clinical practice (12 - 24 months in duration). There is some lack of clarity with regards to how the training and supervision relate.

The *Good Practice Guidelines* state that substantially comparable applicants get a maximum of two years to complete the requirements. RACDS affords both substantial and partially comparable applicants four years to complete requirements.

Finally, there is a lack of clarity in the policy with regards to the distinction between requirements for recommendation for specialist recognition and for admission to Fellowship at RACDS. For example, the policy states that for approval of supervised practice, the applicant is to participate in the college CPD program for the term of the assessment period (3). However, RACDS confirmed that this is only required of applicants who wish to gain Fellowship (2).



## 10.5 College additional requirements and final assessment

### Overall finding



*RACDS partially complies with the Good Practice Guidelines in relation to college additional requirements and final assessment. To fully meet the Guidelines, RACDS should more clearly stipulate additional requirements required of partially and substantially comparable applicants, and the differences in requirements for specialist recognition and Fellowship in the policy.*

### Key features of process

Applicants may be required to undertake college requirements in addition to supervised practice or training. According to the Overseas Trained OMS Special Assessment Policy, applicants assessed as substantially comparable will be required to complete the minimum requirements before being eligible for Fellowship of the College including to undergo a period of supervised clinical practice (12 months) and maintain a logbook during the period of supervised clinical practice (3).

In addition, OTOMS who are assessed as substantially comparable will be required to pass the Final Examination in OMS within a number of attempts to be stipulated by the OTSWG. Exemption may be granted by the OTSWG for all or part of the Final Examination process if there is evidence the applicant has completed an exit examination equivalent to the College Final Examination in OMS and the depth and scope of surgical practice in the specialty since the attainment of their surgical qualification is of a sufficiently high standard or duration as to waive the need to sit the Final Examination in OMS (3).

OTOMS who are assessed as substantially comparable may further be required to complete a practice visit during the period of supervised clinical practice. OTOMS in this

category are eligible to apply for Fellowship upon satisfactory completion of their period of supervised clinical practice (3).

It was noted in discussion with RACDS that substantially comparable applicants who are seeking admission to Fellowship at RACDS by assessment are required to complete a set of minimum requirements including supervised clinical practice, logbook, and Final Examination by presentation for Examination or by assessment of equivalence of (2). OTOMS applicants who are not seeking admission to Fellowship but are only seeking assessment of their qualifications for registration purposes and who are deemed substantially comparable may not be required to complete requirements of supervised clinical practice, logbook, or need to sit the Final Examination if their qualification is equivalent (2). It was further noted that not all OTOMS will be required to present for the Final Examination if they have been deemed substantially comparable and their qualification (Fellowship) is equivalent to that of the Australasian Fellowship. A small number of Fellowships fall into this category, including the current intercollegiate specialty examination in the United Kingdom. This is not in the policy (3).

OTOMS who are deemed partially comparable will be required to complete further training from six months up to three years, undergo a period of supervised clinical practice (12 - 24 months in duration). In addition, they will be required to:

- Undergo a practice visit during the period of supervised clinical practice
- Maintain a logbook during the period of supervised clinical practice
- Pass the Final Examination in OMS within the number of attempts stipulated by the OTSWG
- Complete any specified up-skilling deemed necessary by the OTSWG
- Complete any OMS Training Program assessments deemed necessary by the OTSWG.

While not formally documented in policy, it was noted in the consultation that if the applicant does not meet college requirements and is not recommended for specialist recognition in Report 2, they are provided the advice that they contact AHPRA for further guidance (2).

## Analysis

In the policy, a criteria for assessment as substantially comparable is that "there is evidence the applicant has completed an exit examination equivalent to the College Final Examination in OMS and the depth and scope of surgical practice in the specialty since the attainment of their surgical qualification is of a sufficiently high standard or duration as to waive the need to sit the Final Examination in OMS" (3). However, the policy also states that "OTOMS who are assessed as substantially comparable will be required to pass the Final Examination in OMS within a number of attempts to be stipulated by the Overseas Trained Specialist Working Group" unless exemption is granted by the Overseas Trained Specialist Working Group.

RACDS could improve its compliance with the *Good Practice Guidelines* by not requiring applicants assessed as substantially comparable to do examinations.

RACDS may improve compliance to the *Good Practice Guidelines* by more clearly stipulating the requirements for applicants who wish to gain specialist recognition, and the requirements for specialists who wish to gain Fellowship.



## 10.6 Area of need assessment

### Overall finding



*RACDS does not comply with the Good Practice Guidelines in relation to area of need assessment. To fully meet the Guidelines, RACDS should develop a separate process for area of need assessments.*

### Key features of process

The RACDS *Overseas Trained OMS Special Assessment Policy* states that all applicants for area of need positions are concurrently assessed for specialist assessment and that

all standards that apply to specialist assessment applicants apply to area of need assessments (3).

## Analysis

The *Good Practice Guidelines* require that colleges have a process for assessing applicants for an area of need. While the RACDS Policy states that it has a process for assessing area of need, this process is identical to that for specialist recognition. It does not assess applicants against the specific position in the area of need.



## 10.7 Communication

### Overall finding



*RACDS complies with the Good Practice Guidelines in relation to communication with the MBA and AHPRA, and SIMGs.*

### Key features of process

After the interim assessment, the Overseas Trained Specialist Working Group will outline the outcome in a Report 1, which will be forwarded to the applicant and uploaded to the AMC secure portal. Once the additional requirements are completed the college will recommend the OTS for specialist recognition using Report 2 (3).

RACDS does not have a documented policy on notifying the MBA of any information received by the college for the purposes of the interim assessment decision that raises concerns about a SIMG's suitability for registration. However, it was stated by the college that if any major elements of concern were noted at any stage during the assessment process these would be advised to the MBA (2).

## Analysis

The RACDS website and policy provide adequate information to SIMGs on the SIMG assessment process, though there is a lack of clarity in some specific areas.

The college meets other aspects of the *Good Practice Guidelines* relating to communication, including informing the SIMG of the interim assessment outcome and additional requirements; and uploading its decisions using Reports 1 and 2.



## 10.8 Governance and appeals processes

### Overall finding



*RACDS substantially complies with the Good Practice Guidelines in relation to governance and appeals processes. The college does not currently offer re-assessment of comparability. RACDS should document the policy and process for SIMGs with material changes in their training and experience to apply for re-assessment.*

### Key features of process

RACDS has a general *Reconsideration, Review and Appeals policy*, which can be found on the website and applies to OTOMS (9). RACDS had no appeals in 2016 (12).

RACDS receives few applications and staff members keep track of applications and follow up if there have been periods of non-response. During the de-identified file review, emails were viewed with a follow up or flag status suggesting a tracking system. RACDS noted that if there were any deviations from published procedures, this would be noted down in the minutes from the meeting, together with the reasons for the deviation (2).

De-identified file notes reviewed provided evidence that the college keeps documentation of the assessment process. This included the application cover letter, an extract of minutes of the OTS Working Group Teleconference, the requests and correspondence from referees, request for supervision advice, email updates to the applicant, Report 1, minutes of the OMS Accreditation Committee teleconference, and Report 2 (2).



RACDS does not have a documented policy on procedural fairness in the case of publically provided / externally available information. However, it was confirmed by the college that if this were to occur, the applicant would have an opportunity to respond or it would be explored in the interview (2).

There is no documented process for OTOMS to apply for re-assessment. Applicants would be required to apply again through the normal process (2).

RACDS has an overarching *Bullying, Harassment and Discrimination Policy* and *Reconsideration, Review and Appeals Policy* (10, 11).

## Analysis

RACDS has formally documented procedures and templates for most aspects of the SIMG assessment as required by the *Good Practice Guidelines*. There are two aspects of the *Guidelines*, handling third party information and documenting deviations, where the process is not documented. This is the case for the majority of colleges. The college feedback indicates that they have a process they would follow, if either situation arose.



## 10.9 Fees

### Overall finding



*RACDS partially complies with the Good Practice Guidelines. All fees are listed on the website. However, the college should clearly display in one location on their website, an estimate of the total fee that an SIMG is likely incur to complete the requirements for the specialist pathway. The college should also specify the maximum appeal fee that may be incurred.*

### Key features of process

The RACDS website has the following SIMG specific fees (5):

- Assessment fee – assessment of an IMG (\$5,025)
- Assessment fee – fellowship by assessment for IMG (\$6,840)
- Admission to Fellowship (\$310 for overseas residents and \$342 for Australian residents)
- Annual fee (FY 17/18) (\$612.73 for overseas residents and \$674 for Australian residents)

The fee for the assessment of an IMG includes the paper-based assessment and interview. There is a separate fee for OTOMS who wish to apply for *Fellowship by Assessment in the Specialist Discipline of OMS for International Medical Graduates*. This category is for OTOMS who wish to apply for Fellowship by equivalence (2).

If the OTOMS is required to present for the Final Examination, then the published Final Examination Fee will be applicable (2). There are no fees for undertaking supervised practice. However, if the OTOMS is required to undertake a period of formal additional training and they are occupying a training position then training fees will apply, as it does for Australian trainees. The fees are published yearly in the Handbook (2).

No fee is payable on request for Reconsideration or for Review. The College may require that the applicant pay a fee with their application for appeal before an Appeals Committee is convened. The fee is \$5,000 or "such other amount as the RACDS Council may determine from time to time" according to the Reconsideration, Review and Appeals Policy. The Council may waive all or part of the application fee and costs if it thinks appropriate (11).

## Analysis

In line with the *Good Practice Guidelines*, RACDS only charges fees for the allowed activities.

The college fees webpage is easy to find from the RACDS homepage. The webpage lists the specific fees for the assessment SIMGs. However, the total fee a SIMG is likely to incur could be more clearly specified (for example, making it clear that the examination fee may apply to the SIMGs).

The fee for the application for appeal is listed separately in the Reconsideration, Review and Appeals Policy. The Policy gives the RACDS Council discretion to vary the fee for the application for appeal. It is not clear from the policy if \$5,000 is the maximum the appeal fee can be, or if the appeal fee could be greater than \$5,000.

## 10.10 Medical Board of Australia benchmarks and compliance measures

Table 10.1: Medical Board of Australia benchmarks

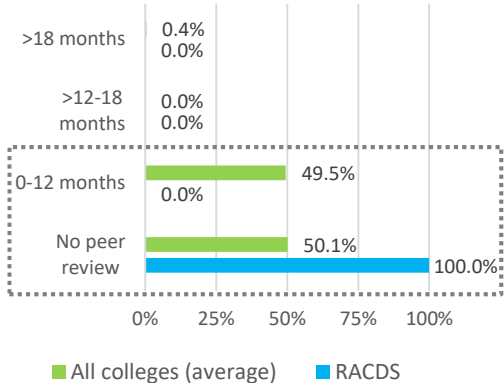
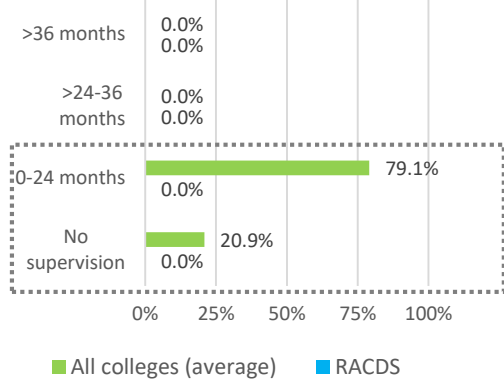
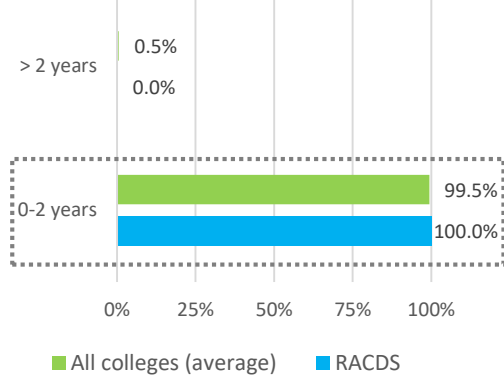
Benchmark <i>all data is for 2016</i>	Description	Comments															
<p><b>Time to first available interview</b></p> <table border="1"> <thead> <tr> <th>Time Interval</th> <th>All colleges (average)</th> <th>RACDS</th> </tr> </thead> <tbody> <tr> <td>&gt;9 months</td> <td>0.8%</td> <td>0.0%</td> </tr> <tr> <td>&gt;6-9 months</td> <td>0.8%</td> <td>0.0%</td> </tr> <tr> <td>&gt;3-6 months</td> <td>16.2%</td> <td>50.0%</td> </tr> <tr> <td>0-3 months</td> <td>82.1%</td> <td>50.0%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ RACDS</p>	Time Interval	All colleges (average)	RACDS	>9 months	0.8%	0.0%	>6-9 months	0.8%	0.0%	>3-6 months	16.2%	50.0%	0-3 months	82.1%	50.0%	<p><b>Start date:</b> date complete application received</p> <p><b>End date:</b> date of first available interview that is offered</p> <p><b>Benchmark:</b> interview available within 3 months</p>	<p>The college explained in the report to the MBA that one application did not meet this benchmark due to the time required to process the application and the availability of the assessment committee (12).</p>
Time Interval	All colleges (average)	RACDS															
>9 months	0.8%	0.0%															
>6-9 months	0.8%	0.0%															
>3-6 months	16.2%	50.0%															
0-3 months	82.1%	50.0%															
<p><b>Time from interview to interim assessment decision</b></p> <table border="1"> <thead> <tr> <th>Time Interval</th> <th>All colleges (average)</th> <th>RACDS</th> </tr> </thead> <tbody> <tr> <td>&gt;28 days</td> <td>42.5%</td> <td>0.0%</td> </tr> <tr> <td>15-28 days</td> <td>17.5%</td> <td>50.0%</td> </tr> <tr> <td>0-14 days</td> <td>40.1%</td> <td>50.0%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ RACDS</p>	Time Interval	All colleges (average)	RACDS	>28 days	42.5%	0.0%	15-28 days	17.5%	50.0%	0-14 days	40.1%	50.0%	<p><b>Start date:</b> date of interview</p> <p><b>End date:</b> date decision of interim assessment is made by the college (Report 1)</p> <p><b>Benchmark:</b> interim assessment completed within 14 days from the interview</p>	<p>The college explained in the report to the MBA that one application did not meet this benchmark due to the "source verification process and referee checking" (12).</p>			
Time Interval	All colleges (average)	RACDS															
>28 days	42.5%	0.0%															
15-28 days	17.5%	50.0%															
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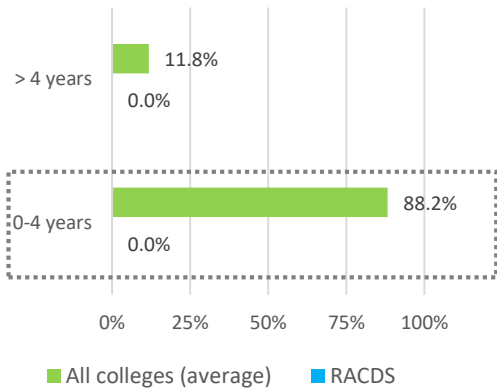


Benchmark <i>all data is for 2016</i>	Description	Comments															
<p><b>Time for specialist recognition interim assessment</b></p> <table border="1"> <thead> <tr> <th>Time Range</th> <th>All colleges (average)</th> <th>RACDS</th> </tr> </thead> <tbody> <tr> <td>9 months +</td> <td>2.5%</td> <td>0.0%</td> </tr> <tr> <td>7-9 months</td> <td>10.8%</td> <td>0.0%</td> </tr> <tr> <td>3 months, 15 days - 6 months</td> <td>34.6%</td> <td>50.0%</td> </tr> <tr> <td>0-3 months, 14 days</td> <td>52.1%</td> <td>50.0%</td> </tr> </tbody> </table> <p>0% 25% 50% 75% 100%</p> <p>■ All colleges (average) ■ RACDS</p>	Time Range	All colleges (average)	RACDS	9 months +	2.5%	0.0%	7-9 months	10.8%	0.0%	3 months, 15 days - 6 months	34.6%	50.0%	0-3 months, 14 days	52.1%	50.0%	<p><b>Start date:</b> date complete application is received</p> <p><b>End date:</b> date decision of interim assessment is made by the college (Report 1)</p> <p><b>Benchmark:</b> interim assessment completed within 3 months and 14 days</p>	<p>The college explained in the report to the MBA that one application did not meet this benchmark due to the availability of assessment committee, the source verification process and referee checking (12).</p>
Time Range	All colleges (average)	RACDS															
9 months +	2.5%	0.0%															
7-9 months	10.8%	0.0%															
3 months, 15 days - 6 months	34.6%	50.0%															
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<p><b>Time for area of need assessment</b></p> <table border="1"> <thead> <tr> <th>Time Range</th> <th>All colleges (average)</th> <th>RACDS</th> </tr> </thead> <tbody> <tr> <td>&gt;9 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>&gt;6-9 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>&gt;2-6 months</td> <td>33.3%</td> <td>0.0%</td> </tr> <tr> <td>0-2 months</td> <td>66.7%</td> <td>0.0%</td> </tr> </tbody> </table> <p>0% 25% 50% 75% 100%</p> <p>■ All colleges (average) ■ RACDS</p>	Time Range	All colleges (average)	RACDS	>9 months	0.0%	0.0%	>6-9 months	0.0%	0.0%	>2-6 months	33.3%	0.0%	0-2 months	66.7%	0.0%	<p><b>Start date:</b> date complete application is received</p> <p><b>End date:</b> date that decision of assessment is made by college</p> <p><b>Benchmark:</b> area of need assessment completed within 2 months</p>	<p>There were no applications for area of need assessment only in 2016.</p>
Time Range	All colleges (average)	RACDS															
>9 months	0.0%	0.0%															
>6-9 months	0.0%	0.0%															
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<p><b>Time for final assessment decision</b></p> <table border="1"> <thead> <tr> <th>Time Range</th> <th>All colleges (average)</th> <th>RACDS</th> </tr> </thead> <tbody> <tr> <td>&gt;9 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>&gt;6-9 months</td> <td>0.6%</td> <td>0.0%</td> </tr> <tr> <td>&gt;2-6 months</td> <td>6.3%</td> <td>0.0%</td> </tr> <tr> <td>0-2 months</td> <td>93.1%</td> <td>100.0%</td> </tr> </tbody> </table> <p>0% 25% 50% 75% 100%</p> <p>■ All colleges (average) ■ RACDS</p>	Time Range	All colleges (average)	RACDS	>9 months	0.0%	0.0%	>6-9 months	0.6%	0.0%	>2-6 months	6.3%	0.0%	0-2 months	93.1%	100.0%	<p><b>Start date:</b> date college notified that SIMG has completed all requirements</p> <p><b>End date:</b> date that decision of final assessment is made (Report 2)</p> <p><b>Benchmark:</b> decision completed within 2 months</p>	<p>The college met this benchmark for all applicants in 2016.</p>
Time Range	All colleges (average)	RACDS															
>9 months	0.0%	0.0%															
>6-9 months	0.6%	0.0%															
>2-6 months	6.3%	0.0%															
0-2 months	93.1%	100.0%															

Source: MBA data, 2017.

Table 10.2: Medical Board of Australia compliance measures

Compliance measure <i>all data is for 2016</i>	Description	Comments															
<p><b>Period of peer review – substantially comparable IMGs</b></p>  <table border="1"> <thead> <tr> <th>Period</th> <th>All colleges (average)</th> <th>RACDS</th> </tr> </thead> <tbody> <tr> <td>&gt;18 months</td> <td>0.4%</td> <td>0.0%</td> </tr> <tr> <td>&gt;12-18 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>0-12 months</td> <td>49.5%</td> <td>0.0%</td> </tr> <tr> <td>No peer review</td> <td>50.1%</td> <td>100.0%</td> </tr> </tbody> </table>	Period	All colleges (average)	RACDS	>18 months	0.4%	0.0%	>12-18 months	0.0%	0.0%	0-12 months	49.5%	0.0%	No peer review	50.1%	100.0%	<p><b>Compliance measure:</b> up to 12 months FTE of peer review</p>	<p>No substantially comparable SIMGs were required to do more than 12 months of peer review in 2016, as per the <i>Good Practice Guidelines</i>.</p>
Period	All colleges (average)	RACDS															
>18 months	0.4%	0.0%															
>12-18 months	0.0%	0.0%															
0-12 months	49.5%	0.0%															
No peer review	50.1%	100.0%															
<p><b>Period of supervision – partially comparable IMGs</b></p>  <table border="1"> <thead> <tr> <th>Period</th> <th>All colleges (average)</th> <th>RACDS</th> </tr> </thead> <tbody> <tr> <td>&gt;36 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>&gt;24-36 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>0-24 months</td> <td>79.1%</td> <td>0.0%</td> </tr> <tr> <td>No supervision</td> <td>20.9%</td> <td>0.0%</td> </tr> </tbody> </table>	Period	All colleges (average)	RACDS	>36 months	0.0%	0.0%	>24-36 months	0.0%	0.0%	0-24 months	79.1%	0.0%	No supervision	20.9%	0.0%	<p><b>Compliance measure:</b> up to 24 months FTE of supervised practice</p>	<p>The college did not assess any applicants as partially comparable in 2016.</p>
Period	All colleges (average)	RACDS															
>36 months	0.0%	0.0%															
>24-36 months	0.0%	0.0%															
0-24 months	79.1%	0.0%															
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<p><b>Timeframes to complete requirements – substantially comparable IMGs</b></p>  <table border="1"> <thead> <tr> <th>Timeframe</th> <th>All colleges (average)</th> <th>RACDS</th> </tr> </thead> <tbody> <tr> <td>&gt; 2 years</td> <td>0.5%</td> <td>0.0%</td> </tr> <tr> <td>0-2 years</td> <td>99.5%</td> <td>100.0%</td> </tr> </tbody> </table>	Timeframe	All colleges (average)	RACDS	> 2 years	0.5%	0.0%	0-2 years	99.5%	100.0%	<p><b>Compliance measure:</b> up to two years to complete 12 months FTE peer review</p>	<p>Substantially comparable SIMGs are not required to do a period of peer review. Thus, all substantially comparable SIMGs were within the timeframes, as per the <i>Good Practice Guidelines</i>.</p>						
Timeframe	All colleges (average)	RACDS															
> 2 years	0.5%	0.0%															
0-2 years	99.5%	100.0%															

Compliance measure <i>all data is for 2016</i>	Description	Comments									
<p><b>Timeframes to complete requirements – partially comparable IMGs</b></p>  <table border="1"> <caption>Timeframes to complete requirements – partially comparable IMGs</caption> <thead> <tr> <th>Timeframe</th> <th>All colleges (average)</th> <th>RACDS</th> </tr> </thead> <tbody> <tr> <td>&gt; 4 years</td> <td>11.8%</td> <td>0.0%</td> </tr> <tr> <td>0-4 years</td> <td>88.2%</td> <td>0.0%</td> </tr> </tbody> </table>	Timeframe	All colleges (average)	RACDS	> 4 years	11.8%	0.0%	0-4 years	88.2%	0.0%	<p><b>Compliance measure:</b> up to four years to complete 24 months FTE of supervised practice</p>	<p>In 2016, the college did not have any partially comparable SIMGs complete the college requirements.</p>
Timeframe	All colleges (average)	RACDS									
> 4 years	11.8%	0.0%									
0-4 years	88.2%	0.0%									
<p><b>Formal examinations for substantially comparable IMGs</b></p> <p><i>No colleges required substantially comparable IMGs to sit exams in 2016</i></p>	<p><b>Compliance measure:</b> substantially comparable IMGs should not be required to undertake a formal examination</p>	<p>The college did not require any substantially comparable SIMGs to undertake formal examinations in 2016, as per the <i>Good Practice Guidelines</i>.</p>									

Source: MBA data, 2017.

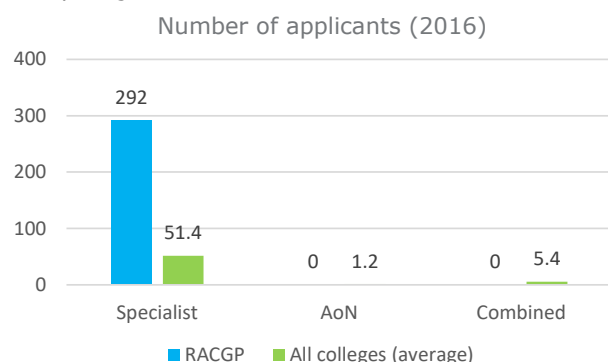
#### Documents reviewed and information sources

- (1) Handbook for Accredited Education and Training in Oral and Maxillofacial Surgery, 2017
- (2) Discussion with college and review of de-identified file notes
- (3) Overseas Trained OMS Special Assessment Policy – Australia, 2014
- (4) Competing Interests Annual Declaration Form
- (5) 'Overseas Trained OMS – Specialist Assessment Process' webpage. Available at: [http://www.racds.org/RACDSNEW\\_Content/Training/Overseas\\_Trained\\_OMS.aspx](http://www.racds.org/RACDSNEW_Content/Training/Overseas_Trained_OMS.aspx), accessed October 2017
- (6) Assessment Application Form
- (7) Oral and Maxillofacial Surgery Training & Scope of Practice Assessment Tool
- (8) Extract of Minutes - Meeting of the OMS Overseas Trained Specialist Assessment Group of the Board of Studies of OMS 14 September 2016
- (9) The Reconsideration, Review and Appeals policy can be found on line and applies to OTOMS.
- (10) Bullying, Harassment and Discrimination Policy
- (11) Reconsideration, Review and Appeals Policy
- (12) RACDS Report to the Medical Board of Australia (2014, 2015, 2016)

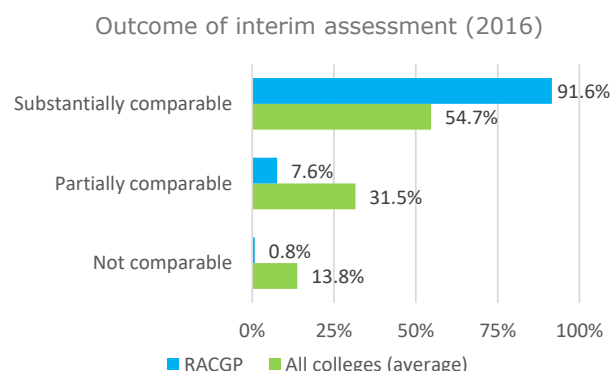
# 11 Royal Australian College of General Practitioners

## Overview of college assessment process

The Royal Australian College of General Practitioners (RACGP) Specialist Pathway is currently undergoing a transition period instigated by the introduction of the *Good Practice Guidelines* in 2015 and the internal review of the RACGP Specialist Pathway Program undertaken in 2016.



Source: MBA data, 2017.



Source: MBA data, 2017. "Not comparable" includes SIMGs who were found to be not comparable at the paper-based assessment.

## Compliance with the *Good Practice Guidelines*

Committee structure and operation	Application and paper-based review	Interview	Interim assessment decision	College additional requirements and final assessment	Area of need assessment	Communication	Governance and appeals processes	Fees

RACGP is in the process of implementing a new SIMG assessment process. Based on the current process, in order to fully comply with the *Good Practice Guidelines*, we recommend that RACGP: develops specific terms of reference for the SIMG assessment committee, which specifies the membership requirements and provides a documented governance framework for the committee; revises its comparability definitions to meet the MBA definitions; provides more support and information about supervised practice; advises not comparable applicants to contact AHPRA for further information on options for registration in Australia; implements an area of need process; and documents a policy and process for re-assessment.

## Performance against benchmarks

Time to first available interview	Time from interview to interim assessment decision	Time for specialist recognition interim assessment decision	Time for area of need assessment	Time for final assessment decision
N/A	N/A	10.5%	N/A	100.0%

In 2016, some applications did not meet the benchmark for time for interim assessment decision. The college noted that this was primarily due to delays in collecting the right documents from applicants and assigning them to the specific roles. Report 1 is not submitted until the applicant's specific role is approved, which can take multiple submissions.

## Performance against compliance measures

Period of peer review	Period of supervision	Timeframe to complete requirements for substantially comparable SIMGs	Timeframe to complete requirements for partially comparable SIMGs	Formal examinations for substantially comparable IMGs
100.0%	100.0%	100.0%	100.0%	100.0%

## Overview

The RACGP Specialist Pathway is currently undergoing a transition period instigated by the introduction of the *Good Practice Guidelines* in 2015 and the internal review of the RACGP Specialist Pathway Program undertaken in 2016 (1). For this chapter, we have assessed the compliance of RACGP based on the current process, but have also noted the new process where relevant. As acknowledged in the findings of the Specialist Pathway Review undertaken by RACGP, much of the current process does not align to the requirements outlined in the *Good Practice Guidelines*. The proposed new process has been developed to increase compliance of the RACGP Specialist Pathway Program with the *Good Practice Guidelines*.

## Current process

The current system assesses applicants based on their qualifications only, and assigns applicants to one of three categories.

Applicants are first required to complete the self-assessment tool which assigns them to a category based on their qualification. Category 1 applicants, who are most likely to be regarded as substantially comparable under the Specialist Pathway, are then able to submit the Specialist Pathway Program (SPP) assessment form. Category 2 applicants, who are likely to be regarded as partially comparable under the Specialist Pathway, are also able to submit the SPP assessment form. Category 3 applicants, who are also likely to be regarded as partially comparable under the Specialist Pathway, are required to first apply to sit the RACGP Applied Knowledge Test exam and submit the general practice experience form for review by RACGP staff and assessment by RACGP Assessors.

A paper-based review is undertaken for all SPP applications. The review is undertaken by a RACGP Fellow who reviews applications. Fellows who assist in the process are paid per application reviewed. There is no interview to confirm the qualifications, experience and training of the applicants. Applicants who are accepted to the SPP therefore progress directly to the next stage of the process.

Category 1 applicants are able to apply for Fellowship ad Eundem Gradum (FAEG), once they have become financial members of the RACGP, completed five orientation modules, registered for the Quality Improvement and Continuing Professional Development (QI&CPD) and advised RACGP that they have a mentor. Category 1 applicants do not have to undertake any period of oversight or peer review period prior to being awarded Fellowship. The applicant is also required to complete further requirements after Fellowship has been awarded – including four months of FTE general practice in Australia and participation QI&CPD.

Category 2 and 3 applicants may be required to undertake additional requirements, such as supervised practice, to gain experience in reaching the standard of an Australian-trained specialist. Category 2 and 3 applicants also are required to attend the Fitness for Intended Clinical Practice Interview (FICPI), which is designed to assess their clinical skills for suitability for a specified practice and occurs prior to the college submitting Report 1. Category 2 and 3 applicants must pass all three parts of the RACGP Fellowship examination: the Applied Knowledge Test, Key Feature Problem and Objective Structured Clinical Examination. Once all of these requirements of the SPP are complete, applicants are able to apply for Fellowship.

The college does not assess applicants under the area of need pathway.

RACGP requires SIMGs to be Fellows to obtain specialist status in Australia. The college noted that confirmation for candidates that meet the requirements for Fellowship is ratified on a weekly basis, and applicants for Fellowship are not delayed by this requirement.

The RACGP process for assessing Australian and New Zealand medical graduates with overseas specialist qualifications is the same as the SIMG process.

## Proposed new process

Under the proposed assessment process, RACGP intends to assess the SIMGs' recency and continuity of general practice, CPD, assessment, training, qualifications and experience. The comparability assessment plans to use terms and definitions consistent with AHPRA's definitions of comparability. In addition, and in contrast to the current process, those determined substantially comparable will be required to undertake a minimum of six months of peer review. Partially comparable applicants will be required to complete at least 12 months of supervised practice and complete the RACGP examinations.

RACGP also noted in the consultation as part of the review that currently once a SIMG has been awarded an FAEG, they are able to claim the higher Medicare rebate. Under the new process, a substantially comparable SIMG will be required to undertake a period of peer review prior to applying for Fellowship. This would result in the SIMG not being able to access the higher Medicare rebate during the period of peer review. RACGP is working to resolve this issue.

Access to Medicare provider status at A1 rates is available only to specialist GPs (Fellowed) or those doctors working in 3GA programs. SIMG may access A1 rates but only if they are under a 3GA program under present requirements. This would exclude working in Australian Standard Geographic Classification Remoteness Area 1 (ASGC-RA1) areas as no accessible program apart from AGPT incorporates ASGC-RA1 areas.

RACGP assesses a large number of SIMGs for comparability, but is one of the only specialist colleges where progression to Fellowship is not covered under section 3GA of the *Health Insurance Act 1973* (Cth).

Full implementation of the new process is expected in mid-2018.



## 11.1 Committee structure and operation

### Overall finding



*RACGP partially complies with the Good Practice Guidelines in relation to the committee structure and operation. To fully meet the Guidelines, RACGP should develop specific terms of reference for the SIMG assessment committee, which specifies the membership requirements and provides a documented governance framework that explains the role of the committee.*

### Key features of process

RACGP has an internal committee that is responsible for overseeing the assessment process through the Board of Censors (2).

While RACGP does not have a documented governance framework for the committee specific to the SIMG assessment process, there are Terms of Reference for the Board of Censors under which the internal committee that oversees the eligibility process for SIMGs sits. These Terms of Reference do not make specific mention of SIMG assessment.

RACGP publishes the requirements for SIMGs applying through the Specialist Pathway and has a reconsideration and appeal process that SIMGs can access, which go some way to providing guidelines and procedures for affording SIMGs procedural fairness (3, 4). RACGP also has a conflict of interest policy that applies to all decisions made on behalf of RACGP (5).

RACGP established the Specialist Pathway Review Committee to review the specialist pathway. The Committee has Fellows who came through both the substantially and partially comparable streams of the specialist pathway, two members of the RACGP Board of Censors, and people familiar with the application processes. The terms of reference outline the roles and responsibilities of the Specialist Pathway Review Committee (2, 6).

### Analysis

The *Good Practice Guidelines* require colleges to establish a committee responsible for the assessment process and a documented governance framework for the committee. The Guidelines also require that committee members have the necessary attributes, knowledge and skills in the assessment of college trainees and understand the college's training requirements and standards and that the committee includes at least one fellow who has been through the SIMG assessment process and, if possible, at least one community member.

RACGP has terms of reference for the Board of Censors under which the internal committee that oversees the eligibility process for SIMGs sits. However, these terms of reference do not make specific mention of SIMG assessment.

With the establishment of the new process in 2018, RACGP could also use this opportunity to formalise a specific committee responsible for the pathway in relevant guidelines.



## 11.2 Application and paper-based review

### Overall finding



*RACGP complies with the Good Practice Guidelines in relation to the application and paper-based review. The documentation will need to be updated for the new process in 2018.*

*RACGP did not provide us copies of their de-identified files for the purpose of the review. However, detailed templates and documents provided confidence that the application and paper-based review were undertaken in line with the Good Practice Guidelines requirements.*

### Key features of process

The college does a paper-based assessment of all applications. The process is described on the RACGP website and a more detailed step-by-step guide to the process is provided on the RACGP website (3, 7). Applicants need to have a registered account on the RACGP website to access the more detailed information. Separate guides are produced for each assigned category outlining the process, with Step 7 noting that submitted documents are reviewed by RACGP staff and Censors (7).

RACGP has a dedicated IT solution for the current assessment process that candidates apply through. Once an application is received, an initial review of submitted evidence is undertaken by trained administrative staff. Where issues are discovered, the application is flagged for further information and / or review. A final review is undertaken by a RACGP Fellow prior to formal categorisation. All submitted applications are reviewed by Assessors, who may also be Censors (2).

The RACGP website advises SIMGs that they must apply to the AMC for verification of their primary and specialist qualifications (3, 7, 8). RACGP provides applicants with a checklist of documentary requirements and evidence that must be submitted with the application (7). RACGP does not set any specific requirements for English language. Applicants must satisfy the MBA requirements for registration (9).

The RACGP website lists the qualifications and other requirements for Category 1, 2 and 3 applicants (3).

The college requires applicants to have recent GP experience which meets the requirements of the MBA's *Recency of Practice* policy. In addition, only general practice experience gained in the ten years prior to the date of signing the statutory declaration in the application process will be assessed (10).

### Analysis

As per the requirements in the *Good Practice Guidelines*, RACGP undertakes a review of documentary evidence provided by the SIMG and publishes the requirements for the application and paper based assessment. This includes a statement of the documentary evidence that the applicant is required to submit, the requirement for applicants to apply to have their medical qualifications verified by the AMC, and the policy on the requirements for recency of practice.

RACGP currently assesses applications on the basis of qualifications, which are clearly listed on the website. In transitioning to the new process, which will assess applicants against a broader range of factors, RACGP will need to update their documentation to reflect the changes.



### 11.3 Interview

#### Overall finding



*RACGP does not conduct interviews as part of the interim assessment, this is allowed under the Good Practice Guidelines.*

#### Key features of process

RACGP does not have an interview in the interim assessment stage.

Category 2 and 3 applicants are currently required to undertake the FICPI. However, the FICPI does not form part of the interim assessment and is undertaken after the assessment outcome has been finalised. Thus, the FICPI does not affect the applicant's categorisation and is not used to move candidates between substantially, partially and not comparable.

The outcomes from the FICPI determine whether an applicant determined Category 2 or 3 is suitable for a particular role, what further training is required on the SIMG's part to make them suitable for registration and what level of supervision should be imposed upon the SIMG in their intended role.

#### Analysis

The *Good Practice Guidelines* state that the interim assessment may or may not include an interview with the SIMG. RACGP does not conduct interviews as part of the interim assessment. This is due to the large number of applicants. The comparability assessment and any clarification required by the SIMG is done by direct communication. RACGP does not consider that an interview is needed and the new process will not have any interview component or a FICPI (1).

The FICPI will not form part of the proposed new process for assessing SIMGs. Partially comparable applicants will be required to complete at least 12 months of supervised practice and complete the RACGP examinations (1).



### 11.4 Interim assessment decision (comparability)

#### Overall finding



*RACGP is not compliant with the Good Practice Guidelines in relation to the interim assessment decision. RACGP does not use the MBA definitions.*

*The proposed new RACGP process is based on the definitions set out in the Good Practice Guidelines.*

#### Key features of process

RACGP currently identifies any gaps or deficiencies based on an applicant's qualification only. The college assigns applicants to Category 1, 2 or 3 based on their qualifications, which are used as a basis for their comparability (3).

RACGP recommends a period of review for all Category 1 applicants, who are most likely to be considered substantially comparable under the Specialist Pathway Program. However, this is not a requirement for specialist recognition and applicants are granted FAEG status in order to access A1 Medicare rates prior to undertaking a period of peer review. Thus, the requirement for peer review has limited enforceability because registration cannot be revoked for non-compliance (2).

Category 2 and 3 applicants are most likely to be considered partially comparable under the Specialist Pathway Program. All Category 2 and 3 applicants undertake up to two years FTE of supervised practice and must work under supervision until they complete the three required exams, Applied Knowledge Test, Key Feature Problems and Objective Structured Clinical Exam, and are awarded Fellowship. Those who cannot achieve Fellowship in two years FTE are terminated from the pathway (2, 10).

If an applicant's qualifications are determined to be not comparable to those of an Australian trained general practitioner, the IMG is categorised as 'not comparable' (3).



The process that the college is transitioning to aims to broaden the ways in which they identify gaps and deficiencies. This will include assessment of an applicant's recency and continuity of general practice, CPD, Assessment, Training, Qualification and Experience. To be assessed as substantially or partially comparable, the applicant's qualification and experience will be required to cover greater than 85% or 70-85%, respectively, of what is expected of an Australia-trained specialist (1). This is assessed through a curriculum comparison tool. If the curriculum is between 75% and 85% comparable, the SIMGs experience is taken into account.

The new process which the college is transitioning to will require substantially comparable candidates to complete a period of mentorship, self-reflection and peer review for six to 12 months. RACGP intends to require SIMGs to obtain Fellowship within 12 months FTE work in Australia. If they do not meet the requirements within the timeframe they will be reassessed as partially comparable (1).

RACGP will require applicants to complete at least 12 months supervised work experience and successfully complete the RACGP examinations within 24 months FTE of work. RACGP intends to require SIMGs to obtain Fellowship within 24 months FTE work in Australia. The applicant may also be required to complete modules to meet the gaps in their training and experience. In the consultation, RACGP gave the example of US-trained GPs having to undertake training in paediatrics, as in the US, children are not treated by GPs. If they do not meet the requirements within the timeframe they will be reassessed as not comparable (1).

It is not possible for a GP to have specialist registration with limited scope.

## Analysis

RACGP assigns applicants to a category based on their qualifications, which are used as a basis for their comparability. These categories do not align with the comparability definitions in the *Good Practice Guidelines*. The college also does not consider factors beyond the applicant's qualifications, including experience, CPD or recency of practice.

Under the new process, RACGP will assess applicants using the approved definition of assessment of comparability and consider a broader range of factors in determining an applicant's comparability.



## 11.5 College additional requirements and final assessment

### Overall finding



*RACGP partially complies with the Good Practice Guidelines in relation to college additional requirements and final assessment. To fully meet the Guidelines, RACGP should provide more support and information about supervised practice with respect to the college's additional requirements and final assessment. RACGP should also provide advice to not comparable applicants to contact AHPRA for further information on options for registration in Australia.*

### Key features of process

Category 2 and 3 SIMGs are advised they need to undergo a period of supervised practice. The college has IMG supervision reports on the website, which outline the criteria that IMGs are documented against for clinical management, professionalism, communication and safe practice (10).

RACGP requires prospective approval of supervisors for Category 2 and 3 applicants. The supervision requirements are that the supervisor is a RACGP Fellow or be accepted by their peers as an excellent general practice clinician; and the supervision must meet the Medical Board of Australia's *Guidelines for Supervised Practice for International Medical Graduates* (10).

Supervision is required to accord with the Medical Board's guidelines for Supervised Practice for International Medical Graduates. In the discussion paper, RACGP noted that the supervision of SIMGs is largely left to the SIMG and their employer. RACGP does not require supervisors to go through training or assessment, the college does not

provide support to supervisors and does not have a formal process for reviewing supervisor reports (1).

Whether remote supervision is available depends on the level of supervision required based on the AHPRA guidance. If appropriate, it is possible for a SIMG to access remote supervision – such as supervision via telephone (2).

The college has guides for each assigned category which provide details on which exams are required. Applicants may also be required to complete a number of online modules (10). All applicants are required to complete five modules with direct applicability to the context, legal and administrative framework and cultural environment to Australian general practice. Category 1 applicants, who most closely align to substantially comparable applicants, do not have to undertake formal examinations at the college (2).

The assessments and formal examinations required to be undertaken by SIMGs are the same as those required for Australian trainees.

Where an applicant does not meet the college requirements, formal notification of assessment outcomes is provided to the applicant, however no reference to AHPRA or guidance external to the RACGP is provided. RACGP noted that the college will include this process in future templates (2).

SIMGs are not required to participate in the QI&CPD program until they have been awarded Fellowship. Under the current process, applicants are required to register for QI&CPD prior to applying for Fellowship. Once they are awarded FAEG, they are required to participate in the QI&CPD Program. Under the proposed process, SIMGs will create a learning plan to help them comply with their post-Fellowship QI&CPD obligations (1).

## Analysis

RACGP provides information for Category 2 and 3 applications on the requirements for supervised practice, including the need to have employment and supervisor arrangements approved by RACGP in advance, and the required exams.

RACGP meets other requirements in the *Good Practice Guidelines* including not requiring substantially comparable SIMGs to sit formal written examinations and aligning SIMG clinical experience and assessment requirements to what is required of Australian trainees).

RACGP should provide more detailed advice to SIMGs and supervisors on their roles and responsibilities, greater support to supervisors and introduce a formal process for reviewing supervisor reports. The college noted that it is developing a new supervision framework for the new assessment process (2). No reference to AHPRA is provided regarding SIMGs who do not meet college requirements.

In line with the requirements in the *Good Practice Guidelines*, RACGP could also provide appropriate advice to SIMGs who do not meet college requirements.

Finally, SIMGs are not required to participate in the QI&CPD program until they have been awarded Fellowship. However, all specialist registrants must meet college CPD requirements (noting that the MBA allows self-directed CPD).



## 11.6 Area of need assessment

### Overall finding



*RACGP does not comply with the Good Practice Guidelines in relation to area of need assessment. To fully meet the Guidelines, RACGP should develop a separate process for area of need assessments.*

### Key features of process

RACGP does not have a process for assessing applicants for the specialist pathway – area of need. In response to a query regarding the reason for this, RACGP noted that “the RACGP has not traditionally been involved in area of need, and has no intention to change that position.”

## Analysis

The *Good Practice Guidelines* require that colleges have a process for assessing applicants for area of need. RACGP does not have a process in place for area of need applicants.



## 11.7 Communication

### Overall finding



*RACGP is compliant with the Good Practice Guidelines in relation to communication with the MBA and AHPRA, and SIMGs.*

### Key features of process

SIMGs wishing to apply to RACGP for specialist recognition are provided with guidance about the assessment process on the college website, including a brochure that explains all of the different pathways to become a specialist GP in Australia and the step-by-step application guides (3, 7, 9). The website covers aspects of the assessment including eligibility, fees, document based assessment, supervision and ongoing assessment requirements and exams.

The college informs the candidate the outcome of the assessment via email with a pdf attachment. RACGP uses Report 1 and Report 2, as required by the MBA (2).

Before category 2 or 3 applicants can start work in Australia they must complete a Fitness for Intended Clinical Practice Interview (FICPI). The FICPI panel comprises three RACGP Fellows with experience in the area of general practice the SIMG intends to practise in. Comments from the FICPI panel are provided verbatim to AHPRA in Report 1, and would include any information that may raise concerns about a SIMG's suitability for registration.

## Analysis

The *Good Practice Guidelines* require that colleges have a clear process for assessment in the specialist pathway. The RACGP website provides applicants with information about the specialist recognition pathways, including eligibility criteria and requirements for supervision and assessment.

The college also meets other aspects of the *Good Practice Guidelines* relating to communication, including informing the SIMG of the interim assessment outcome and additional requirements, and uploading its decisions using Report 1 and Report 2 via the AMC secure portal. Any information for the purposes of the interim assessment decision that raises concerns about a SIMG's suitability for registration, would be communicated to the MBA through Report 1.



## 11.8 Governance and appeals processes

### Overall finding



*RACGP substantially complies with the Good Practice Guidelines in relation to governance and appeals processes. The college does not currently offer re-assessment of comparability. RACGP should document the policy and process for SIMGs with material changes in their training and experience to apply for re-assessment.*

### Key features of process

RACGP has a reconsideration and an appeals process. They do not have a review process. The college considers that a reconsideration process is akin to a review process. The applicant may raise a query with the application outcome (reconsideration) which is assessed. A determination is made and provided to the candidate. Should the candidate contend that the reconsideration determination is incorrect, they may appeal the decision (4).

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In 2016, there were two requests for reconsideration of the interim decision, one was upheld and the other the decision was overturned. There were no appeals in 2016 (12).

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In terms of monitoring the progress of applications, the college noted that the assessment team has college set benchmarks for the time from the submission of a complete application to the applicant receiving either an outcome or a request for further information. Internal processes check the amount of time assessors have taken to return applications after assignment. Timelines are adhered to, however delays are most often due to a lack of submission of requested information (2).

RACGP process for documenting the progress for each application is as follows:

- Each submitted document is checked individually and comments can be made by assessors or administrators.
- Notes on each assessment are kept in the online application system, which is backed up along with the main RACGP member database.
- The final outcome of the assessment is communicated via email with documentation kept in accordance with RACGP policy. Report 1 and Report 2 are uploaded to the AMC secure portal and sent to the candidate via email.

The current application system will form the basis of the new system and a similar note-keeping function will be included for the proposed process (2).

RACGP stated that it does not deviate from established procedures. In some cases the final categorisation will differ from the self-assessment category where additional evidence shows the candidates' comparability is lower than predicted, or where the applicant is able to demonstrate their qualifications should be recognised at a higher level. These cases are not made public for privacy reasons and are consistency with RACGP policy (2).

The college investigates any externally provided information and in the case that the information is worth considering, the IMG is given a chance to respond. RACGP has an internal legal counsel who would provide advice on how to proceed (2). The college also noted that depending on the nature of the information, the RACGP Fit and Proper Fellow Policy may be relevant. The RACGP requires SIMGs to be members of the college before they are recommended for specialist recognition, and will not grant membership to applicants who do not satisfy the Fit and Proper Fellow Policy (2, 11).

Assessment outcomes are valid for 12 months, after which time the applicant would need to reapply. Under the current process, assessments are based on qualifications and do not consider recent specialist practice or CPD, so additional time to increase skills and experience, unless it is a new qualification are unlikely to change the outcome of the assessment. Under the new process, a SIMG will be able to have their application re-assessed, and in that time are able to work to increase their skills and experience (2).

RACGP has specific policies for all members with respect to 'appropriate behaviour' through documents such as the Fit and Proper Fellow policy, the Member Code of Conduct, Membership policy, Standards for General Practice, and RACGP Constitution (11, 13, 14, 15, 16). The Code of Conduct sets out the minimum standard of conduct expected from all RACGP members. Breaching the code may result in RACGP censuring the member, or suspending or expelling the member from the College (Clause 27 of the RACGP constitution).

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## Analysis

As required by the *Good Practice Guidelines*, RACGP has published the requirements and procedures for its appeals process. Further, RACGP has in place policies that apply to all members that set out the behaviours and standards that RACGP members must adhere to.

RACGP also meets other aspects of the *Good Practice Guidelines* in relation to governance and appeals. This includes RACGP having in place a process for: monitoring applications; not deviating from published procedures; documenting each stage of the assessment process; and following procedural fairness in the case of publically available / externally provided information.

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Reassessment is less relevant to RACGP under the current process. Under the new process, RACGP intends to have a re-assessment policy where applications can be re-assessed if the applicant has subsequently increased their skills and experience.



## 11.9 Fees

### Overall finding



*RACGP complies with the Good Practice Guidelines in relation to fees.*

### Key features of process

The total fee per applicant is presented on the website and varies according to the applicant's associated category, which is assigned based on the applicant's qualifications (3). The current fees are:

#### Category 1

- Application Fee for Categorisation Process \$515
- Application processing fee for FAEG \$635
- *Total cost per applicant - Category 1 \$1,150*

#### Category 2

- Application Fee for Categorisation Process \$515
- FICPI \$5,155
- RACGP Fellowship Examinations \$8,720
- *Total cost per applicant - Category 2 \$14,390*

#### Category 3

- Applied Knowledge Test Examination \$2,190
- Application Fee for Categorisation Process \$515
- Assessment of Overseas GP Experience \$760
- FICPI \$5,155
- RACGP Fellowship Examination \$6,530
- *Total cost per applicant - Category 3 \$15,150*

Fees for reconsideration and appeal are detailed on the appeals policy page, the current fees are \$1,000 and \$4,000 respectively. In cases where the original decision is amended or overturned the applicant will be reimbursed the full appeal fee. If an application is deemed not to have sufficient grounds the applicant will be refunded the fee minus an administration fee of \$100.00 (4).

In the consultation, it was noted that the fees are set on a cost recovery basis. The fees cover the costs of assessing applications and some additional costs of development of the assessment process.

### Analysis

RACGP clearly sets out the total cost that an applicant can expect to pay to become registered as a specialist in Australia. The fees are easy to find on the RACGP website, and are included on the webpage that provides an overview of the Specialist Pathway Program.

## 11.10 Medical Board of Australia benchmarks and compliance measures

Table 11.1: Medical Board of Australia benchmarks

Benchmark <i>all data is for 2016</i>	Description	Comments															
<p><b>Time to first available interview</b></p> <table border="1"> <thead> <tr> <th>Time Interval (months)</th> <th>All colleges (average)</th> <th>RACGP</th> </tr> </thead> <tbody> <tr> <td>&gt;9</td> <td>0.8%</td> <td>0.0%</td> </tr> <tr> <td>&gt;6-9</td> <td>0.8%</td> <td>0.0%</td> </tr> <tr> <td>&gt;3-6</td> <td>16.2%</td> <td>0.0%</td> </tr> <tr> <td>0-3</td> <td>82.1%</td> <td>0.0%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ RACGP</p>	Time Interval (months)	All colleges (average)	RACGP	>9	0.8%	0.0%	>6-9	0.8%	0.0%	>3-6	16.2%	0.0%	0-3	82.1%	0.0%	<p><b>Start date:</b> date complete application received</p> <p><b>End date:</b> date of first available interview that is offered</p> <p><b>Benchmark:</b> interview available within 3 months</p>	<p>RACGP does not hold interviews for SIMGs as part of the comparability assessment.</p>
Time Interval (months)	All colleges (average)	RACGP															
>9	0.8%	0.0%															
>6-9	0.8%	0.0%															
>3-6	16.2%	0.0%															
0-3	82.1%	0.0%															
<p><b>Time from interview to interim assessment decision</b></p> <table border="1"> <thead> <tr> <th>Time Interval (days)</th> <th>All colleges (average)</th> <th>RACGP</th> </tr> </thead> <tbody> <tr> <td>&gt;28</td> <td>42.5%</td> <td>0.0%</td> </tr> <tr> <td>15-28</td> <td>17.5%</td> <td>0.0%</td> </tr> <tr> <td>0-14</td> <td>40.1%</td> <td>0.0%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ RACGP</p>	Time Interval (days)	All colleges (average)	RACGP	>28	42.5%	0.0%	15-28	17.5%	0.0%	0-14	40.1%	0.0%	<p><b>Start date:</b> date of interview</p> <p><b>End date:</b> date that decision of interim assessment is made by the college (Report 1)</p> <p><b>Benchmark:</b> interim assessment completed within 14 days from the interview</p>	<p>RACGP does not hold interviews for SIMGs as part of the comparability assessment.</p>			
Time Interval (days)	All colleges (average)	RACGP															
>28	42.5%	0.0%															
15-28	17.5%	0.0%															
0-14	40.1%	0.0%															
<p><b>Time for specialist recognition interim assessment</b></p> <table border="1"> <thead> <tr> <th>Time Interval</th> <th>All colleges (average)</th> <th>RACGP</th> </tr> </thead> <tbody> <tr> <td>9 months +</td> <td>2.5%</td> <td>21.1%</td> </tr> <tr> <td>7-9 months</td> <td>10.8%</td> <td>10.5%</td> </tr> <tr> <td>3 months, 15 days - 6 months</td> <td>34.6%</td> <td>57.9%</td> </tr> <tr> <td>0 - 3 months, 14 days</td> <td>52.1%</td> <td>10.5%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ RACGP</p>	Time Interval	All colleges (average)	RACGP	9 months +	2.5%	21.1%	7-9 months	10.8%	10.5%	3 months, 15 days - 6 months	34.6%	57.9%	0 - 3 months, 14 days	52.1%	10.5%	<p><b>Start date:</b> date complete application is received</p> <p><b>End date:</b> date decision of interim assessment is made by the college (Report 1)</p> <p><b>Benchmark:</b> interim assessment completed within 3 months and 14 days</p>	<p>The college noted that some applications did not meet this benchmark primarily due to delays in collecting the correct documents from applicants for the FICPI, and assigning the applicants to specific roles. The college does not submit Report 1 until the applicant has completed the FICPI and the applicant's specific role has been approved, which can take multiple submissions (2).</p>
Time Interval	All colleges (average)	RACGP															
9 months +	2.5%	21.1%															
7-9 months	10.8%	10.5%															
3 months, 15 days - 6 months	34.6%	57.9%															
0 - 3 months, 14 days	52.1%	10.5%															

Benchmark <i>all data is for 2016</i>	Description	Comments
<p><b>Time for area of need assessment</b></p> <p>0% 25% 50% 75% 100%</p> <p>■ All colleges (average) ■ RACGP</p>	<p><b>Start date:</b> date complete application is received</p> <p><b>End date:</b> date decision of assessment is made by college</p> <p><b>Benchmark:</b> Area of need assessment completed within 2 months</p>	<p>The college does not assess applicants for area of need positions.</p>
<p><b>Time for final assessment decision</b></p> <p>0% 25% 50% 75% 100%</p> <p>■ All colleges (average) ■ RACGP</p>	<p><b>Start date:</b> date college notified that SIMG has completed all requirements</p> <p><b>End date:</b> date decision of final assessment is made (Report 2)</p> <p><b>Benchmark:</b> decision completed within 2 months</p>	<p>The college met this benchmark for all applicants in 2016.</p>

Source: MBA data, 2017.

Table 11.2: Medical Board of Australia compliance measures

Compliance measure <i>all data is for 2016</i>	Description	Comments
<p><b>Period of peer review – substantially comparable SIMGs</b></p> <p>0% 25% 50% 75% 100%</p> <p>■ All colleges (average) ■ RACGP</p>	<p><b>Compliance measure:</b> up to 12 months FTE of peer review</p>	<p>No substantially comparable SIMGs were required to do more than 12 months of peer review in 2016, as per the <i>Good Practice Guidelines</i>, noting that under the current process, RACGP does not require Category 1 (substantially comparably SIMGs) to undertake a period of peer review.</p>



Compliance measure <i>all data is for 2016</i>	Description	Comments															
<p><b>Period of supervision – partially comparable SIMGs</b></p>  <table border="1"> <thead> <tr> <th>Period of supervision</th> <th>All colleges (average)</th> <th>RACGP</th> </tr> </thead> <tbody> <tr> <td>&gt;36 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>&gt;24-36 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>0-24 months</td> <td>79.1%</td> <td>100.0%</td> </tr> <tr> <td>No supervision</td> <td>20.9%</td> <td>0.0%</td> </tr> </tbody> </table>	Period of supervision	All colleges (average)	RACGP	>36 months	0.0%	0.0%	>24-36 months	0.0%	0.0%	0-24 months	79.1%	100.0%	No supervision	20.9%	0.0%	<p><b>Compliance measure:</b> up to 24 months FTE of supervised practice</p>	<p>No partially comparable SIMGs were required to undertake more than 24 months of supervised practice in 2016, as per the <i>Good Practice Guidelines</i>.</p>
Period of supervision	All colleges (average)	RACGP															
>36 months	0.0%	0.0%															
>24-36 months	0.0%	0.0%															
0-24 months	79.1%	100.0%															
No supervision	20.9%	0.0%															
<p><b>Timeframes to complete requirements – substantially comparable SIMGs</b></p>  <table border="1"> <thead> <tr> <th>Timeframes to complete requirements</th> <th>All colleges (average)</th> <th>RACGP</th> </tr> </thead> <tbody> <tr> <td>&gt; 2 years</td> <td>0.5%</td> <td>0.0%</td> </tr> <tr> <td>0-2 years</td> <td>99.5%</td> <td>100.0%</td> </tr> </tbody> </table>	Timeframes to complete requirements	All colleges (average)	RACGP	> 2 years	0.5%	0.0%	0-2 years	99.5%	100.0%	<p><b>Compliance measure:</b> up to two years to complete 12 months FTE peer review</p>	<p>All substantially comparable SIMGs who completed the requirements in 2016 did so within two years, as per the <i>Good Practice Guidelines</i>, noting that under the current process, RACGP does not require Category 1 (substantially comparable SIMGs) to undertake a period of peer review.</p>						
Timeframes to complete requirements	All colleges (average)	RACGP															
> 2 years	0.5%	0.0%															
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<p><b>Timeframes to complete requirements – partially comparable IMGs</b></p>  <table border="1"> <thead> <tr> <th>Timeframes to complete requirements</th> <th>All colleges (average)</th> <th>RACGP</th> </tr> </thead> <tbody> <tr> <td>&gt; 4 years</td> <td>11.8%</td> <td>0.0%</td> </tr> <tr> <td>0-4 years</td> <td>88.2%</td> <td>100.0%</td> </tr> </tbody> </table>	Timeframes to complete requirements	All colleges (average)	RACGP	> 4 years	11.8%	0.0%	0-4 years	88.2%	100.0%	<p><b>Compliance measure:</b> up to four years to complete 24 months FTE supervision</p>	<p>All partially comparable SIMGs who completed the requirements in 2016 did so within four years, as per the <i>Good Practice Guidelines</i>.</p>						
Timeframes to complete requirements	All colleges (average)	RACGP															
> 4 years	11.8%	0.0%															
0-4 years	88.2%	100.0%															
<p><b>Formal examinations for substantially comparable IMGs</b></p> <p><i>No colleges required substantially comparable IMGs to sit exams in 2016</i></p>	<p><b>Compliance measure:</b> substantially comparable IMGs should not be required to undertake a formal examination</p>	<p>The college did not require any substantially comparable SIMGs to undertake formal examinations in 2016, as per the <i>Good Practice Guidelines</i>.</p>															



Source: MBA data, 2017.

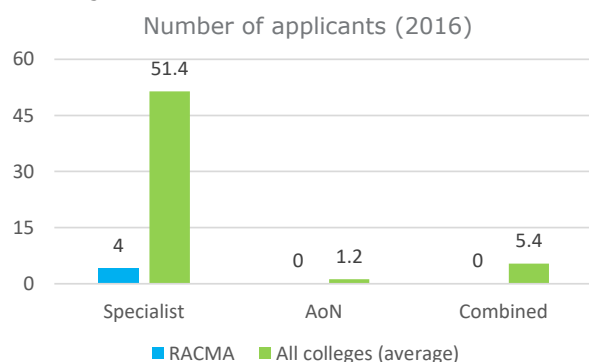
**Documents reviewed and information sources**

- (1) RACGP Specialist Pathway Review Discussion Paper, November 2016 (*internal document*)
- (2) Discussion with college and review of de-identified file notes
- (3) 'Becoming a GP in Australia' webpage. Available at: <https://www.racgp.org.au/becomingagp/imgaus/specialist-pathway/>, accessed September 2017
- (4) Fellowship Pathways Appeals Policy Guidance
- (5) RACGP Conflict of Interest Policy, 2015
- (6) RACGP Specialist Pathway Review Steering Committee – Terms of Reference, 2016 (*internal document*)
- (7) Step by step guide to RACGP online assessment – Specialist Pathway Program
- (8) 'Your application' webpage. Available at: <https://www.racgp.org.au/becomingagp/imgaus/your-application/>, accessed September 2017
- (9) *Working as a general practitioner in Australia - A step-by-step guide for international medical graduates working towards RACGP Fellowship*, 2017
- (10) 'Fellowship Pathways Policy Framework' webpage. Available at: [www.racgp.org.au/education/fellowship/fellowship-of-the-racgp/policies/](http://www.racgp.org.au/education/fellowship/fellowship-of-the-racgp/policies/), accessed September 2017
- (11) RACGP Fit and Proper Fellow Policy, 2015
- (12) RACGP Report to the Medical Board of Australia (2014, 2015, 2016)
- (13) RACGP Member Code of Conduct, 2016
- (14) Readmission to Membership Policy, 2015
- (15) Standards for general practices (4th edition)
- (16) RACGP Constitution

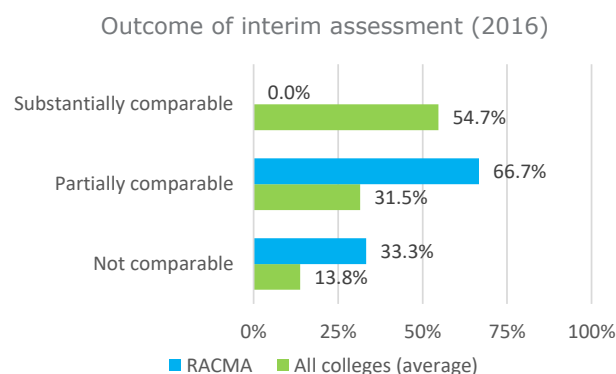
## 12 Royal Australasian College of Medical Administrators

### Overview of college assessment process

The Royal Australasian College of Medical Administrators (RACMA) process for assessing SIMGs is set out in the policy document - *Assessing international medical graduates (IMGs) seeking specialist Recognition and RACMA Fellowship* – which is on the college's website.



Source: MBA data, 2017.



Source: MBA data, 2017. "Not comparable" includes SIMGs who were found to be not comparable at the paper-based assessment.

### Compliance with the *Good Practice Guidelines*

Committee structure and operation	Application and paper-based review	Interview	Interim assessment decision	College additional requirements and final assessment	Area of need assessment	Communication	Governance and appeals processes	Fees

In order to fully comply with the *Good Practice Guidelines*, we recommend that RACMA: publishes the requirements for recency of practice; does not ask clinical-style questions in the interviews; includes a community member on the interview panel; adheres to the maximum timeframes for additional requirements set in the Guidelines; provides candidates with clearer information about what will be required of them to complete the specialist pathway; develops a policy for area of need assessments; develops a policy and process for re-assessment; and clearly displays in one location on its website, a more precise estimate of the total fee that a SIMG is likely to incur to complete the requirements for the specialist pathway.

### Performance against benchmarks

Time to first available interview	Time from interview to interim assessment decision	Time for specialist recognition interim assessment decision	Time for area of need assessment	Time for final assessment decision
66.7%	0.0%	0.0%	N/A	N/A

In 2016, some applications did not meet the benchmarks related to the interim assessment decision. The college explained this was due to issues with collecting all the required information from the applicants, visa delays and difficulties with interview scheduling due to panel availability. Recommendations and outcomes must be reviewed by the Censor in Chief, endorsed by the Education and Training Committee and approved by the Board, which may prolong the College's response time in the assessment of IMGs.

### Performance against compliance measures

Period of peer review	Period of supervision	Timeframe to complete requirements for substantially comparable SIMGs	Timeframe to complete requirements for partially comparable SIMGs	Formal examinations for substantially comparable IMGs
N/A	100.0%	N/A	N/A	N/A

## Overview

The RACMA IMG assessment process evaluates the training, qualifications and experience of the IMG for comparability with an Australian trained Medical Administrator based on the competencies outlined in the RACMA Medical Leadership and Management Curriculum.

The assessment panel includes three senior Fellows (at least two of them being Censors) to oversee the assessment process and undertake interviews. RACMA Censors are appointed based on having appropriate skills and knowledge of requirements for medical administrators and the college curriculum.

The IMG Assessment Panel conducts a preliminary paper-based review of the applications and consolidates their findings via email. Interviews are conducted in person and are used to further explore an applicant's training, experience, skills, and other professional attributes. In addition, the interview requires the applicant to prepare two case study scenarios. Feedback is provided to the applicant at the end of the interview, however, the panel does not deliver a decision on the applicant's comparability on the day. The IMG Assessment Panel will provide their recommendation to the Censor in Chief to independently assess and confirm the outcome before it is passed onto the Education and Training Committee for its approval. The assessment outcome from the Committee is then recommended to the Board for final approval.

If determined partially comparable, applicants are required to undertake up to two years of top up training in medical management under a supervisor appointed through the college assessment unit in an accredited training post. They are also required to complete some Masters subjects to fill any identified gaps in their training, qualifications and experience, and to undertake the RACMA Examination.

The college does not generally assess applicants as substantially comparable, given the need to understand and have experience in the operation of the Australian health system and laws to be comparable to an Australian trained specialist. However, where an applicant is assessed as substantially comparable, Fellowship may be granted on the basis they have met the MBA's requirements for registration; secured an appropriate workplace training post in medical management, under supervision; and made the necessary payments and applications.

RACMA also accepts applications from IMGs seeking an area of need assessment although the organisation or post must designate the need before the candidate is assessed. Should there be an approved accredited position in an area of need location a training post may be established through the college.

Once the IMG has successfully completed the "Fellowship Training Program" – which RACMA requires partially comparable IMGs to complete – RACMA will advise AHPRA and the MBA and recommend the applicant for specialist recognition. The MBA will then either grant or refuse to grant specific registration to practice within Australia in the speciality of medical administration. Fellowship may be granted after the IMG has met the requirements for registration and training in medical administration, but is not required to practice as a specialist Medical Administrator.

The RACMA process for assessing Australian and New Zealand medical graduates with overseas specialist qualifications is the same as the RACMA IMG assessment process.

## 12.1 Committee structure and operation

### Overall finding



*RACMA complies with the Good Practice Guidelines in relation to the committee structure and operation.*

*RACMA could consider including a community member on the Panel.*

### Key features of process

RACMA has established a standing panel (the IMG Assessment Panel) to assess applications from IMGs for specialist recognition and entry into the RACMA Fellowship Training Program (1, 2).

The Assessment Panel comprises three senior Fellows, with knowledge and experience in the curriculum competencies and in the RACMA exam process for IMGs. At least two of the Fellows must be Censors (1, 2, 3). RACMA Censors are appointed based on having appropriate skills and knowledge of the requirements for medical administrators and the college curriculum (4). Other Members may be co-opted for specific input and may be invited to advise the Panel in certain cases where expertise opinion is required.

The panel includes one member who has been through the SIMG process for a different specialty. No members of the panel are community representatives.

The RACMA IMG Assessment Panel Terms of Reference document describes roles, responsibilities, and structure of Committee (2). Censors are obligated to declare conflicts of interest and minimise bias by declaring any direct/indirect associations with candidates (5).

The IMG Assessment Panel provides its recommendations to the Censor in Chief, who will independently assess and recommend the IMG Panel's decision. The Censor in Chief will recommend the IMG assessment outcomes to the Education and Training Committee for its endorsement and recommendation to the Board for final approval (3). The Censor in Chief and the Dean of Education may be engaged in the event of an appeal of a decision or recommendation of the IMG Assessment Panel (2).

## Analysis

In line with the *Good Practice Guidelines*, RACMA has established a Panel responsible for the assessment process and has created a documented governance framework for the committee. The committee is governed by its terms of reference, which specify the committee's role, responsibilities, structure, conflicts of interest procedures, and its responsibility for ensuring procedural fairness.

The *Good Practice Guidelines* require that committee members have the necessary attributes, knowledge and skills in the assessment of college trainees and understand the college's training requirements and standards. RACMA has sought to meet this requirement through the committee membership rules, which require members to include Senior Fellows and Censors with knowledge and experience in the RACMA curriculum and assessments.

The *Good Practice Guidelines* further require that the committee includes at least one fellow who has been through the SIMG assessment process and, if possible, at least one community member. The RACMA IMG Assessment Panel includes one SIMG, although they went through the SIMG assessment process with a different college. The panel does not have a community representative.



## 12.2 Application and paper-based review

### Overall finding



*RACMA substantially complies with the Good Practice Guidelines in relation to the application and paper based review. The college should publish the requirements for recency of practice.*

*As part of the de-identified file review, we confirmed that, for the files shown, the paper-based review was undertaken using the template and requirements specified by the college.*

### Key features of process

The RACMA process for the application and the paper-based review are set out on the RACMA website and in the IMG Assessment Policy (1, 6).

RACMA publishes the assessment standards and criteria against which applicants will be assessed. For an SIMG to be assessed as comparable the applicant must have:

- undertaken formal and/or specialty training in medical administration in their country of origin which is deemed comparable or partially comparable to that which an Australian medical practitioner has undertaken; and
- significant health service management experience that contributes to comparability to a recent Fellow of RACMA (1).

The Medical Leadership and Management Curriculum details the competencies by which a medical practitioner in Australasia attains the accredited specialty qualification in medical administration, and is the basis for assessing the comparability of an SIMG (7).

The college application form prescribes the required documents, the requirement for applicants to apply for primary source verification through the AMC, and requirements for English language proficiency, which are consistent with the MBA requirements (8).

RACMA does not clearly publish their requirements for recency of practice, noting that the college does not require IMG applicants to work in Medical Administration at the time of application (3).

The paper-based assessment is completed by the IMG Assessment Panel. The paper-based assessment aims to demonstrate to the panel whether or not an interview is warranted. If there is sufficient evidence of competency an interview will explore competencies further. The assessors use a standardised template to record the applicant's level of experience, recognition of prior learning, and a recommendation on whether to proceed to interview (1, 3, 9).

## Analysis

As per the requirements in the *Good Practice Guidelines*, RACMA undertakes a review of documentary evidence provided by the SIMG and publishes the requirements for paper-based assessment and the standards and criteria against which an applicant will be assessed.

The application form includes a statement of the documentary evidence that the applicant is required to submit, including English language proficiency requirements at a standard acceptable to the MBA and the requirement for applicants to apply to have their medical qualifications verified by the AMC.

The college does not publish the requirements for recency of practice, as required by the *Good Practice Guidelines*.



## 12.3 Interview

### Overall finding



*RACMA substantially complies with the Good Practice Guidelines in relation to the interview. The college asks clinical-style questions in the interviews, which is not allowed under the Guidelines. RACMA should include a community member on the interview panel.*

*As part of the de-identified file review, we confirmed that, for the files shown, the interview was undertaken using the template and requirements specified by the college.*

### Key features of process

The RACMA IMG Assessment Policy (Sections 8.3 and 8.4) describes the purpose and process for the interview (1).

The interview explores the IMG's qualifications, knowledge experience, and scope of medical management responsibilities, and other professional attributes, including understanding of culture and Indigenous health. The college assesses comparability against its medical administration curriculum and other topics, which are listed in the IMG Assessment Policy. Applicants are asked to present two case studies in medical administration. They are provided with 20 minutes to prepare during the interview and then orally present on the scenarios (1).

All college assessors undertake Recognition of Prior Learning Assessment training and follow guidelines approved by the RACMA Board. All assessors are experienced examiners who have demonstrated a thorough understanding of the curriculum, and examination techniques under peer review (3).

One week prior to the interview, the panel is provided with the applicant's full application and referee reports for review. In addition, they undertake a one hour calibration session prior to the interview to explore the applicant's experience in comparison to that of an Australian-trained specialist. Based on the application, the panel determines the most appropriate questions to be asked during the interview to explore the applicant's experience (1, 3).

The interview is drawn from a common set of 25 experiential questions that will be used to assist the panel in identifying the applicant's competency gaps and strengths. The guidelines provided to the panel indicate that the questions selected should be linked to the applicant's experience as documented in their application (1).

The panel ensures that all questions posed during the interview are relevant to the assessment process and specific to the application. The Panel will explore the applicant's experience against the RACMA Curriculum and Role Competency Framework (3).

Prior to the interview clear advice and communication on the process and timing is provided to the applicant, including information on the panel membership. Likely competencies to be explored are outlined and at the end of the interview the applicant is given opportunity to provide feedback on the interview (1).

The college does not have any community members on the panel (3).

## Analysis

The *Good Practice Guidelines* require that colleges clearly document and publish the requirements and procedures for the interview. RACMA publishes clear advice to applicants in the IMG Assessment Policy on what the interview will cover, the structure of the interview and the standards that the applicant will be assessed against.

RACMA meets other aspects of the *Good Practice Guidelines* in relation to interviews. This includes having trained assessors, reviewing SIMG documentation in advance, using relevant and structured questions and giving SIMGs the opportunity to ask questions.

Clinical testing in its traditional sense is not undertaken although applicants are asked to prepare responses to two case study scenarios that are presented to them during the interview, which explore the applicant's medical management competencies. This is because medical administration is not a clinical speciality and case studies are interpreted as the equivalent of clinical testing.

The *Good Practice Guidelines* also recommend that the interview panel should include a community member which RACMA does not currently do.



## 12.4 Interim assessment decision (comparability)

### Overall finding



*RACMA partially complies with the Good Practice Guidelines in relation to the interim assessment decisions of comparability. RACMA should adhere to the maximum timeframes set in the Guidelines and the IMG Assessment Policy could be more clearly drafted to provide candidates with a better understanding of what will be required of them to complete the specialist pathway.*

### Key features of process

The interim assessment aims to assess how closely an applicant's qualification, knowledge and experience is comparable to Australian-trained specialist medical administrator. The panel identifies any gaps and deficiencies in the assessment of comparability against the college's own curriculum, which feed into the interim assessment decisions (1, 3).

The RACMA policy references the required definitions of comparability set by the MBA. The college noted in consultations that they rarely assess applicants as substantially comparable as medical administrators require a specific understanding of Australian Health Law which is extremely rare in overseas applicants (1, 3).

The RACMA *IMG Assessment Policy* refers to the AHPRA definitions of comparability, which are set out in *Attachment 1*:

- Substantially comparable – The applicant is eligible for “conditional specialist registration” and fellowship without any examination requirements but may be required to undertake a period of up to 12 months oversight or peer review.
- Partially comparable - the applicant will be required to undertake a period of up to 24 months top up training under a supervisor appointed through the college

assessment unit. Other prescribed requirements including formal assessment may be imposed.

- Not comparable - applicants are not permitted to register to practise as a specialist, but may be eligible to seek registration to practise in another capacity (1).

The *IMG Assessment Policy* notes that partially comparable or not comparable applicants are required to participate in the Fellowship Training Program, and must:

- secure a training post in health service management recognised by the college;
- the training post must be accredited by the college, if a period of supervised practice is applied;
- officially accept the recommendation for a modified candidacy program and the recognition of prior learning granted; and
- accept the letter of offer by the College and pay the relevant enrolment and training fees.

RACMA does not assess applicants for limited scope of practice. The college noted that the scope of practice for a medical administrator is broad and RACMA takes this into consideration on a case-by-case basis when assessing IMGs for comparability in the specialty of medical administration.

The maximum term for IMG applicants to complete their training in the Fellowship Training Program is covered in the Regulation for Eligibility to Sit For Exams and the Regulation for Conduct of Exams. This is longer than the maximum timeframes outlined in the *Good Practice Guidelines* and is the same for all candidates in the Fellowship Training Program. A shorter timeframe has not been applied for IMGs (3).

## Analysis

As per the *Good Practice Guidelines*, the interim assessment is used to identify the SIMG's gaps and deficiencies compared with Australian specialist training.

RACMA undertakes interim assessments in line with the MBA's approved definitions for comparability for partially and substantially comparable SIMGs, including time periods for supervised practice and peer review. Although the presentation of the requirements could be clearer in the *IMG Assessment Policy*.

The maximum timeframes for completing college requirements are not aligned to the *Good Practice Guidelines*.



## 12.5 College additional requirements and final assessment

### Overall finding



*RACMA substantially complies with the Good Practice Guidelines in relation to college additional requirements and final assessment. To fully meet the Guidelines, information on the website and the policies should be more clearly presented for SIMGs.*

### Key features of process

The roles and responsibilities of supervisors, peer reviewers and SIMGs are outlined in the RACMA policies (11).

The training post must be accredited by RACMA to ensure that it provides adequate and appropriate supervision and support and access to workplace learning and teaching experiences (11).

The Supervisor Manual provides details on addressing issues that arise during supervised practice. The college can also refer applicant to the Progression Committee. Ultimately, issues can be raised through the reconsideration, review and appeal processes (12).

Remote supervision can occur as a short term or temporary situation. In the case of rural areas and health services in those areas, it is possible that a supervisor may not be at the same health service but be in the same health service region. Depending on the seniority and experience of the IMG, this can be supported. However, RACMA



prefers that the direct line manager is onsite to support and supervise the SIMG or any candidate of the Fellowship Training Program (3).

The RACMA IMG Assessment Policy states that "the usual practice requires applicants for Fellowship to undertake the RACMA Oral Examination". It also notes that where an IMG is substantially comparable, the RACMA Board will admit an SIMG to Fellowship without having to undertake the exam (1).

Candidates are not required to undertake CPD when undertaking the "Fellowship Training Program" (3).

After an SIMG has completed the additional requirements, RACMA informs the SIMG of its final recommendation and uploads its decision using Report 2 to the AMC portal (3). In 2016, RACMA did not have any SIMGs undergo final assessment (13).

Unsuccessful applicants are advised to contact AHPRA for further guidance on other options for practising in Australia as a medical practitioner (1).

## Analysis

The *Good Practice Guidelines* require that colleges clearly document and publish the requirements and procedures for supervision and examinations. RACMA uses the same standards for supervisors and teaching posts for SIMGs as it does for other candidates in the Fellowship Training Program. The college documents the policies for supervision, accreditation of training posts and examination on its website.

RACMA meets other requirements in the *Good Practice Guidelines* including not requiring substantially comparable SIMGs to sit formal written examinations; aligning SIMG clinical experience and assessment requirements to what is required of Australian trainees; documenting the process for monitoring SIMGs (i.e. through supervisor reports); and advising SIMGs who do not meet college requirements to contact AHPRA for further guidance.

Furthermore, in line with the *Good Practice Guidelines*, RACMA has guidelines defining the roles and responsibilities of supervisors and SIMGs and the appropriate level of supervision.

The requirements for remote supervision are decided on a case-by-case basis and are not detailed in the policy.



## 12.6 Area of need assessment

### Overall finding



*RACMA does not comply with the Good Practice Guidelines in relation to area of need assessment. To fully meet the Guidelines, RACMA should develop a formal process for area of need assessments.*

### Key features of process

The college does not have a published process for the area of need pathway. However, RACMA does accept applications from SIMGs seeking an area of need assessment. Should there be an approved accredited position in an area of need location a training post may be established through the College (3).

Area of need applications are made infrequently and no applications have been received for area of need assessment since July 2014.

### Analysis

The *Good Practice Guidelines* require that colleges have a process for assessing applicants for area of need assessment. RACMA will accept area of need applications, but does not have a published process for the area of need pathway.





## 12.7 Communication

### Overall finding



*RACMA substantially complies with the Good Practice Guidelines in relation to communication with the MBA and AHPRA, and SIMGs. However, the RACMA website could present more detailed information about the requirements following the interim assessment.*

### Key features of process

The college provides a summary of the process and procedure for assessment on the website including: an overview of communication the applicant should expect from the college; criteria for the selection of the IMG assessment panel; application review; key assessment tools; assessment process; the interview process and structure; decision about outcome of assessment process; determination of eligibility for RACMA Fellowship; commencing the Fellowship training program and specialist recognition; fees; and appeals (6). The college does not communicate the area of need pathway to applicants, and chooses to assess applicants interested in this path on a case-by-case basis (3).

The college has a template for providing feedback to the applicant that is separate from Report 1 (14). This template provides the applicant with an assessment of their imputed strengths and weaknesses from the interview and performance in the case studies (14). The college has a template for the outcome letter that is sent to applicants following their interview (15).

In the case that information received by the college for the purposes of the interim assessment decision raises concerns about an IMG's suitability for registration, the college would first ensure the information is substantiated (3). The IMG Assessment Panel would be informed if determined relevant, and the applicant would be provided the opportunity to respond.

Within one week of RACMA Board approval of the assessment decision, the college sends an outcome letter with recommendations and feedback to the applicant (3). At the same time, the college uploads Report 1 to the AMC secure portal and uploads any additional required information (3). Following successful completion of the assessment, the SIMG is recommended for specialist recognition to the MBA using Report 2 (3).

### Analysis

The college publishes a detailed process for assessment in the specialist pathway on its website, as required by the *Good Practice Guidelines*. However, there is limited information on the requirements of the applicant following the interim assessment decision and no information on the timeframes of these requirements.

The *Good Practice Guidelines* require that colleges notify the MBA of any information received by the college for the purposes of the interim assessment decision that raises concerns about an IMG applicant's suitability for registration. The college does not have a process for notifying the MBA, and often deals with any such information within the college first, providing the applicant a right of response.

The college meets other aspects of the *Good Practice Guidelines* relating to communication, including informing the SIMG of the interim assessment outcome and additional requirements; and uploading its decision using Reports 1 and 2.



## 12.8 Governance and appeals processes

### Overall finding



*RACMA substantially complies with the Good Practice Guidelines in relation to governance and appeals processes. The college does not currently offer re-assessment of comparability. RACMA should document the policy and process for SIMGs with material changes in their training and experience to apply for re-assessment.*

### Key features of process

The college has a policy detailing the reconsideration, review and appeal process for decisions of any of the colleges committees (16). This policy covers the procedures of each of these processes and includes linked application forms for reconsideration of decisions (16). RACMA did not receive any appeals from SIMGs between 2014 and 2016 (13).

The college maintains a database of SIMG applications to monitor application progress and response times to any communications with applicants (3). The database holds all the details of SIMG applicants and the steps the colleges has undertaken in relation to the application. The college scans paperwork to ensure soft copy and hard copy versions are recorded (3). In addition, the college sets internal time limits for various application stages (e.g. RACMA must respond to SIMG within 3 days of receiving application) and uses email templates to save time and maintain consistency throughout the process (3).

Any deviations from published procedures are dealt with on a case-by-case basis (3). The college aims to follow the same procedures for every IMG applicant with any potential deviation checked against policy and the Constitution, before being tabled with the Education and Training Committee and approved by the Board (3).

As part of reviewing the governance and appeals processes, colleges were asked to comment on how they would handle publically provided or externally available information about an SIMG. In the case that the college is provided external information, applicants are made aware of this before going into an interview with the college (3). RACMA ensures procedural fairness is applied throughout the assessment process, which is noted in college policy for applicants (1).

RACMA does not offer re-assessment of comparability, however, applicants may present for a new assessment should their circumstances change since the original assessment (3). The college requires a "substantive amount of time" to have passed since the initial assessment, and the IMG must provide evidence of further significant training or experience (3).

RACMA has a policy covering discrimination, harassment, bullying and victimisation which is available on the college website (17).

### Analysis

As required by the *Good Practice Guidelines*, RACMA has published the requirements and procedures for its appeals process. RACMA also has in place a policy detailing the process for IMGs to lodge complaints about discrimination, bullying and harassment.

The *Good Practice Guidelines* require that colleges should document a policy and process for SIMGs to apply for re-assessment. RACMA does not currently have a policy for re-assessments, although SIMGs are welcome to apply through the same process after a substantive amount of time has passed since the initial assessment, and the IMG is able to provide evidence of further significant training or experience.

RACMA meets other aspects of the *Good Practice Guidelines* in relation to governance and appeals. This includes RACMA having in place a process for monitoring applications; documenting deviations from published procedures; documenting each stage of the assessment process; and following procedural fairness in the case of publically available / externally provided information.



## 12.9 Fees

### Overall finding



*RACMA substantially complies with the Good Practice Guidelines in relation to fees. All fees are listed on the website. However, the college should clearly display in one location on its website, a more precise estimate of the total fee that a SIMG is likely to incur to complete the requirements for the specialist pathway.*

### Key features of process

RACMA's SIMG assessment fees are outlined in the college's fees section of the college website (18). Fees cover aspects of the assessment process including:

- IMG Application (\$1,386)
- IMG Panel Assessment Interview Fee (\$4,268)
- Training enrolment (\$875)

The college also advises applicants that other Candidacy Training Program fees for the duration of the Fellowship Training Program may apply, although does not specify which ones (1). These fees cover the costs of different administrative requirements throughout the process.

The college publishes the fees associated with reconsiderations, reviews and appeals on the same page as part of its "Other Fees" (18). These include:

- Reconsideration (\$1,540)
- Review (\$1,650)
- Appeals (\$5,005)

Neither the fees webpage nor the associated policy notes whether any or all of the cost is refunded following a successful reconsideration, review or appeal by the applicant (18).

RACMA noted that the fees have been benchmarked against other colleges. They are reviewed annually and the website is up-dated regularly (3).

### Analysis

In line with the *Good Practice Guidelines*, RACMA documents the fees involved in the assessment process and only charges fees for the allowed activities.

The RACMA price list is easily found on the college's website. However, the RACMA price list does not provide clear and detailed information about when each fee is applicable or payable. It may not be clear to SIMGs, if and when other fees, such as for examinations, may also need to be paid.

## 12.10 Medical Board of Australia benchmarks and compliance measures

Table 12.1: Medical Board of Australia benchmarks

Benchmark <i>all data is for 2016</i>	Description	Comments															
<b>Time to first available interview</b> <table border="1"> <thead> <tr> <th>Time Interval</th> <th>All colleges (average)</th> <th>RACMA</th> </tr> </thead> <tbody> <tr> <td>&gt;9 months</td> <td>0.8%</td> <td>0.0%</td> </tr> <tr> <td>&gt;6-9 months</td> <td>0.8%</td> <td>0.0%</td> </tr> <tr> <td>&gt;3-6 months</td> <td>16.2%</td> <td>33.3%</td> </tr> <tr> <td>0-3 months</td> <td>82.1%</td> <td>66.7%</td> </tr> </tbody> </table>	Time Interval	All colleges (average)	RACMA	>9 months	0.8%	0.0%	>6-9 months	0.8%	0.0%	>3-6 months	16.2%	33.3%	0-3 months	82.1%	66.7%	<p><b>Start date:</b> date complete application received</p> <p><b>End date:</b> date of first available interview that is offered</p> <p><b>Benchmark:</b> interview available within 3 months</p>	<p>The college explained in the report to the MBA that one application did not meet this benchmark in 2016 due to a lack of availability of the panel members to conduct assessment interviews, and resourcing shortfalls (13). Recommendations and outcomes are reviewed by the Censor in Chief, endorsed by the Education and Training Committee and approved by the Board, which prolong the College's response time in the assessment of IMGs (3).</p>
Time Interval	All colleges (average)	RACMA															
>9 months	0.8%	0.0%															
>6-9 months	0.8%	0.0%															
>3-6 months	16.2%	33.3%															
0-3 months	82.1%	66.7%															
<b>Time from interview to interim assessment decision</b> <table border="1"> <thead> <tr> <th>Time Interval</th> <th>All colleges (average)</th> <th>RACMA</th> </tr> </thead> <tbody> <tr> <td>&gt;28 days</td> <td>42.5%</td> <td>66.7%</td> </tr> <tr> <td>15-28 days</td> <td>17.5%</td> <td>33.3%</td> </tr> <tr> <td>0-14 days</td> <td>40.1%</td> <td>0.0%</td> </tr> </tbody> </table>	Time Interval	All colleges (average)	RACMA	>28 days	42.5%	66.7%	15-28 days	17.5%	33.3%	0-14 days	40.1%	0.0%	<p><b>Start date:</b> date of interview</p> <p><b>End date:</b> date decision of interim assessment is made by the college (Report 1)</p> <p><b>Benchmark:</b> interim assessment completed within 14 days from the interview</p>	<p>The college explained that no applications met this benchmark in 2016 due to the internal approval process at the college. RACMA requires formal approval for IMG assessment outcomes from the Education and Training Committee and Board (13). In 2016, further delays were caused by the Panel Interviews not aligning to the timing of the Education and Training Committee and the college Board meetings (13).</p>			
Time Interval	All colleges (average)	RACMA															
>28 days	42.5%	66.7%															
15-28 days	17.5%	33.3%															
0-14 days	40.1%	0.0%															
<b>Time for specialist recognition interim assessment</b> <table border="1"> <thead> <tr> <th>Time Interval</th> <th>All colleges (average)</th> <th>RACMA</th> </tr> </thead> <tbody> <tr> <td>9 months +</td> <td>2.5%</td> <td>0.0%</td> </tr> <tr> <td>7-9 months</td> <td>10.8%</td> <td>33.3%</td> </tr> <tr> <td>3 months, 15 days - 6 months</td> <td>34.6%</td> <td>66.7%</td> </tr> <tr> <td>0 - 3 months, 14 days</td> <td>52.1%</td> <td>0.0%</td> </tr> </tbody> </table>	Time Interval	All colleges (average)	RACMA	9 months +	2.5%	0.0%	7-9 months	10.8%	33.3%	3 months, 15 days - 6 months	34.6%	66.7%	0 - 3 months, 14 days	52.1%	0.0%	<p><b>Start date:</b> date complete application is received</p> <p><b>End date:</b> date decision of interim assessment is made by the college (Report 1)</p> <p><b>Benchmark:</b> interim assessment completed within 3 months and 14 days</p>	<p>The college explained that in the report to the MBA no applications met this benchmark in 2016 due to delays caused by internal processes, insufficient Faculty panel availability to conduct assessment interviews, and IMG visa delays (13).</p>
Time Interval	All colleges (average)	RACMA															
9 months +	2.5%	0.0%															
7-9 months	10.8%	33.3%															
3 months, 15 days - 6 months	34.6%	66.7%															
0 - 3 months, 14 days	52.1%	0.0%															

Benchmark <i>all data is for 2016</i>	Description	Comments
<p><b>Time for area of need assessment</b></p> <p>■ All colleges (average) ■ RACMA</p>	<p><b>Start date:</b> date complete application is received</p> <p><b>End date:</b> date decision of assessment is made by college</p> <p><b>Benchmark:</b> area of need assessment completed within 2 months</p>	<p>There were no applications for area of need assessment only in 2016.</p>
<p><b>Time for final assessment decision</b></p> <p>■ All colleges (average) ■ RACMA</p>	<p><b>Start date:</b> date college notified that SIMG has completed all requirements</p> <p><b>End date:</b> date decision of final assessment is made (Report 2)</p> <p><b>Benchmark:</b> decision completed within 2 months</p>	<p>There were no applicants that had their final assessment decision conducted in 2016.</p>

Source: MBA data, 2017.

Table 12.2: Medical Board of Australia compliance measures

Compliance measure <i>all data is for 2016</i>	Description	Comments
<p><b>Period of peer review – substantially comparable IMGs</b></p> <p>■ All colleges (average) ■ RACMA</p>	<p><b>Compliance measure:</b> up to 12 months FTE of peer review</p>	<p>The college did not assess any applicants as substantially comparable in 2016.</p>

Compliance measure <i>all data is for 2016</i>	Description	Comments															
<p><b>Period of supervision – partially comparable IMGs</b></p> <table border="1"> <thead> <tr> <th>Period of supervision</th> <th>All colleges (average)</th> <th>RACMA</th> </tr> </thead> <tbody> <tr> <td>&gt;36 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>&gt;24-36 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>0-24 months</td> <td>79.1%</td> <td>100.0%</td> </tr> <tr> <td>No supervision</td> <td>20.9%</td> <td>0.0%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ RACMA</p>	Period of supervision	All colleges (average)	RACMA	>36 months	0.0%	0.0%	>24-36 months	0.0%	0.0%	0-24 months	79.1%	100.0%	No supervision	20.9%	0.0%	<p><b>Compliance measure:</b> up to 24 months FTE of supervised practice</p>	<p>No partially comparable SIMGs were required to undertake more than 24 months of supervised practice in 2016, as per the <i>Good Practice Guidelines</i>.</p>
Period of supervision	All colleges (average)	RACMA															
>36 months	0.0%	0.0%															
>24-36 months	0.0%	0.0%															
0-24 months	79.1%	100.0%															
No supervision	20.9%	0.0%															
<p><b>Timeframes to complete requirements – substantially comparable IMGs</b></p> <table border="1"> <thead> <tr> <th>Timeframes to complete requirements</th> <th>All colleges (average)</th> <th>RACMA</th> </tr> </thead> <tbody> <tr> <td>&gt; 2 years</td> <td>0.5%</td> <td>0.0%</td> </tr> <tr> <td>0-2 years</td> <td>0.0%</td> <td>99.5%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ RACMA</p>	Timeframes to complete requirements	All colleges (average)	RACMA	> 2 years	0.5%	0.0%	0-2 years	0.0%	99.5%	<p><b>Compliance measure:</b> up to two years to complete 12 months FTE peer review</p>	<p>In 2016, the college did not have any substantially comparable SIMGs complete the college requirements.</p>						
Timeframes to complete requirements	All colleges (average)	RACMA															
> 2 years	0.5%	0.0%															
0-2 years	0.0%	99.5%															
<p><b>Timeframes to complete requirements – partially comparable IMGs</b></p> <table border="1"> <thead> <tr> <th>Timeframes to complete requirements</th> <th>All colleges (average)</th> <th>RACMA</th> </tr> </thead> <tbody> <tr> <td>&gt; 4 years</td> <td>11.8%</td> <td>0.0%</td> </tr> <tr> <td>0-4 years</td> <td>0.0%</td> <td>88.2%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ RACMA</p>	Timeframes to complete requirements	All colleges (average)	RACMA	> 4 years	11.8%	0.0%	0-4 years	0.0%	88.2%	<p><b>Compliance measure:</b> up to four years to complete 24 months FTE supervised practice</p>	<p>In 2016, the college did not have any partially comparable SIMGs complete the college requirements.</p>						
Timeframes to complete requirements	All colleges (average)	RACMA															
> 4 years	11.8%	0.0%															
0-4 years	0.0%	88.2%															
<p><b>Formal examinations for substantially comparable IMGs</b></p> <p><i>No colleges required substantially comparable IMGs to sit exams in 2016</i></p>	<p><b>Compliance measure:</b> substantially comparable IMGs should not be required to undertake a formal examinations</p>	<p>The college did not assess any applicants as substantially comparable in 2016.</p>															

Source: MBA data, 2017.

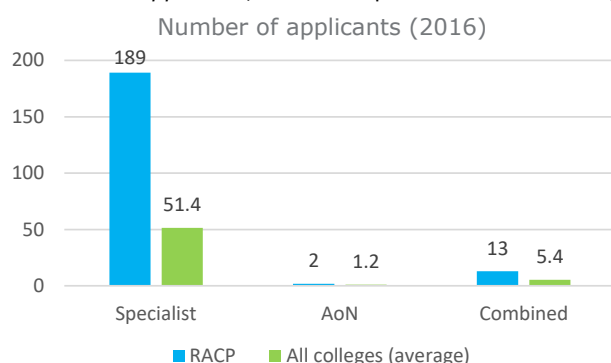
## Documents reviewed and information sources

- (1) Assessing international medical graduates (IMGs) seeking specialist Recognition and RACMA Fellowship (*RACMA IMG Assessment Policy*), August 2016
- (2) IMG Assessment Panel – Terms of Reference (*internal document*)
- (3) Discussion with college and review of de-identified file notes.
- (4) RACMA Policy for Appointment and Training of Censors, January 2015
- (5) Conflict of Interest and Declaration of Interests for RACMA Directors, Officers, Committee Members and others representing the interests of RACMA, July 2017
- (6) 'Specialist Pathway for International Medical Graduates' webpage. Available at: [http://racma.edu.au/index.php?option=com\\_content&view=article&id=692&Itemid=397](http://racma.edu.au/index.php?option=com_content&view=article&id=692&Itemid=397), accessed October 2017
- (7) Medical Leadership and Management Curriculum Document, September 2011
- (8) Application for assessment of comparability in the speciality of medical administration
- (9) RACMA Checklist for initial (paper-based) assessment (*internal document*)
- (10) Regulation for Eligibility to Sit the RACMA Pre-Fellowship Oral Examinations, March 2015
- (11) Supervised Practice in the RACMA Fellowship Training Program
- (12) RACMA Supervisors Manual, 2017 Edition (*internal document*)
- (13) RACMA Report to the Medical Board of Australia (2014, 2015, 2016)
- (14) Feedback to applicant form 2017 (*internal document*)
- (15) Outcome Letter to applicant template 2017 (*internal document*)
- (16) 'Reconsideration, Review and Appeal of Decisions of the College Committees and Officers' webpage. Available at: [http://www.racma.edu.au/index.php?option=com\\_content&view=article&id=620:reconsideration-review-and-appeal-of-decisions-of-the-college-committees-and-officers&catid=1:college-policies&Itemid=613](http://www.racma.edu.au/index.php?option=com_content&view=article&id=620:reconsideration-review-and-appeal-of-decisions-of-the-college-committees-and-officers&catid=1:college-policies&Itemid=613), accessed October 2017
- (17) 'Discrimination, Harassment, Bullying and Victimisation' webpage. Available at: [http://www.racma.edu.au/index.php?option=com\\_content&view=article&id=789:bullying-harassment-and-discrimination&catid=1:college-policies&Itemid=613](http://www.racma.edu.au/index.php?option=com_content&view=article&id=789:bullying-harassment-and-discrimination&catid=1:college-policies&Itemid=613), accessed October 2017
- (18) '2016 / 2017 RACMA Membership Fees' webpage. Available at: [http://www.racma.edu.au/index.php?option=com\\_content&view=article&id=514&Itemid=100](http://www.racma.edu.au/index.php?option=com_content&view=article&id=514&Itemid=100), accessed October 2017

# 13 Royal Australasian College of Physicians

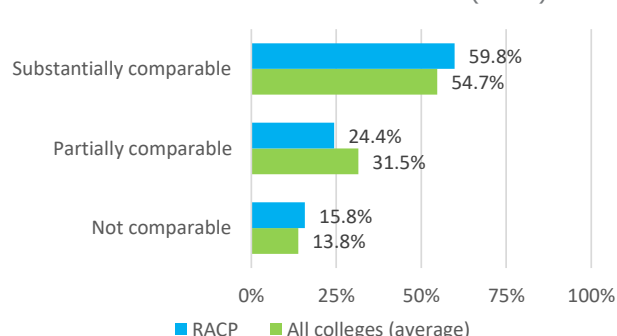
## Overview of college assessment process

The Royal Australasian College of Physicians (RACP) assessment process and guidelines are outlined in the college's *Guidelines for Applicants*, which are published on the college website.



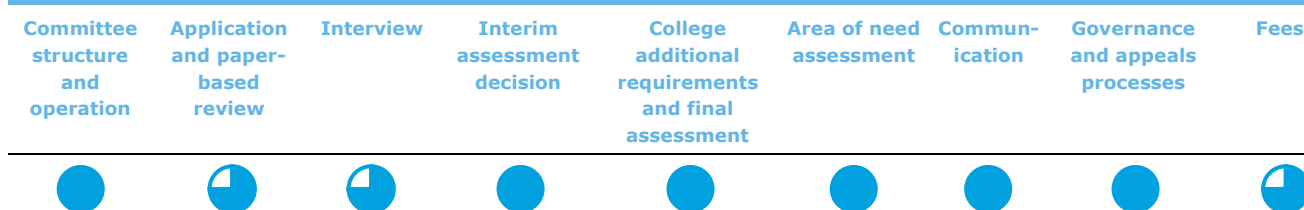
Source: MBA data, 2017.

## Outcome of interim assessment (2016)



Source: MBA data, 2017. "Not comparable" includes SIMGs who were found to be not comparable at the paper-based assessment.

## Compliance with the *Good Practice Guidelines*



In order to fully comply with the *Good Practice Guidelines*, we recommend that RACP: publishes a policy outlining the requirements for recency of practice; includes a community member on the interview panel; and clearly displays in one location on its website, a more precise estimate of the total fee that a SIMG is likely to incur to complete the requirements for the specialist pathway.

## Performance against benchmarks

Time to first available interview	Time from interview to interim assessment decision	Time for specialist recognition interim assessment decision	Time for area of need assessment	Time for final assessment decision
90.8%	0.5%	25.4%	100.0%	100.0%

In 2016, some applications did not meet the benchmarks relating to the interim assessment decision. Some interviews were delayed by the Christmas closedown period and delays in locating appropriate interviewers. Further, some applicants declined interview dates offered by the college, or requested dates more than six months in advance. RACP's process includes up to two weeks to finalise the interview report, and up to three weeks for SIMGs to respond to the report and provide additional information. As a result, RACP cannot meet the benchmarks for interim assessment decisions.

## Performance against compliance measures

Period of peer review	Period of supervision	Timeframe to complete requirements for substantially comparable SIMGs	Timeframe to complete requirements for partially comparable SIMGs	Formal examinations for substantially comparable IMGs
100.0%	100.0%	100.0%	100.0%	100.0%



## Overview

The RACP SIMG assessment process is designed to assess an applicant's training, experience, recent practice, and continuing professional development to determine whether all of these components together enable them to practice at the level of an Australian trained physician or paediatrician.

SIMGs are eligible to apply if they have completed overseas specialist training in one of RACP's prescribed speciality areas, are recognised as a speciality physician or paediatrician in their country of training, and have applied to the AMC for primary source verification. SIMGs can apply for assessment in multiple speciality fields if applicable.

After an application has been submitted to RACP, the college conducts a paper-based review, and applicants may be invited to an interview to further explore their history of training and assessment, experience, and nature of practice. Interviews involve structured questions and are conducted either face-to-face or via videoconference. The interview panel is comprised of two Fellows; one representing the assessment subcommittee and another from the Specialist Advisory or Training Committee in the applicant's chosen speciality. Following the interview, the applicant is given 21 days to review the interview report and referee reports. Applicants are invited to provide further information if needed.

Interim assessment decisions, including any additional assessment requirements, are made by RACP's assessment subcommittees for Paediatrics and Faculties, and Adult Medicine and Chapters, which meet monthly. Each assessment subcommittee comprises eight standing members, including a Chair, at least one Fellow who has been through the SIMG process, and other experts as necessary from time to time. Decisions are made on a consensus basis following discussion by subcommittee members.

Substantially comparable SIMGs are required to undertake 6-12 months of peer review, while partially comparable SIMGs must complete 12 months of peer review plus additional top-up training and assessment (such as projects and practice visits). The assessment subcommittees provide monitoring and oversight during the ongoing assessment period (including through peer reviewer reports, project assessments, and practice visits).

Upon completion of RACP's specialist recognition requirements, a final assessment decision is made by the relevant assessment subcommittee and, if successful, the SIMG is recommended for specialist recognition. In most cases, RACP will also recommend the SIMG for Fellowship of the appropriate college division, faculty or chapter however Fellowship is not required to obtain registration as a specialist.

RACP also allows SIMGs to undertake area of need assessment. Applicants must apply for area of need concurrently with specialist assessment. RACP will then consider whether the SIMG has the necessary training and experience to be suitable for the position. The college will only approve appointment to an area of need position if the SIMG is also found to be substantially comparable. Peer review for specialist recognition may be undertaken in a prospectively approved area of need position.

The RACP Overseas Trained Physician (OTP) Committee provides oversight of the assessment of SIMGs, including developing assessment policies and procedures, and reviewing the actions of assessment subcommittees. It comprises two members from each of the assessment subcommittees for Paediatrics and Faculties; and Adult Medicine and Chapters. Where possible, the committee includes at least one Fellow who has undergone SIMG assessment.

The RACP assessment process for Australian and New Zealand medical graduates with overseas qualifications is the same as for other SIMGs.



## 13.1 Committee structure and operation

### Overall finding



*RACP complies with the Good Practice Guidelines in relation to the committee structure and operation.*

*RACP could consider including a community member on the OTP Committee.*

### Key features of process

RACP has established an overarching OTP Committee which sits across the Australian and New Zealand assessment process (1). The Committee is responsible for the development and approval of policies relation to OTP assessment, to guide procedures/resources to support OTPs and their assessors, and to conduct reviews of OTP assessment decisions.

There are two OTP Subcommittees which oversee the assessment of Overseas Trained Physicians; one for Adult Medicine & Chapters and another for Paediatrics & Faculties (2, 3).

Committee and Subcommittee members must typically have previous experience on the interview panel prior to joining (4). Members are also provided with guidance about the assessment process, and college assessment guidelines and documentation (1, 2, 3). In addition, Committee and Subcommittee members are RACP supervisors of Australian trainees (4). Where possible, the Committee and Subcommittee members include at least one Fellow who has undergone SIMG assessment (1, 2, 3). RACP does not include community members on the assessment panel (4).

The terms of reference outline the roles, responsibilities and structure of the Committee and Subcommittees (1, 2, 3). All members are provided with RACP's Conflict of Interest policy which describes the procedures for declaring and managing conflicts of interest (5). It is expected that a member with a conflict of interest should leave the meeting room and not be a party to the decision making process.

### Analysis

In line with the *Good Practice Guidelines*, RACP has established an overarching Committee responsible for the assessment process and two Subcommittees responsible for Adult Medicine & Chapters, and Paediatrics & Faculties. RACP has developed a documented governance framework for the Committee and Subcommittees. The terms of reference specify the role, responsibilities, structure, conflicts of interest procedures, and responsibility for ensuring procedural fairness.

The *Good Practice Guidelines* require that Committee members have the necessary attributes, knowledge and skills in the assessment of college trainees, and understand the college's training requirements and standards. RACP has sought to meet this requirement by requiring that members are supervisors of Australian trainees, and are provided with copies of the college's assessment guidelines and documentation. Members also typically have previous experience on the interview panel prior to being appointed to the committee.

The *Good Practice Guidelines* further require that the Committee includes at least one fellow who has been through the SIMG assessment process and, if possible, at least one community member. Where possible, the RACP Committee and Subcommittee members include at least one Fellow who has undergone SIMG assessment. However, the college does not include a community member.



## 13.2 Application and paper-based review

### Overall finding



*RACP substantially complies with the Good Practice Guidelines in relation to the application and paper-based review. The college should publish a policy outlining the requirements for recency of practice.*

*As part of the de-identified file review, we confirmed that, for the file shown, the paper-based review was undertaken using the template and requirements specified by the college.*

### Key features of process

RACP's process for paper-based assessment is described in the colleges *Guidelines for Applicants*, which are published on the RACP website (6). Prior to applying to RACP, a SIMG must apply to the AMC for verification of their primary and specialist qualifications. RACP provides applicants with a checklist of documentary requirements and evidence that must be submitted with the application, including proof of completion of an appropriate English language examination by reference to the MBA's registration standard (6).

Specialist pathway applications are lodged with RACP by email (6). Once lodged, the SIMG is assigned a case officer, who undertakes an initial review of documentation and, if necessary, requests additional or missing documents to be provided. RACP then undertakes a paper-based assessment, and requests reports from the SIMG's nominated referees, before determining if the applicant is eligible to proceed to the interview stage.

The RACP *Guidelines for Applicants* outline the college's eligibility criteria for SIMG assessment (6). The guidelines also provide examples of topics covered in the interviews, and include definitions of comparability, and other criteria against which applicants are assessed (including the college's Basic and Advanced Training curricula). Factors considered include the SIMG's training, assessment, experience, recent practice and continuing professional development, which are considered as a whole. RACP considers both technical clinical skills and non-technical professional attributes.

RACP refers to the MBA registration standards for determining recency of practice. In its submission to the review, the college noted that requirements for recency of practice are determined on a case-by-case basis (4). This process takes into consideration the skills, training and qualifications of the SIMG to determine comparability and any gaps that need to be addressed. The college does not have a documented policy for recency of practice.

### Analysis

As per the requirements in the *Good Practice Guidelines*, RACP undertakes a review of documentary evidence provided by the SIMG and publishes the requirements for paper-based assessment. This includes the requirement for applicants to apply to have their medical qualifications verified by the AMC.

The RACP *Guidelines for Applicants* include a statement of the documentary evidence that the applicant is required to submit, including proof of English language proficiency by reference to the MBA's registration standard.

RACP also meets the *Good Practice Guidelines* with respect to publishing a clear statement of the college's assessment standards and criteria. However, the college does not publish a policy on the requirements for recency of practice and assesses recency of practice on a case-by-case basis.



### 13.3 Interview

#### Overall finding



*RACP substantially complies with the Good Practice Guidelines in relation to the interview. RACP should include a community member on the interview panel.*

*As part of the de-identified file review, we confirmed that, for the file shown, the interview was undertaken using the template and requirements specified by the college.*

#### Key features of process

SIMGs who pass the paper-based assessment are usually required to attend an interview. RACP interview process is described in the college's *Guidelines for Applicants* (6). The purpose of the interview is to discuss an SIMG's training and experience, and to further explore information provided in the application. Interview questions cover topics including basic/specialist training; specialist practice; participation in CPD; quality assurance practices; attainment of higher qualifications; contributions to the field of medicine; and readiness for practice in Australia. The interview is also used to assess the SIMG's non-technical professional attributes against the standards of RACP's *Professional qualities curriculum* (7).

The interview lasts for approximately one hour and is usually offered via videoconference (6). Depending on availability, the college may also arrange interviews in person at the RACP office.

The college provides detailed guidance for interview panel members in its *Guide for Interviewers* (8). One week prior to the interview, interviewers are sent copies of the SIMG's application and are required to review all documentation before the interview.

The interview is conducted using the RACP interview report template (9), which prescribes specific, structured questions relating to an SIMG's qualifications, work experience (including recency of practice), training, summative assessments, and clinical practice (including CPD activities). The interview is also used to further explore specific aspects of the applicant's resume, and includes questions tailored to gaps identified in the applicant's training and experience (4). Clinical testing is not undertaken during the interview. Interview questions are discussed by interviewers in advance of the interview, and divided between panel members.

During the interview, applicants are given the opportunity to ask questions or seek clarification (6). Following the interview, SIMGs are given 21 days to review their Interview Report and redacted referee reports before these documents are considered by an assessment subcommittee (6). SIMGs have the opportunity to provide additional information or evidence to support their application if they wish.

The college currently requires interviewers to observe at least two interviews before joining the interview panel, and all interviewers receive a briefing on the college's process and the purposes of the interview (4). Interviewers are also provided with written guidelines, templates and country specific guidance to support the interview process.

In its submissions to the review, RACP noted that a formal training program for assessors is currently in development, and will be trialled in November 2017.

RACP does not include community members on the interview panel, because the college does not consider that community members would add value to the assessment process.

#### Analysis

The *Good Practice Guidelines* require that colleges clearly document and publish the requirements and procedures for the interview. The RACP *Guidelines for Applicants* and *Guide for Interviewers* provide detailed information about the interview process, including the format of the interview and topics to be covered. The *Good Practice Guidelines* further recommend including a community member on the interview panel. However, RACP does not consider that community members would add value to the assessment process and as such does not include them on the interview panel.

RACP meets other aspects of the *Good Practice Guidelines* in relation to interviews. This includes having trained assessors, reviewing SIMG documentation in advance, using

relevant and structured questions, giving SIMGs the opportunity to ask questions, and not undertaking clinical testing.



### 13.4 Interim assessment decision (assessment of comparability)

#### Overall finding



*RACP complies with the Good Practice Guidelines in relation to the interim assessment decision.*

#### Key features of process

The RACP interim assessment determines a SIMG's comparability to Australian trained physicians, using the definitions published by the MBA for not, partially and substantially comparable SIMGs (6). The college's interview report template includes questions to identify differences in a SIMG's training, experience, and assessment compared to the requirements for Australian trained specialists (9). The college then requires SIMGs to undertake a period of work based assessment to overcome any identified gaps in the competencies required.

SIMGs who are found to be substantially comparable are required to complete a period of peer review of between six to 12 months full time equivalent practice (6). RACP will specify the particular areas of the speciality that must be covered during the peer review. Substantially comparable SIMGs must complete their specialist assessment requirements in a maximum of two years.

Partially comparable SIMGs must complete additional training, assessments and upskilling, including top-up training and/or additional assessments (such as a project, exams or practice visits) to satisfactorily achieve the standard of a substantially comparable SIMG (6). The SIMG is then required to complete up to 12 months of peer review, as for substantially comparable SIMGs. The total period to complete college requirements must not exceed 24 months of full time equivalent practice. Partially comparable SIMGs must complete their specialist assessment requirements in a maximum of four years.

Applicants are assessed as not comparable if they require more than 24 months full time equivalent of practice to be at the level of an Australian trained specialist (6).

RACP has in place a process for SIMGs to apply for specialist recognition in a limited scope of practice within a recognised speciality (6). To be considered, applicants must demonstrate a high level of subspecialist skill within their limited scope, without being able to demonstrate substantially comparable skills across the full scope of the recognised speciality. Eligibility for limited scope of practice is determined as part of the interim assessment.

#### Analysis

RACP undertakes interim assessments in line with the MBA's approved definitions for comparability for partially and substantially comparable SIMGs, including the period of time under supervision. RACP also has a documented policy and process for assessing SIMGs in a limited scope of practice.

As per the *Good Practice Guidelines*, the interim assessment is used to identify the SIMG's gaps and deficiencies compared with Australian specialist training. These gaps and deficiencies are addressed through additional assessments and periods of supervision that SIMGs may be required to complete.



### 13.5 College additional requirements and final assessment

#### Overall finding



*RACP complies with the Good Practice Guidelines in relation to college additional requirements and final assessment.*

#### Key features of process

The RACP *Guidelines for Applicants* outline detailed requirements and procedures for supervision and examinations (6). All SIMGs are required to undertake clinical practice under peer review, an OTP orientation program, and participation in CPD. Partially comparable SIMGs are required to undertake additional requirements before commencing peer review. These may include RACP examinations, work based assessment tasks, top training in the workplace, long or short courses, multi-source feedback exercises, and practice visits. The precise requirements are tailored for each partially comparable SIMG to address identified gaps in the competencies required for Australian specialist practice.

Supervisors and peer reviewers are responsible for observing and assessing SIMGs' clinical and professional skills against the standard of an Australian trained specialist (6). In particular, they must provide an appropriate level of supervision to ensure safe practice, while allowing the SIMG to practise independently as much as is safe and practical (15). RACP requires that SIMGs are supervised by two Fellows in the same subspecialty (4). Where this is not possible, the SIMG should be supervised by one Fellow in the same subspecialty, and another Fellow from a different subspecialty. In these circumstances the college requires that a 3<sup>rd</sup> supervisor from the same subspecialty performs periodic site visits.

Supervisors and peer reviewers provide regular progress reports to RACP. In particular, peer review reports are completed at 3, 6 and 12 months and submitted to the college (10). Peer reviewers are required to comment on all relevant areas of the OTP's clinical practice, and confer with other medical, nursing and paramedical staff that the OTP interacts with on a regular basis.

Peer reviewers complete their assessments using the RACP *Peer Review Report* which provides a rating scale for SIMG performance (11). It outlines specific competency domains that must be reviewed and describes the consequences of unsatisfactory peer review.

SIMGs who are required to complete a period of training or assessment are monitored using mechanisms which include multisource feedback exercises, practice visits, research projects, and/or logbooks (6).

All SIMGs are required to enrol and actively participate in the college CPD program when undertaking clinical practice under peer review (6). There is no additional cost for SIMGs under peer review to participate in the CPD program (4).

The detailed roles and responsibilities of supervisors, peer reviewers and SIMGs are documented in college guidelines which are provided to the relevant parties (6, 14, 15).

Prior to commencing peer review or additional training, SIMGs must apply to RACP for approval of peer review or supervised assessment positions (12, 13). RACP provides all partially and substantially comparable applicants detailed information about the application process (4).

Where problems or disagreements arise during peer review, RACP encourages SIMGs and peer reviewers to first seek to resolve issues through their regular progress meetings (6). More serious issues can be mediated through human resource personnel and procedures available at the workplace. However, RACP must be notified if an SIMG considers that the peer review relationship is not effective or that peer reviewers are not meeting their responsibilities. The college then reviews the peer review arrangements and make changes as necessary.

Upon satisfactory completion of the college's additional requirements, RACP provides Report 2 to AHPRA via the AMC secure portal recommending the SIMG for specialist recognition (4). If an SIMG is unsuccessful in meeting the college's requirements, they are directed to the basic training unit which provides them with information about



available training pathways (4). RACP also advises SIMGs to speak to AHPRA about other registration options.

## Analysis

As per the *Good Practice Guidelines*, RACP has clearly documented and published the requirements and procedures for supervision and examinations, including processes for monitoring performance and addressing any issues that may arise.

RACP meets other requirements in the *Good Practice Guidelines* including not requiring substantially comparable SIMGs to sit formal examinations; aligning SIMG clinical experience and assessment requirements to what is required of Australian trainees; documenting the process for monitoring SIMGs; and providing appropriate advice to SIMGs who do not meet college requirements. RACP also informs SIMGs about the college's requirement for prospective approval of supervisors and positions.

Furthermore, in line with the *Good Practice Guidelines*, RACP has detailed guidelines defining the roles and responsibilities of supervisors and SIMGs, the appropriate level of supervision, and the requirements for remote supervision.



## 13.6 Area of need assessment

### Overall finding



*RACP complies with the Good Practice Guidelines in relation to area of need assessment.*

### Key features of process

The RACP *Guidelines for Applicants*, which are published on the college's website, outline the process for *area of need* assessment (6). An *area of need* assessment is always conducted in relation to a specific position. Applicants can submit an *area of need* assessment at the same time, but may also submit an *area of need* assessment after the interim assessment decision or during the completion of requirements.

RACP considers the application and determines whether the applicant has the specific training and experience required for the position. Peer review for specialist recognition may be undertaken in a prospectively approved *area of need* position if suitable peer review arrangements can be put in place and approved by RACP.

SIMGs who have secured an *area of need* position may apply to RACP for assessment by lodging an *area of need* application form (16). Applicants must provide details about the roles and responsibilities of the position, the procedures they will be required to perform, details of inpatient/outpatient responsibilities, and any clinical activities or responsibilities associated with the *area of need* position.

Applicants are assessed as being either 'suitable' or 'not suitable' to undertake the responsibilities in the *area of need* position. If an applicant is found to be suitable, RACP will also determine if any restrictions on the SIMG's scope of practice are required. If an applicant is not suitable, they are still eligible to undertake specialist assessment, which is considered separately.

## Analysis

The *Good Practice Guidelines* require that colleges have a clear process for assessing SIMGs for *area of need*. RACP allows applicants to apply for *area of need* positions as per the processes described in college's *Guidelines for Applicants*.



## 13.7 Communication

### Overall finding



*RACP complies with the Good Practice Guidelines in relation to communication with the MBA and AHPRA, and SIMGs.*

### Key features of process

SIMGs are provided with detailed guidance about the specialist pathway at RACP in the college *Guidelines for Applicants*, which are published on the college website (6). The guidelines cover aspects of the assessment process including eligibility, key steps in the assessment process, fees, application instructions, interim assessment, ongoing assessment, final assessment, timeframes, re-assessments and roles and responsibilities.

When an SIMG lodges an application with RACP, they are assigned a case officer to guide the applicant through the assessment process (4). Applicants receive regular email communication from the college throughout the assessment process. This includes confirmation of application, interview invitations and instructions, assessment outcomes, additional college requirements, and information about how to obtain approval for top up training and/or supervision.

RACP also provides applicants with copies of Report 1, Report 2, and area of need reports (which are completed using the MBA templates), as applicable (4). SIMGs are also provided with a letter confirming the assessment outcome and the college's specific requirements. These documents are also uploaded to the AMC secure portal.

In its submissions to the review, RACP noted that the college rarely receives information for the interim assessment that raises concerns about a SIMG's suitability and needs to be reported to the MBA (4). However, where it is obvious that an applicant's behaviour and qualifications are not suitable for Australian practice, or there are other serious concerns, the college will notify the MBA.

### Analysis

The *Good Practice Guidelines* require that colleges have a clear process for assessment in the specialist pathway. The RACP *Guidelines for Applicants* provide detailed information about the specialist pathway, including eligibility criteria, application instructions, and requirements for supervision and assessment.

The college also meets other aspects of the *Good Practice Guidelines* relating to communication, including informing the SIMG of the interim assessment outcome and additional requirements, and uploading its decisions using Reports 1 and 2 via the AMC secure portal. The college reported that it rarely receives information for the purposes of the interim assessment decision that raises concerns about a SIMG's suitability for registration, however, the MBA is notified if the college has serious concerns.



## 13.8 Governance and appeals processes

### Overall finding



*RACP complies with the Good Practice Guidelines in relation to governance and appeals processes.*

### Key features of process

In the event of a dispute or disagreement, SIMGs are able to access RACP's policy for reconsideration, review and appeals which is published on the college website and sets out detailed processes and instructions (17). In particular, SIMGs who are dissatisfied or adversely affected by a college decision can seek a reconsideration or review by lodging an application with RACP within 28 days of the decision. Reconsiderations are conducted by the same college body which made the decision, while reviews are undertaken by an independent body. Applicants who are dissatisfied or adversely affected by a review decision may apply for an appeal. Appeals are heard by the RACP Appeals Committee which is chaired by the President-Elect of the College or a Fellow



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appointed as the chair. The Committee also includes a Fellow of the college and a member of the legal profession.

In 2016, RACP received 12 requests for reconsideration of these the original decision was upheld in 10 cases and overturned for the other two. The college also received five requests for review of decisions, the original decision was upheld in three cases and overturned for the other two. RACP received two appeals, and in both cases the decision was overturned (21).

RACP has in place a number of processes for monitoring specialist pathway applications. These include a spreadsheet-based system which is used to track the progress of applications over the course of the assessment (4). In addition, the college has designated internal timeframes and benchmarks for key tasks in the interim assessment process (for example, emails must be responded to within 48 hours). Each SIMG also has a designated case officer who is responsible for following up any applications that exceed timeframes, and can be contacted to check the application status.

Based on a review of de-identified files, the college documents the key stages of the assessment process and its decision making (4). Documentation kept by the college includes notes and outcomes from paper-based reviews; interview scheduling and other communications with SIMGs; interview preparation notes by panel members; interview questions and applicant responses; peer review and top up training applications; and assessment decisions and outcome letters to applicants (including reasons for decisions and any additional requirements). The college also keeps minutes of each Committee and Subcommittee meeting.

In its submissions to the review, RACP noted that deviations from published college procedures are rare (4). However, if deviations occur, they are documented in committee meeting minutes, and the college retains all records of the assessment process for each applicant. This information can be made available as part of an appeals process.

In its submissions to the review, RACP noted that it conducts internet searches on each applicant at the start of the assessment process, including searches of medical registers and any media reports about the SIMG. Where relevant information is identified that could affect an SIMG's assessment outcome, RACP discusses the information with the applicant, and the applicant is given the opportunity to respond. RACP noted it is rare for the college to be directly approached by 3<sup>rd</sup> parties seeking to provide information about a particular SIMG.

RACP has a documented policy for SIMGs to apply for re-assessment of comparability (6). The college follows the MBA guidelines on re-assessment, and allows SIMGs to apply where there has been a material change to their training and experience since they were initially assessed by RACP.

RACP has in place a number of processes for managing complaints about discrimination, bullying and harassment and supporting SIMGs who have experienced these behaviours. These include instructing peer reviewers, supervisors and SIMGs to contact the college if any problems or disagreements arise (6, 14, 15). The college then manages complaints on a case-by-case basis and makes changes or recommendations as appropriate (4).

RACP also provides training and support for supervisors and trainees on professional behaviours and practices in the workplace, including information about reporting and managing bullying and harassment (19). In addition, RACP has a professional and confidential counselling service available to all RACP Fellows and trainees, 24 hours, seven days a week (19).

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## Analysis

As required by the *Good Practice Guidelines*, RACP has published the requirements and procedures for its appeals process. Further, RACP has in place mechanisms for lodging and managing complaints about discrimination, bullying and harassment.

RACP has implemented a number of mechanisms for maintaining procedural fairness during SIMG assessments. For example, applicants are provided with copies of the interview report and redacted referee reports for comment before the college makes a

decision on comparability (6). Additional procedural fairness requirements are also documented in the college's *Reconsideration, Review and Appeals Process By-law*, which is published on the RACP website (17). In addition, all Committee and Subcommittee members undertake formal training in procedural fairness which is delivered by RACP's legal counsel.

RACP also meets other aspects of the *Good Practice Guidelines* in relation to governance and appeals. This includes the college having a process for monitoring applications; documenting deviations from published procedures; documenting each stage of the assessment process; documenting re-assessment processes; and following procedural fairness in the case of publically available or externally provided information.



## 13.9 Fees

### Overall finding



*RACP substantially complies with the Good Practice Guidelines in relation to fees. All fees are listed on the website. However, the college should clearly display in one location on its website, an estimate of the total fee that a SIMG is likely to incur to complete the requirements for the specialist pathway.*

### Key features of process

RACP SIMG assessment fees are outlined in the RACP price list, which is published on the college's website (18). Fees cover aspects of the assessment process including:

- OTP application submission fee (\$942.70)
- OTP assessment of comparability fee (\$5,314.10)
- OTP work-based assessment annual fee (\$4,128.30)
- Area of need application submission fee (\$1,767.70)
- Practice visit fee (\$2,953.50)
- Review application (\$1,074.00)
- Appeal application (\$6,433.00)

The RACP fee schedule is a comprehensive list of the college's fees, including a specific list of fees under the subheading of 'Overseas Trained Physicians'. Some fees listed outside this subheading may also apply to SIMGs, including fees for examinations, reviews and appeals. The college website advises prospective applicants that the total cost of a successful application will be more than \$10,000 (20).

In its submissions to the review, RACP noted that the SIMG assessment operates at or below cost recovery (4).

The college's *Reconsideration, Review and Appeals Process By-law* does not state whether a refund will be provided for the review application or the appeal application if the application is successful.

### Analysis

In line with the *Good Practice Guidelines*, RACP documents the fees involved in the assessment process and only charges fees for the allowed activities.

The membership fees for RACP are easily found on the college's website. However, the RACP price list does not provide clear and detailed information about when each fee is applicable or payable. While most fees payable by SIMGs are listed under the subheading 'Overseas Trained Physicians', it may not be clear to SIMGs if other fees, such as for examinations, may also need to be paid.

The RACP price list could also provide further guidance on which fees apply to area of need applicants, specialist recognition applicants, and both. For example, it is not clear from the price list whether the 'practice visit fee' is relevant to both pathways and in what circumstances.

## 13.10 Medical Board of Australia benchmarks and compliance measures

Table 13.1: Medical Board of Australia benchmarks

Benchmark <i>all data is for 2016</i>	Description	Comments															
<p><b>Time to first available interview</b></p> <table border="1"> <thead> <tr> <th>Time Range</th> <th>All colleges (average)</th> <th>RACP</th> </tr> </thead> <tbody> <tr> <td>&gt;9 months</td> <td>0.8%</td> <td>0.0%</td> </tr> <tr> <td>&gt;6-9 months</td> <td>0.8%</td> <td>0.0%</td> </tr> <tr> <td>&gt;3-6 months</td> <td>16.2%</td> <td>9.2%</td> </tr> <tr> <td>0-3 months</td> <td>82.1%</td> <td>90.8%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ RACP</p>	Time Range	All colleges (average)	RACP	>9 months	0.8%	0.0%	>6-9 months	0.8%	0.0%	>3-6 months	16.2%	9.2%	0-3 months	82.1%	90.8%	<p><b>Start date:</b> date complete application is received</p> <p><b>End date:</b> date of first available interview that is offered</p> <p><b>Benchmark:</b> interview available within 3 months</p>	<p>Approximately 9% of applications did not meet this benchmark in 2016. These applications did not meet this benchmark due to the Christmas closedown period, and difficulty sourcing appropriate interviewers within 3 months.</p>
Time Range	All colleges (average)	RACP															
>9 months	0.8%	0.0%															
>6-9 months	0.8%	0.0%															
>3-6 months	16.2%	9.2%															
0-3 months	82.1%	90.8%															
<p><b>Time from interview to interim assessment decision</b></p> <table border="1"> <thead> <tr> <th>Time Range</th> <th>All colleges (average)</th> <th>RACP</th> </tr> </thead> <tbody> <tr> <td>&gt;28 days</td> <td>42.5%</td> <td>96.7%</td> </tr> <tr> <td>15-28 days</td> <td>17.5%</td> <td>2.9%</td> </tr> <tr> <td>0-14 days</td> <td>40.1%</td> <td>0.5%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ RACP</p>	Time Range	All colleges (average)	RACP	>28 days	42.5%	96.7%	15-28 days	17.5%	2.9%	0-14 days	40.1%	0.5%	<p><b>Start date:</b> date of interview</p> <p><b>End date:</b> date decision of interim assessment is made by the college (Report 1)</p> <p><b>Benchmark:</b> interim assessment completed within 14 days from the interview</p>	<p>Nearly all applications did not meet this benchmark in 2016. This benchmark does not align with the college's current processes. RACP's process includes up to two weeks to finalise the interview report, and up to three weeks for SIMGs to respond to the report and provide any additional information. Assessment decisions are determined at monthly subcommittee meetings once the SIMG's response is received.</p>			
Time Range	All colleges (average)	RACP															
>28 days	42.5%	96.7%															
15-28 days	17.5%	2.9%															
0-14 days	40.1%	0.5%															
<p><b>Time for specialist recognition interim assessment</b></p> <table border="1"> <thead> <tr> <th>Time Range</th> <th>All colleges (average)</th> <th>RACP</th> </tr> </thead> <tbody> <tr> <td>9 months +</td> <td>2.5%</td> <td>2.9%</td> </tr> <tr> <td>7-9 months</td> <td>10.8%</td> <td>22.0%</td> </tr> <tr> <td>3 months, 15 days - 6 months</td> <td>34.6%</td> <td>49.8%</td> </tr> <tr> <td>0 - 3 months, 14 days</td> <td>52.1%</td> <td>25.4%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ RACP</p>	Time Range	All colleges (average)	RACP	9 months +	2.5%	2.9%	7-9 months	10.8%	22.0%	3 months, 15 days - 6 months	34.6%	49.8%	0 - 3 months, 14 days	52.1%	25.4%	<p><b>Start date:</b> date complete application is received</p> <p><b>End date:</b> date decision of interim assessment is made by the college (Report 1)</p> <p><b>Benchmark:</b> interim assessment completed within 3 months and 14 days</p>	<p>Approximately 75% of applications did not meet this benchmark in 2016. This occurred due to delays in "time to first available interview" and/or "time from interview to interim assessment decision" as described above. In addition, some applicants declined several interview dates offered by the college, or requested dates more than 6 months after receiving applications. These factors also contributed to long timeframes.</p>
Time Range	All colleges (average)	RACP															
9 months +	2.5%	2.9%															
7-9 months	10.8%	22.0%															
3 months, 15 days - 6 months	34.6%	49.8%															
0 - 3 months, 14 days	52.1%	25.4%															

Benchmark <i>all data is for 2016</i>	Description	Comments
<p><b>Time for area of need assessment</b></p> <p>■ All colleges (average) ■ RACP</p>	<p><b>Start date:</b> date complete application is received</p> <p><b>End date:</b> date decision of assessment is made by college</p> <p><b>Benchmark:</b> area of need assessment completed within 2 months</p>	<p>The college met this benchmark for all applicants in 2016.</p>
<p><b>Time for final assessment decision</b></p> <p>■ All colleges (average) ■ RACP</p>	<p><b>Start date:</b> date college notified that SIMG has completed all requirements</p> <p><b>End date:</b> date decision of final assessment is made (Report 2)</p> <p><b>Benchmark:</b> decision completed within 2 months</p>	<p>The college met this benchmark for all applicants in 2016.</p>

Source: MBA data, 2017.

Table 13.2: Medical Board of Australia compliance measures

Compliance measure <i>all data is for 2016</i>	Description	Comments
<p><b>Period of peer review – substantially comparable IMGs</b></p> <p>■ All colleges (average) ■ RACP</p>	<p><b>Compliance measure:</b> up to 12 months FTE of peer review</p>	<p>No substantially comparable SIMGs were required to do more than 12 months of peer review in 2016, as per the <i>Good Practice Guidelines</i>.</p>

Compliance measure <i>all data is for 2016</i>	Description	Comments															
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Source: MBA data, 2017.

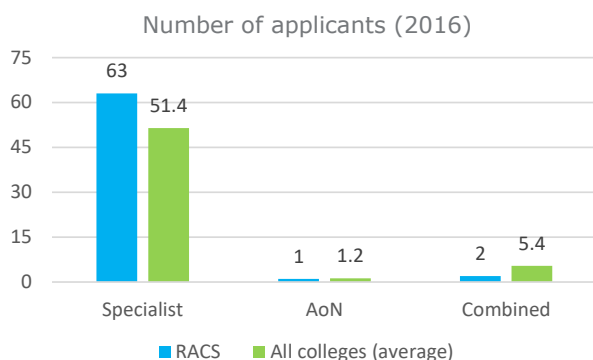
**Documents reviewed and information sources**

- (1) Terms of Reference – College Overseas Trained Physicians Committee (*internal document*)
- (2) Terms of Reference – Overseas Trained Physician Assessment Subcommittee, Paediatrics & Faculties (*internal document*)
- (3) Terms of Reference – Overseas Trained Physician Assessment Subcommittee, Adult Medicine & Chapters (*internal document*)
- (4) Discussion with college and review of de-identified file notes
- (5) Conflict of Interest Policy (*internal document*)
- (6) Specialist Assessment of Overseas Trained Physicians – Guidelines for Applicants (Australia)
- (7) Professional Qualities Curriculum
- (8) Overseas Trained Physician/Paediatrician – Guide for Interviewers (*internal document*)
- (9) Overseas Trained Physician Interview Report
- (10) Peer Review Information Sheet
- (11) Overseas Trained Physician / Paediatrician Peer Review Report (*internal document*)
- (12) OTP Application for Peer Review
- (13) OTP Application for Top Up Training
- (14) Specialist Assessment of Overseas Trained Physicians – Guidelines for Top Up Training Supervisors
- (15) Specialist Assessment of Overseas Trained Physicians – Guidelines for Peer Reviewers.
- (16) Specialist Assessment of Overseas Trained Physicians / Paediatricians Area of Need (AoN) Application Form
- (17) Reconsideration, Review and Appeals Process By-law
- (18) 2017 RACP Price List. Available at: <https://www.racp.edu.au/docs/default-source/default-document-library/fellowship-fees-price-list.pdf>, accessed September 2017
- (19) 'Professional, respectful and supportive behaviour in physician training and practice' webpage. Available at: <https://www.racp.edu.au/about/professional-respectful-and-supportive-behaviour-in-physician-training-and-practice>, accessed September 2017
- (20) 'Overseas trained physicians and paediatricians in Australia' webpage. Available at: <https://www.racp.edu.au/become-a-physician/overseas-trained-physicians-and-international-medical-graduates/overseas-trained-physicians-in-australia>, accessed September 2017
- (21) RACP Report to the Medical Board of Australia (2014, 2015, 2016)

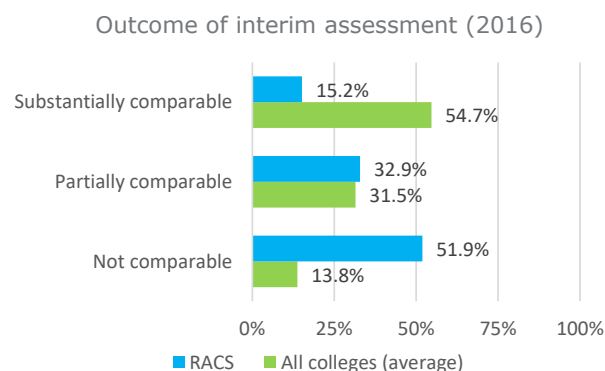
## 14 Royal Australasian College of Surgeons

### Overview of college assessment process

RACS' assessment process and guidelines for applicants are outlined in the college's *IMG Guide V – Information for International Medical Graduate Applicants (March 2017)*.

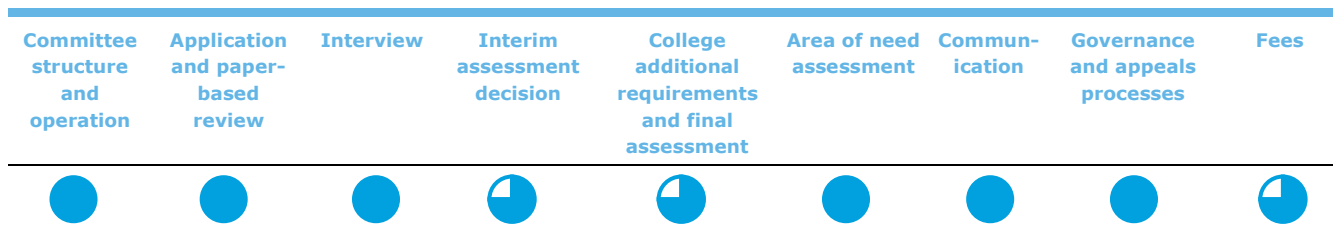


Source: MBA data, 2017.



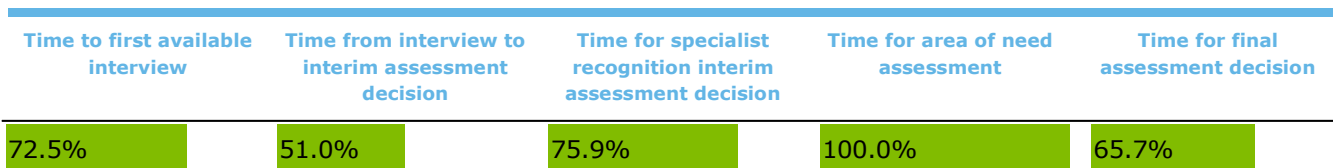
Source: MBA data, 2017. "Not comparable" includes SIMGs who were found to be not comparable at the paper-based assessment.

### Compliance with the *Good Practice Guidelines*



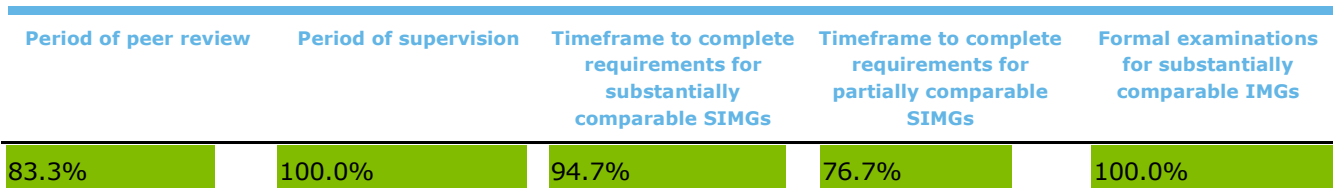
In order to fully comply with the *Good Practice Guidelines*, we recommend that RACS: revises the maximum timeframes for substantially comparable SIMGs to complete college requirements from four years to two years; directs unsuccessful applicants to AHPRA rather than the AMC; and clearly displays in one location on its website, an estimate of the total fee that a SIMG is likely to incur to complete the requirements for the specialist pathway.

### Performance against benchmarks



In 2016, some applications did not meet the benchmarks related to the interim assessment decision. This was because some SIMGs were unavailable to attend the next scheduled interview, and some applications progressed through an email based approval process, which can take longer. In some instances, assessors took longer than expected to prepare for interviews.

### Performance against compliance measures



The period of peer review and time taken to complete peer review exceeded the compliance measures in some case because RACS is currently in the process of transitioning the required period of peer review from 24 months to 12 months. RACS also noted that SIMGs are able to apply for a 12 month extension to complete requirements.

## Overview

The RACS specialist assessment process is designed to determine if a SIMG is comparable to the standards of an Australian or New Zealand trained surgeon in the same field of speciality practice. In undertaking assessments, the college considers a SIMG's education, training, scope of clinical experience, level of formal assessment including specialist qualifications in surgery, recent relevant practice (in the last two years) and relevant professional skills and attributes.

RACS' assessment process and guidelines for applicants are outlined in the college's *IMG Guide V – Information for International Medical Graduate Applicants (March 2017)*. Before applying to the college, applicants must apply to the AMC for primary source verification of their medical qualifications. Following this, specialist assessment at RACS has several stages (with fees payable at each stage):

- 1) Online application to RACS;
- 2) Interim assessment of comparability (including paper-based assessment and/or interview);
- 3) Ongoing assessment in the workplace (including peer review or clinical assessment);
- 4) Final assessment decision; and
- 5) Specialist recognition / eligibility for Fellowship.

RACS also accepts applications from SIMGs seeking an area of need assessment to practise in a specific position which they have obtained. RACS requires all SIMGs seeking an area of need assessment to apply at the same time for specialist assessment in the relevant speciality.

The college assesses SIMGs in the specialty areas of cardiothoracic surgery; general surgery; neurosurgery; orthopaedic surgery; otolaryngology head & neck surgery; paediatric surgery; plastic and reconstructive surgery; urology; and vascular surgery.

SIMG assessment at RACS is overseen by the International Medical Graduate Committee. The Committee's responsibilities include confirming assessment panel recommendations, developing and reviewing SIMG assessment processes, and monitoring the assessment process to ensure consistency. The Committee consists of the Deputy Chair of the Board of Surgical Education and Training, and nine members representing the speciality training boards and associations. The Committee also includes two Fellows who have been through the SIMG pathway, and a community representative.

The RACS assessment process for Australian and New Zealand medical graduates with overseas specialist qualifications is the same as the SIMG assessment process.

SIMGs are not required to become a Fellow of RACS. As part of the specialist recognition pathway, specialists are required to undertake a CPD program. RACS has a CPD program for non-Fellows called Maintenance of Professional Standards, which they can undertake for a fee. However, as it is more expensive than the Fellowship fee, without the same benefits, most SIMGs take up Fellowship where they have the collegiate relationship and the associated access to the CPD program.



### 14.1 Committee structure and operation

#### Overall finding



*RACS complies with the Good Practice Guidelines in relation to the committee structure and operation.*

#### Key features of process

The RACS International Medical Graduate Committee (IMGC) is responsible for the SIMG assessment process and is governed by the IMGC Terms of Reference (1). The IMGC is a subcommittee of the Board of Surgical Education and Training. The Committee includes the Deputy Chair of the Board of Surgical Education and Training, members representing the speciality training boards, two Fellows who have been through the SIMG pathway, and a community representative.

The IMGC Terms of Reference outline the roles, responsibilities and structure of the Committee. The Terms of Reference also document the obligation of all Committee members to declare existing or potential conflicts of interest, and when appropriate remove themselves from proceedings. The Committee is further required to conduct fair and unbiased assessments in a manner that is compliant with the principles of natural



justice and procedural fairness. The Committee is also guided by the college's guidelines for natural justice and procedural fairness (2).

## Analysis

In line with the *Good Practice Guidelines*, RACS has established a Committee responsible for the assessment process and has created a documented governance framework for the Committee. The Committee is governed by its terms of reference which specify the Committee's role, responsibilities, structure, conflicts of interest procedures, and responsibility for ensuring procedural fairness.

The *Good Practice Guidelines* require that Committee members have the necessary attributes, knowledge and skills in the assessment of college trainees and understand the college's training requirements and standards. RACS has sought to meet this requirement through the Committee membership rules, which require members to include the Deputy Chair of the college's Board of Surgical Education and Training, and nine members representing the speciality training boards and associations with responsibility for the college's surgical education and training program in Australia.

The *Good Practice Guidelines* further require that the Committee includes at least one Fellow who has been through the SIMG assessment process and, if possible, at least one community member. The RACS IMGC includes two Fellows who have previously been through the specialist pathway, and a community representative.



## 14.2 Application and paper-based review

### Overall finding



*RACS complies with the Good Practice Guidelines in relation to the application and paper-based review.*

*As part of the de-identified file review, we confirmed that, for the files shown, the paper-based review was undertaken using the template and requirements specified by the college.*

### Key features of process

RACS' process for paper-based assessment is described in the college's *IMG Guide V – Information for International Medical Graduate Applicants*, which is published on the RACS website (3). Prior to applying to RACS, a SIMG must apply to the AMC for verification of their primary and specialist qualifications. RACS provides applicants with a checklist of documentary requirements and evidence that must be submitted with the application, including evidence of English language proficiency that is no higher than that required by the MBA's English language skills registration standard (4).

Specialist pathway applications are lodged via RACS online application system (3). Once received, RACS reviews the submitted documentation for completeness, and then undertakes a paper based assessment following which an applicant is either invited to attend an interview or deemed not comparable and required to undertake further training.

The RACS assessment standards, including criteria against which applicants will be assessed, are published on the college website (5) and in the RACS *IMG Guide* (3). Factors considered include recency of practice; education, training programs and examinations completed by the SIMG; and quantity, depth and scope of practice since completion of training.

The RACS *IMG Recency Of Practice* policy is published on the college's website and outlines the requirements for recency of practice for SIMGs (6). RACS defines recency of practice as a minimum of 20 weeks of cumulative practice incorporating operative experience above the level of assisting, pre- and post-operative care of patients, in the two years prior to lodging an application for specialist assessment; and participation during that time in audits of surgical mortality and morbidity.

## Analysis

As per the requirements in the *Good Practice Guidelines*, RACS undertakes a review of documentary evidence provided by the SIMG and publishes the requirements for the paper-based assessment. This includes the requirement for applicants to apply to have their medical qualifications verified by the AMC.

The application form includes a statement of the documentary evidence that the applicant is required to submit, including English language proficiency requirements at a standard no higher than that required by the MBA's English language skills registration standard.

RACS also meets the *Good Practice Guidelines* with respect to publishing a clear statement of the college's assessment standards and criteria, and a policy on the requirements for recency of practice.



## 14.3 Interview

### Overall finding



*RACS complies with the Good Practice Guidelines in relation to the interview.*

*As part of the de-identified file review, we confirmed that, for the file shown, the interview was undertaken using the template and requirements specified by the college.*

### Key features of process

SIMGs who are assessed as "interview required" during the paper-based assessment will be invited to attend an interview. RACS' interview process is described in the college's *IMG Guide V – Information for International Medical Graduate Applicants*, which is published on the RACS website (3). The purpose of the interview is to explore specific aspects of the SIMG's surgical practice, including professional communication skills, and professional ethics. The interview is also used to further explore the applicant's surgical training and education, professional experience and practice.

The *IMG Guide* provides applicants with detailed information about the format and purpose of the interview, the structure of the interview panel, instructions on how to prepare for the interview, and a summary of the competencies that will be explored. Interviews are conducted six times a year and are usually held at the RACS office in Melbourne.

The interview panel comprises a representative from the Board of Surgical Education and Training, at least one representative from the speciality training board of the speciality in which the SIMG is being assessed, and a jurisdictional, community or external representative (7). RACS uses e-learning modules to educate panel members about the interview process, and the RACS Clinical Director provides an informal induction for new panel members to inform them about the assessment process (8).

RACS has also developed detailed, internally documented procedures for its interview panel (9). These procedures are designed to guide the interview panel and include processes for interview preparation, assessment, and post interview activities. In preparation for the interview, panel members review the SIMG's documentation which is made available on the RACS intranet. Each panel member completes a standard pro-forma checklist to score the SIMG. Decisions by the interview panel are made on a consensus basis.

Interviews are conducted through a series of structured questions and checklists, involving a combination of standard pro-forma questions and individually tailored questions based on the SIMG's documentation (8, 9). Panel members are also provided with assessment standards (e.g. rating scales) against which SIMGs are assessed. Clinical testing is not undertaken as part of interviews (8).

SIMGs are given the opportunity to ask questions during the interview about the assessment process (9).

## Analysis

The *Good Practice Guidelines* require that colleges clearly document and publish the requirements and procedures for the interview. The *RACS IMG Guide* provides detailed information about the interview process, including the interview purpose, format, and preparation instructions.

RACS also meets other aspects of the *Good Practice Guidelines* in relation to interviews. This includes having trained assessors, reviewing SIMG documentation in advance, using relevant and structured questions, giving SIMGs the opportunity to ask questions, not undertaking clinical testing, and including a community representative on the interview panel.



## 14.4 Interim assessment decision (assessment of comparability)

### Overall finding



*RACS substantially complies with the Good Practice Guidelines in relation to the interim assessment decision. The college's maximum timeframes for substantially comparable SIMGs to complete college requirements should be reduced from four years to two years, as per the guidelines.*

### Key features of process

The RACS interim assessment determines a SIMG's comparability to Australian trained surgeons, using the definitions published by the MBA for not, partially and substantially comparable SIMGs (3). Any gaps or deficiencies in the SIMG's training and experience as identified during the interim assessment form the basis of RACS' additional requirements for the SIMG.

SIMGs who are found to be partially comparable undergo a period of up to 24 months of clinical assessment, in accordance with the MBA's Level 3 supervision requirements (5). In some circumstances, clinical assessment may be conducted by Level 4 supervision if the SIMG is in an area of need position. Partially comparable SIMGs are also required to complete specified up-skilling or courses, CPD activities and pass the Fellowship examination.

Substantially comparable SIMGs must complete a period of up to 12 months of clinical assessment commencing on MBA Level 3 supervision requirements, and progressing to Level 4 based on satisfactory performance (5). Substantially comparable SIMGs must also complete professional development activities and any specified up-skilling.

SIMGs who require more than 24 months of up-skilling are assessed as not comparable and are required to undertake further training. These applicants are advised by the college to liaise with the Australian Medical Council (AMC) to obtain general registration (5).

Both partially and substantially comparable SIMGs are allowed two years to commence their period of clinical assessment from the date of interim assessment (8). The maximum timeframe for completing college requirements is four years, irrespective of the level of comparability. The college may allow extensions to this timeframe on a case-by-case basis.

In certain situations, SIMGs may be assessed in a "defined scope of practice" (11). "Defined scope of practice" must be identified as an option during the document assessment by the Clinical Director, IMG Assessments or the Board representative. The college must be satisfied that there is a public good derived from the "defined scope of practice" and that the SIMG has met specific requirements outlined in the college's policy for "defined scope of practice", published on the college website (11).

## Analysis

RACS undertakes interim assessments in line with the MBA's approved definitions for comparability for partially and substantially comparable SIMGs, including the period of time under supervision. RACS also takes into consideration a SIMG's scope of practice and may allow SIMGs to be registered in a defined scope within their speciality.

As per the *Good Practice Guidelines*, the interim assessment is used to identify the SIMG's gaps and deficiencies compared with Australian specialist training.

However, RACS allows both partially and substantially comparable SIMGs a maximum of four years to complete the college's requirements. While the *Good Practice Guidelines* allow a maximum of four years for partially comparable SIMGs, the guidelines prescribe a maximum of two years for substantially comparable SIMGs.



## 14.5 College additional requirements and final assessment

### Overall finding



*RACS substantially complies with the Good Practice Guidelines in relation to college additional requirements and final assessment. To fully meet the Guidelines, RACS should direct unsuccessful applicants to AHPRA rather than the AMC.*

### Key features of process

During the period of supervision, SIMGs are monitored by supervisors in accordance with RACS' policy and procedures for workplace based assessment of clinical practice, published on the college website (12). This policy outlines detailed requirements for supervision, approval of clinical practice arrangements, assessment processes and standards, management of unsatisfactory or inadequate performance, and management of exceptional performance. In particular, supervisors are responsible for ensuring that there are mechanisms in place for monitoring whether a SIMG is practising safely. This involves direct observation of the SIMG in clinical practice on a regular basis.

The college's additional requirements for SIMGs are aligned to the standards for newly graduated Australian Fellows, being consultants in their first year of practice (8). Both partially and substantially comparable SIMGs have access to RACS' CPD program, and are required to meet CPD requirements. The CPD requirements for SIMGs and college Fellows are identical. While partially comparable SIMGs may be required to sit the RACS Fellowship Exam, substantially comparable SIMGs are not (8).

The roles and responsibilities of supervisors and SIMGs are outlined in the RACS policy for clinical assessors, which is published on the college website (10). SIMGs are informed that positions and supervisors must be approved by RACS before commencing the period of clinical assessment. Supervisors are required to complete periodic assessment reports, and liaise with other members of the hospital unit to ascertain the SIMG's performance across all college competencies. Feedback is also obtained using RACS' multi-source feedback tool.

Every SIMG's progress is assessed by RACS on a 3-monthly basis, with the Clinical Director acting in a support role between the SIMG and the RACS Board (8, 12). Where issues arise during supervision, they are typically addressed through a remediation plan, and RACS also offers a personal confidential support hotline that can be accessed by SIMGs experiencing issues (8). RACS is currently trialling an external review process (the 'check-up program') where an external person checks on the SIMG and supervision arrangements.

The college also has a documented policy for managing unsatisfactory clinical performance (13).

The RACS Board has discretion to nominate off-site clinical assessors to provide remote supervision (10). However, while MBA Level 4 supervision can be performed off-site, if a SIMG requires Level 3 supervision, this must be performed locally. These requirements are outlined in the college's published policies on Clinical Assessors and the Assessment of Clinical Practice (10, 12)

Upon satisfactory completion of the college's additional requirements, RACS provides Report 2 to AHPRA via the AMC portal recommending the SIMG for specialist recognition (3). A copy of the report is also provided to the SIMG. SIMGs who are unsuccessful in their final assessment are instructed to liaise with the AMC to obtain general registration (8). Then, once the SIMG has obtained general registration and permanent residency, they are eligible to apply to the RACS Surgical Education and Training (SET) program.

## Analysis

As per the *Good Practice Guidelines*, RACS has clearly documented and published the requirements and procedures for examinations and procedures, including processes for monitoring performance and addressing any issues that may arise.

RACS meets other requirements in the *Good Practice Guidelines* including not requiring substantially comparable SIMGs to sit formal written examinations; aligning SIMG clinical experience and assessment requirements to what is required of Australian trainees; documenting the process for monitoring SIMGs (i.e. through supervisor assessment reports); and providing appropriate advice to SIMGs who do not meet college requirements. RACS also informs SIMGs about the college's requirement for prospective approval of supervisors and positions.

Furthermore, in line with the *Good Practice Guidelines*, RACS has guidelines defining the roles and responsibilities of supervisors and SIMGs, the appropriate level of supervision, and the requirements for remote supervision.

SIMGs who are unsuccessful in their final assessment are instructed to liaise with the AMC to obtain general registration, however the *Good Practice Guidelines* require colleges to refer the SIMG to AHPRA.



## 14.6 Area of need assessment

### Overall finding



*RACS complies with the Good Practice Guidelines in relation to area of need assessment.*

### Key features of process

The RACS *IMG Guide*, which is published on the college's website, outlines the high level process for area of need assessment (3). RACS also publishes a more detailed policy on area of need assessments which details the eligibility criteria, assessment standards, and outcomes (14). RACS requires all SIMGs seeking area of need assessment to apply at the same time for specialist assessment in the relevant speciality (3). If applying for area of need assessments, applicants must provide a description of their nominated position (4).

In undertaking area of need assessments, RACS considers (3, 14):

- whether there is evidence that the SIMG has completed a specialist training program comparable to the college programs including the competencies, skills and attribute relevant to those required for the area of need position; and
- whether there is evidence of recency of specialist surgical practice in the relevant speciality, comparable to that of an Australian or New Zealand trained surgeon, within the defined scope of practice relevant to the area of need position.

RACS will also consider whether the area of need position can offer adequate resources and support for the SIMG. The area of need assessment process typically takes two to three months to complete.

## Analysis

The *Good Practice Guidelines* require that colleges have a clear process for assessing applicants for an area of need. RACS has a published process for area of need assessment. RACS requires all SIMGs seeking area of need assessment to apply at the same time for specialist assessment in the relevant speciality (3).



## 14.7 Communication

### Overall finding



*RACS complies with the Good Practice Guidelines in relation to communication with the MBA and AHPRA, and SIMGs.*

### Key features of process

SIMGs wishing to apply to RACS for specialist recognition or an area of need assessment are provided with detailed guidance about the assessment process in the RACS *IMG Guide* (3). The *IMG Guide* covers aspects of the assessment including eligibility, fees, document based assessment, interim assessment, interviews, supervision and ongoing assessment requirements, exams, communications, and appeals procedures.

Applicants receive email communication from the college throughout the assessment process. The communication is based on email templates which are documented in the college's specialist pathway application process policy (15). This includes emails for confirming when an application is received, interview invitations, assessment outcomes, and additional college requirements. The application process policy also includes detailed procedures and key actions that are followed by RACS staff over the course of a SIMG's assessment.

At the conclusion of the interim assessment, the SIMG manager prepares a recommendation letter that is sent to the SIMG advising the reasons for the assessment outcome and any additional requirements (15). A copy of the letter is uploaded to the AMC secure portal, together with Report 1.

Following successful completion of the assessment, the SIMG is recommended for specialist recognition to the MBA using Report 2 (3).

In its submissions to the review, RACS noted that the college rarely receives information for the interim assessment that raises concerns about a SIMG's suitability and needs to be reported to the MBA (8). Such information would be managed on a case by case basis and, if serious, it would be discussed with the MBA.

### Analysis

The *Good Practice Guidelines* require that colleges have a clear process for assessment in the specialist pathway. The RACS *IMG Guide* provides applicants with detailed information about the specialist recognition and area of need pathways, including eligibility criteria and requirements for supervision and assessment.

The college also meets other aspects of the *Good Practice Guidelines* relating to communication, including informing the SIMG of the interim assessment outcome and additional requirements, and uploading its decisions using Reports 1 and 2 via the AMC secure portal. The college reported that it rarely receives information for the purposes of the interim assessment decision that raises concerns about a SIMG's suitability for registration, and that such information would be managed on a case by case basis.



## 14.8 Governance and appeals processes

### Overall finding



*RACS complies with the Good Practice Guidelines in relation to governance and appeals processes.*

### Key features of process

SIMGs are informed of RACS' processes for complaints and appeals in the *IMG Guide*, which is published on the college website (3). In particular, RACS requires complaints and appeals to be lodged in writing with the RACS Executive Director of Surgical Affairs within three months of receiving the decision which is being appealed.

RACS also publishes a detailed policy document which sets out its appeals mechanism (16). The policy covers the requirements and procedures for appeal initiation; grounds of appeal; acceptance of appeals; Appeals Committee composition; rules for



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conduct of Appeals Committee meetings; decisions of the Appeals Committee; and reporting requirements.

In 2016, RACS received 28 requests for reconsideration or review of decisions. Nineteen decisions were upheld, six were overturned and three were still awaiting decision when the data report was provided to the MBA (18).

The RACS' processes for monitoring applications is detailed in the college's specialist pathway application process policy (15). Upon receiving an application, the college administration officer records the SIMG's details on a tracking spreadsheet which is used to monitor the progress of the application over the course of the assessment. The application process policy also sets out the key actions and timelines for the assessment process which are followed by RACS staff (15). This includes instructions on when to send email updates to SIMGs.

Based on a review of three de-identified file notes, the college documents the key stages of the assessment process and its decision making (8). Documentation kept by the college includes SIMG file summaries; paper-based assessment reports (from the Clinical Director and Speciality Board); interview proformas (including questions, checklists, and assessors' notes); interview assessment decisions and final recommendations; and decision letters to applicants (including reasons for decisions and any additional requirements).

If RACS deviates from published procedures or there is an error in decision making, the college may undertake a re-assessment, including formally considering and documenting how the deviation may have impacted on the SIMG's assessment outcome (8). In the event that a deviation occurs at a later stage of the assessment, SIMGs are able to access the college's formal appeals process.

In its submission to the review, RACS noted that it is rare for externally provided information to be taken into account in the assessment process (8). Such information may include details about ongoing disciplinary cases, or SIMGs who have unresolved complaints regarding misconduct in other countries. Where RACS receives external information regarding a SIMG, the college seeks guidance from its in-house legal counsel and, if the issue is sufficiently serious, it is taken into consideration as part of the SIMG's assessment. In these cases, the information is also discussed with the applicant, and the applicant is given the opportunity to respond.

RACS has a documented policy for SIMGs who have previously been assessed as 'Not Comparable' to apply for a subsequent new assessment (17). To be eligible, a SIMG must demonstrate that (5):

- there was additional documentation relevant to completion of a comparable training program which was in existence at the time of the previous assessment but was not produced for that assessment and is now available; and/or
- there is evidence of further training in a formal postgraduate specialist training program completed after the previous specialist assessment.

A SIMG may also apply for a subsequent new assessment if they were originally assessed as not satisfying the recency of practice standard, but can since demonstrate that the requirements have been met.

RACS has in place a number of processes for managing and addressing complaints from SIMGs about discrimination, bullying, and harassment (8):

- RACS has a college complaints manager, who receives complaints and manages them on an individual basis;
  - RACS has a 24-hour a day counselling service that is available to SIMGs;
  - Every surgeon is required to complete an online course which informs them about the protocols and obligations for reporting bullying and harassment;
  - Clinical Assessors complete mandatory training on discrimination, bullying and sexual harassment. This includes 'Foundation Skills for Surgical Education' and 'Operating with Respect Advanced Training'.
-

## Analysis

As required by the *Good Practice Guidelines*, RACS has published the requirements and procedures for its appeals process. Further, RACS has in place mechanisms for lodging and managing complaints about discrimination, bullying and harassment.

RACS also meets other aspects of the *Good Practice Guidelines* in relation to governance and appeals. This includes RACS having in place a process for monitoring applications; documenting deviations from published procedures; documenting each stage of the assessment process; documenting the processes for SIMGs to apply for re-assessment; and following procedural fairness in the case of publically available / externally provided information.



## 14.9 Fees

## Overall finding



*RACS substantially complies with the Good Practice Guidelines in relation to fees. All fees are listed on the website. However, the college should clearly display in one location on its website, an estimate of the total fee that a SIMG is likely to incur to complete the requirements for the specialist pathway.*

## Key features of process

RACS' SIMG assessment fees are outlined in the college's fee schedule, which is published on the college's website (19). The current fees are:

- Specialist Assessment (\$9,780)
- Supervision / oversight – onsite (\$7,925)
- Supervision / oversight – remote (\$22,620)
- Document Assessment Fee – area of need subsequent to specialist assessment (\$1,480)
- Document Assessment Fee – College endorsement for area of need (\$1,480)
- IMG Administration (\$980)
- Fellowship Examination (\$8,165)
- Professional development workshops & courses (various)
- Appeals lodgement (\$8,925)

The RACS fee schedule is a comprehensive list of the college's fees, including a specific list of fees under the subheading of 'International Medical Graduates'. Some fees listed outside this subheading may also apply to SIMGs, including fees for examinations, professional development, and appeals.

In its submissions to the review, RACS noted that it has an allocative cost model and that SIMG assessment operates on a cost recovery basis (8).

## Analysis

In line with the *Good Practice Guidelines*, RACS documents the fees involved in the assessment process and only charges fees for the allowed activities.

The RACS fees schedule is easy to find on the RACS website, the fee schedule includes all fees charged by the college. However, the RACS fee schedule does not provide clear and detailed information about the precise activities covered by each fee, and when each fee is applicable or payable. In addition, while most fees payable by SIMGs are listed under the subheading 'International Medical Graduates', it may not be clear to SIMGs if and when other fees, such as for examinations and professional development, may also need to be paid.

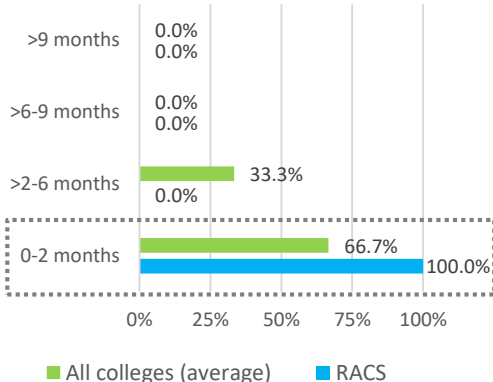
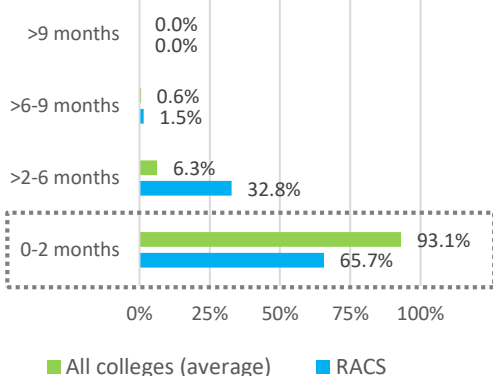
RACS could publish a fee schedule specifically for SIMGs, which provides a listing of all fees that may be paid over the course of assessment in the specialist pathway. RACS could provide further guidance to SIMGs on which fees apply to area of need applicants, specialist recognition applicants, and both.



## 14.10 Medical Board of Australia benchmarks and compliance measures

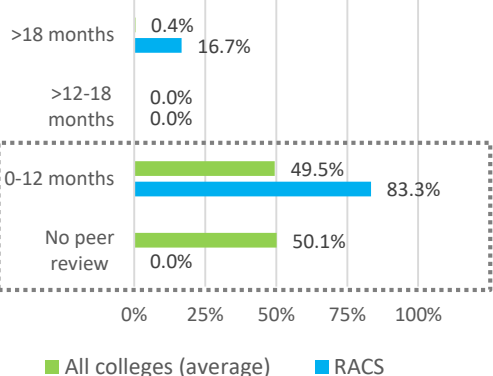
Table 14.1: Medical Board of Australia benchmarks

Benchmark <i>all data is for 2016</i>	Description	Comments															
<p><b>Time to first available interview</b></p> <table border="1"> <thead> <tr> <th>Time Range</th> <th>All colleges (average)</th> <th>RACS</th> </tr> </thead> <tbody> <tr> <td>&gt;9 months</td> <td>0.8%</td> <td>0.0%</td> </tr> <tr> <td>&gt;6-9 months</td> <td>0.8%</td> <td>0.0%</td> </tr> <tr> <td>&gt;3-6 months</td> <td>16.2%</td> <td>27.5%</td> </tr> <tr> <td>0-3 months</td> <td>82.1%</td> <td>72.5%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ RACS</p>	Time Range	All colleges (average)	RACS	>9 months	0.8%	0.0%	>6-9 months	0.8%	0.0%	>3-6 months	16.2%	27.5%	0-3 months	82.1%	72.5%	<p><b>Start date:</b> date complete application received</p> <p><b>End date:</b> date of first available interview that is offered</p> <p><b>Benchmark:</b> interview available within 3 months</p>	<p>Approximately 28% of applications did not meet this benchmark in 2016. While RACS conducts interviews six times a year, some applicants were not available to attend the next scheduled interview round, resulting in delays (8). In other instances, delays were caused by assessors taking more time than expected to prepare for interviews.</p>
Time Range	All colleges (average)	RACS															
>9 months	0.8%	0.0%															
>6-9 months	0.8%	0.0%															
>3-6 months	16.2%	27.5%															
0-3 months	82.1%	72.5%															
<p><b>Time from interview to interim assessment decision</b></p> <table border="1"> <thead> <tr> <th>Time Range</th> <th>All colleges (average)</th> <th>RACS</th> </tr> </thead> <tbody> <tr> <td>&gt;28 days</td> <td>42.5%</td> <td>10.2%</td> </tr> <tr> <td>15-28 days</td> <td>17.5%</td> <td>38.8%</td> </tr> <tr> <td>0-14 days</td> <td>40.1%</td> <td>51.0%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ RACS</p>	Time Range	All colleges (average)	RACS	>28 days	42.5%	10.2%	15-28 days	17.5%	38.8%	0-14 days	40.1%	51.0%	<p><b>Start date:</b> date of interview</p> <p><b>End date:</b> date decision of interim assessment is made by the college (Report 1)</p> <p><b>Benchmark:</b> interim assessment completed within 14 days from the interview</p>	<p>Approximately 49% of applications did not meet this benchmark in 2016. These were applications that needed to progress through an email-based approval process because the Board was not available to meet shortly after the interview (8).</p>			
Time Range	All colleges (average)	RACS															
>28 days	42.5%	10.2%															
15-28 days	17.5%	38.8%															
0-14 days	40.1%	51.0%															
<p><b>Time for specialist recognition interim assessment</b></p> <table border="1"> <thead> <tr> <th>Time Range</th> <th>All colleges (average)</th> <th>RACS</th> </tr> </thead> <tbody> <tr> <td>9 months +</td> <td>2.5%</td> <td>0.0%</td> </tr> <tr> <td>7-9 months</td> <td>10.8%</td> <td>0.0%</td> </tr> <tr> <td>3 months, 15 days - 6 months</td> <td>34.6%</td> <td>24.1%</td> </tr> <tr> <td>0 - 3 months, 14 days</td> <td>52.1%</td> <td>75.9%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ RACS</p>	Time Range	All colleges (average)	RACS	9 months +	2.5%	0.0%	7-9 months	10.8%	0.0%	3 months, 15 days - 6 months	34.6%	24.1%	0 - 3 months, 14 days	52.1%	75.9%	<p><b>Start date:</b> date complete application is received</p> <p><b>End date:</b> date decision of interim assessment is made by the college (Report 1)</p> <p><b>Benchmark:</b> interim assessment completed within 3 months and 14 days</p>	<p>Approximately 24% of applications did not meet this benchmark in 2016. This occurred due to delays in "time to first available interview" and/or "time from interview to interim assessment decision" as described above (8).</p>
Time Range	All colleges (average)	RACS															
9 months +	2.5%	0.0%															
7-9 months	10.8%	0.0%															
3 months, 15 days - 6 months	34.6%	24.1%															
0 - 3 months, 14 days	52.1%	75.9%															

Benchmark <i>all data is for 2016</i>	Description	Comments
<p><b>Time for area of need assessment</b></p>  <p>■ All colleges (average) ■ RACS</p>	<p><b>Start date:</b> date complete application is received</p> <p><b>End date:</b> date decision of assessment is made by college</p> <p><b>Benchmark:</b> area of need assessment completed within 2 months</p>	<p>All applications met this benchmark in 2016.</p>
<p><b>Time for final assessment decision</b></p>  <p>■ All colleges (average) ■ RACS</p>	<p><b>Start date:</b> date college notified that SIMG has completed all requirements</p> <p><b>End date:</b> date decision of final assessment is made (Report 2)</p> <p><b>Benchmark:</b> decision completed within 2 months</p>	<p>Approximately 34% of applications did not meet this benchmark in 2016. These were applications that needed to progress through an email-based approval process because the Board was not available to meet shortly after the SIMG completed the college's requirements (8).</p>

Source: MBA data, 2017.

Table 14.2: Medical Board of Australia compliance measures

Compliance measure <i>all data is for 2016</i>	Description	Comments
<p><b>Period of peer review – substantially comparable IMGs</b></p>  <p>■ All colleges (average) ■ RACS</p>	<p><b>Compliance measure:</b> up to 12 months FTE of peer review</p>	<p>Approximately 17% of applications did not meet this compliance measure in 2016. In its submission to the review, RACS noted that it is currently in the process of transitioning the required period of peer review from 24 months to 12 months, as is now required by college policies (8).</p>

Compliance measure <i>all data is for 2016</i>	Description	Comments															
<p><b>Period of supervision – partially comparable IMGs</b></p>  <table border="1"> <thead> <tr> <th>Supervision Period</th> <th>All colleges (average)</th> <th>RACS</th> </tr> </thead> <tbody> <tr> <td>&gt;36 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>&gt;24-36 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>0-24 months</td> <td>79.1%</td> <td>100.0%</td> </tr> <tr> <td>No supervision</td> <td>20.9%</td> <td>0.0%</td> </tr> </tbody> </table>	Supervision Period	All colleges (average)	RACS	>36 months	0.0%	0.0%	>24-36 months	0.0%	0.0%	0-24 months	79.1%	100.0%	No supervision	20.9%	0.0%	<p><b>Compliance measure:</b> up to 24 months FTE of supervised practice</p>	<p>No partially comparable SIMGs were required to undertake more than 24 months of supervised practice in 2016, as per the <i>Good Practice Guidelines</i>.</p>
Supervision Period	All colleges (average)	RACS															
>36 months	0.0%	0.0%															
>24-36 months	0.0%	0.0%															
0-24 months	79.1%	100.0%															
No supervision	20.9%	0.0%															
<p><b>Timeframes to complete requirements – substantially comparable IMGs</b></p>  <table border="1"> <thead> <tr> <th>Timeframe</th> <th>All colleges (average)</th> <th>RACS</th> </tr> </thead> <tbody> <tr> <td>&gt; 2 years</td> <td>0.5%</td> <td>5.3%</td> </tr> <tr> <td>0-2 years</td> <td>99.5%</td> <td>94.7%</td> </tr> </tbody> </table>	Timeframe	All colleges (average)	RACS	> 2 years	0.5%	5.3%	0-2 years	99.5%	94.7%	<p><b>Compliance measure:</b> up to two years to complete 12 months FTE peer review</p>	<p>Approximately 5% of applications did not meet this compliance measure in 2016. In its submission to the review, RACS noted that it allows both partially and substantially comparable SIMGs up to four years to complete the college's requirements (8). SIMGs may also apply for a 12 month extension to this timeframe.</p>						
Timeframe	All colleges (average)	RACS															
> 2 years	0.5%	5.3%															
0-2 years	99.5%	94.7%															
<p><b>Timeframes to complete requirements – partially comparable IMGs</b></p>  <table border="1"> <thead> <tr> <th>Timeframe</th> <th>All colleges (average)</th> <th>RACS</th> </tr> </thead> <tbody> <tr> <td>&gt; 4 years</td> <td>11.8%</td> <td>23.3%</td> </tr> <tr> <td>0-4 years</td> <td>88.2%</td> <td>76.7%</td> </tr> </tbody> </table>	Timeframe	All colleges (average)	RACS	> 4 years	11.8%	23.3%	0-4 years	88.2%	76.7%	<p><b>Compliance measure:</b> up to four years to complete 24 months FTE of supervised practice</p>	<p>Approximately 23% of applications did not meet this compliance measure in 2016. In its submission to the review, RACS noted that SIMGs are able to apply for a 12 month extension which means that some partially comparable SIMGs completed their requirements in more than four years (8).</p>						
Timeframe	All colleges (average)	RACS															
> 4 years	11.8%	23.3%															
0-4 years	88.2%	76.7%															
<p><b>Formal examinations for substantially comparable IMGs</b></p> <p><i>No colleges required substantially comparable IMGs to sit exams in 2016</i></p>	<p><b>Compliance measure:</b> substantially comparable IMGs should not be required to undertake a formal examination</p>	<p>The college did not require any substantially comparable SIMGs to undertake formal examinations in 2016, as per the <i>Good Practice Guidelines</i>.</p>															

Source: MBA data, 2017.

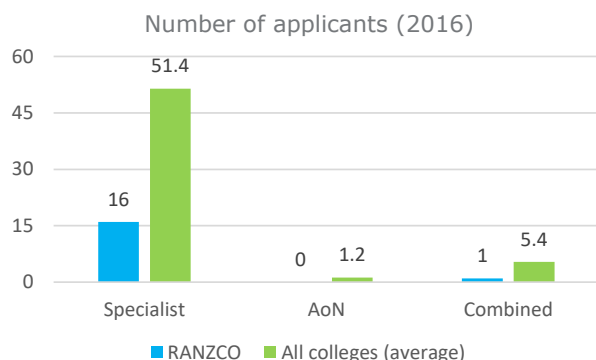
**Documents reviewed and information sources**

- (1) International Medical Graduate Committee, Terms of Reference 2016
- (2) Natural Justice and Procedural Fairness – Guidelines for Committees and Decision Makers (*internal document*)
- (3) IMG Guide V – Information For International Medical Graduate Applicants 2017
- (4) Checklist of Documentation to be Submitted with Online Application for Specialist and/or Area of Need Assessment
- (5) Specialist Assessment of International Medical Graduates in Australia 2016
- (6) IMG Recency of Practice 2015
- (7) International Medical Graduate Assessment Interview Panels Terms of Reference 2017
- (8) Discussions with college and review of de-identified file notes.
- (9) Interviews Final Recommendation 2015 (*internal document*)
- (10) Clinical Assessors of International Medical Graduates in Australia 2016
- (11) IMGs Assessed with a Defined Scope of Practice 2016
- (12) Assessment of the Clinical Practice of IMGs in Australia
- (13) Managing Unsatisfactory Clinical Performance 2016 (*internal document*)
- (14) Area of Need Assessment 2015
- (15) Specialist and/or Area of Need Assessment Pathway – Application Process 2016 (*internal document*)
- (16) Appeals Mechanism 2014
- (17) Subsequent New Assessment 2016
- (18) RACP Report to the Medical Board of Australia (2014, 2015, 2016)
- (19) RACS College Fees 2017. Available at: <https://www.surgeons.org/media/24831807/racs-fees-2017.pdf>, accessed October 2017

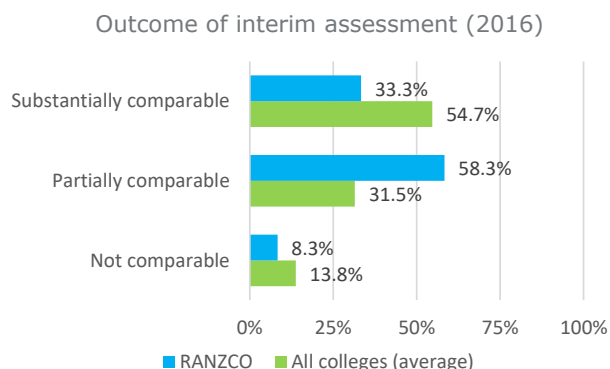
# 15 The Royal Australian and New Zealand College of Ophthalmologists

## Overview of college assessment process

The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) Specialist Recognition Assessment evaluates the training, qualifications and experience of SIMGs for comparability with Australian trained ophthalmologists.



Source: MBA data, 2017.



Source: MBA data, 2017. "Not comparable" includes SIMGs who were found to be not comparable at the paper-based assessment.

## Compliance with the *Good Practice Guidelines*

Committee structure and operation	Application and paper-based review	Interview	Interim assessment decision	College additional requirements and final assessment	Area of need assessment	Communication	Governance and appeals processes	Fees

In order to fully comply with the *Good Practice Guidelines*, we recommend that RANZCO: publishes a policy outlining the requirements for recency of practice; sets maximum timeframes for completing requirements in line with Guidelines; and publishes a policy on remote supervision.

## Performance against benchmarks

Time to first available interview	Time from interview to interim assessment decision	Time for specialist recognition interim assessment decision	Time for area of need assessment	Time for final assessment decision
58.3%	100.0%	50.0%	N/A	100.0%

In 2016, some applications did not meet the time to interview and time to interim assessment decision benchmarks. This is largely because RANZCO prefers to schedule interviews following the SIMG Committee meetings which occur every three months, to ensure as many committee members as possible are able to attend the interviews. In addition, conditions outside the college's control – such as applicants pushing back interviews – caused delays for some applications.

## Performance against compliance measures

Period of peer review	Period of supervision	Timeframe to complete requirements for substantially comparable SIMGs	Timeframe to complete requirements for partially comparable SIMGs	Formal examinations for substantially comparable IMGs
100.0%	100.0%	100.0%	100.0%	100.0%

## Overview

The Specialist Recognition Assessment evaluates the training, qualifications and experience of SIMGs for comparability with Australian trained ophthalmologists. RANZCO has an Australian SIMG Committee which is responsible for assessing the training and qualifications of overseas-trained ophthalmologists for comparability with the training and qualifications of ophthalmologists trained in Australia. The Australian SIMG Committee consists of Fellows of the college, including at least one individual who has been through the SIMG assessment process themselves and a lay (non-medical) member. At each stage of the assessment process, applicants are assessed as either substantially, partially or not comparable, and this is either confirmed or changed throughout the process.

The document review is used by the college to make an initial comparability determination of an applicant. Members of the SIMG committee are required to independently analyse the elements of training, qualifications and experience to make a preliminary determination on the applicant's level of comparability. A determination is made by unanimous agreement or in the cases where necessary, by the majority. Those who are considered substantially, partially or close to partially comparable are invited to attend an interview.

The interview is undertaken by at least two members of the SIMG committee and applicants are required to attend in person. While the interview requires a minimum of two committee members, the college often has a minimum of 5-6 members present. The purpose of the interview is to further refine the comparability decision and allow the applicant an opportunity for questions. After the interview, applicants are informed that they will be provided the result of the interview within two weeks. Generally, if the interview panel confirms the document review panel initial determination, then the applicant is informed within days. If the interview panel changes the document review panel initial determination, the change is circulated to the full committee (if not all members were present for the interview) for ratification or further discussion before being passed to the applicant.

Applicants who are assessed as partially comparable are required to undertake one or more assessment tasks, the most common of which is to sit the written and/or clinical components of the RANZCO Advanced Clinical Examination (RACE). Other tasks may include a short-term supervised clinical assessment on site in a hospital, a practice visit, or an audit by the college. Applicants may also be required to undertake a period of 'top-up training' of up to 24 months. Applicants assessed as substantially comparable may be required to undertake up to a 12-month Period of Oversight. SIMGs who are recommended for specialist recognition are invited, but not obliged to apply for Fellowship of the college.

RANZCO can also assess area of need assessment, which is done concurrently with Specialist Recognition. This process allows the applicant the flexibility to commence practice in an area of need position whilst simultaneously undergoing the specialist recognition assessment.

The RANZCO process for assessing Australian and New Zealand medical graduates with overseas specialist qualifications is the same as the RANZCO SIMG assessment process.



## 15.1 Committee structure and operation

### Overall finding



*RANZCO complies with the Good Practice Guidelines in relation to the committee structure and operation.*

### Key features of process

The SIMG Committee is responsible for assessing the training and qualifications of overseas-trained ophthalmologists for comparability with the training and qualifications of ophthalmologists trained in Australia (1). The committee is required to:

- Review the applicant's documentation, exercising specialist ophthalmic judgement on training and experience;
- Decide in which specific clinical areas, if any, the applicant's training and qualifications remain unclear; and

- Assess applicants as either substantially comparable, partially comparable, or clearly not comparable to that of an ophthalmologist trained in Australia (1).

If an applicant is found to be partially comparable, the SIMG Committee specifies the clinical areas in which the applicants training or experience need to be further assessed and what assessment tasks should be undertaken (1). Following completion of any assessment tasks, a further interview is conducted, after which the committee determines the final assessment of the applicant and this decision is sent to the AMC via the portal (1).

The committee includes RANZCO Fellows with current knowledge and skills covering general medical and surgical ophthalmology, and the Vocational Training Program (1). The committee includes at least one member who has been through the SIMG assessment process themselves and one member from New Zealand (1). The committee also includes one lay (non-medical) member (2).

The college has a policy, which outlines the roles and responsibilities of the SIMG Committee, and a SIMG Committee Terms of Reference (1, 3). Committee members are required to declare any potential conflict of interest and excuse themselves from the relevant task/applicant, or discuss the issue with the Chair of the committee for advice as to whether a relevant conflict exists (2). All committee members are made aware that a conflict of interest may lead to bias, or the perception thereof (2). This process is not documented. Procedural Fairness is an underlying concept, which applies to everything the SIMG Committee does, however, there is not a specific statement to this effect (2).

## Analysis

As per the requirements in the *Good Practice Guidelines*, RANZCO has established a committee for the SIMG assessment process with a documented governance framework and associated requirements. The college does not publish a conflict of interest policy for the committee, as required by the *Good Practice Guidelines*. However, the committee members are made aware of the requirement to declare any potential conflict of interest.

The *Good Practice Guidelines* require that committee members have the necessary attributes, knowledge and skills in the assessment of college trainees and understand the college's training requirements and standards. RANZCO has sought to meet this requirement by requiring committee members to be RANZCO Fellows with current knowledge and skills covering general medical and surgical ophthalmology, and the Vocational Training Program. The only exception of this requirement is the non-Fellow, community member of the college. The SIMG Committee also includes one SIMG who has been through the process, as required by the *Good Practice Guidelines*.



## 15.2 Application and paper-based review

### Overall finding



*RANZCO substantially complies with the Good Practice Guidelines in relation to the application and paper-based review. The college should publish a policy outlining the requirements for recency of practice.*

*De-identified files were requested for the purpose of the review from the college but were not provided. However, detailed templates and documents provided confidence that the application and paper-based review process was undertaken in line with the college's documented policies.*

### Key features of process

RANZCO's SIMG Committee reviews the documentation in order to make a determination on the level of comparability, resulting in either a determination of not comparable, or an invitation to attend an interview with members of the SIMG Committee (3).

The requirement for applicants to apply through the Australian Medical Council (AMC) for primary source verification of their primary medical qualification and specialist qualifications is included on the RANZCO application form (4), and explicitly stated on

the website (3). The RANZCO application form also includes a checklist of the required documents for application and includes the requirement for all applicants to be able to demonstrate English language proficiency no higher than that required by the MBA's English language skills registration standard (4).

The college evaluates the training, qualifications and experience of SIMGs for comparability with Australian trained ophthalmologists. RANZCO describes Australian trainees as specialists who are equipped to undertake safe, unsupervised, comprehensive, general ophthalmology practice with experience in each of the 12 clinical areas of ophthalmology (3). Applicants are assessed against the RANZCO Vocational Training Program and its Curriculum Standards, which the college provides on its website (3). The college provides an overview of the Vocational Training Program, including its structure, duration, basic training components (years 1 and 2), advanced training components (years 3 and 4), final year and research requirements (5). Links are provided to more detailed overviews for each of these areas. A separate webpage provides access to the curriculum standards applied by the college (6).

Recency of practice is one of the factors taken into consideration by the SIMG Committee members when reviewing documentation submitted by SIMG applicants (2). There is no documented recency of practice policy or specific duration of non-practice which is acceptable or not, rather the situation is considered in the overall context of the application, including the reason for a non-practice period and what was done in that period (2).

## Analysis

The college meets aspects of the *Good Practice Guidelines* including documenting and publishing the requirements and procedures for the paper-based assessment; providing a clear statement of the assessment standards and criteria against which applicants will be assessed; informing applicants of the requirement for verification of qualifications with the AMC; listing the documents required; and stating the English language proficiency required by the college, which is no higher than that required by the MBA.

The *Good Practice Guidelines* require colleges to publish a policy on the requirements for recency of practice for the purposes of assessing a SIMG's comparability or assessing a SIMG's suitability for an area of need position. The college requires applicants to have recent experience in specialist practice, and it is taken into consideration alongside the documentation submitted by SIMG applicants. The college does not have a specific duration of non-practice which is required and does not document this requirement or process.



## 15.3 Interview

### Overall finding



*RANZCO complies with the Good Practice Guidelines in relation to the interview.*

*De-identified files were requested for the purpose of the review from the college but were not provided. However, detailed templates and documents provided confidence that the interview process was undertaken in line with the college's documented policies.*

### Key features of process

The interview is undertaken by members of the SIMG committee and applicants are required to attend in person (3). The purpose of the interview is to refine the comparability decision and allow the applicant an opportunity to ask questions (3).

While the interview requires a minimum of two committee members, the college generally has a minimum of 5-6 present (2). The committee's community member usually sits in on the interview, but generally only contributes to the discussion and decision-making after the interview itself (2). Prior to the interview, panel members are provided with any comments from the document review, a summary of the applicant's training and experience, and interview forms (2). In addition, they are



advised to bring their own review notes if they have reviewed the documents, and to share these with other panel members (7).

The committee seeks to get an impression of the 'professionalism' of the applicant, from both the documents tendered and the interview itself (2). The interview panel does also ask about the applicant's recency of practice where an unexplained gap is seen in the applicant's practice history (2). No clinical testing is undertaken in the interview (2).

RANZCO publishes *Guidelines for Interview Panel* which provides an overview of the interview process, including what types of questions to ask, what questions to avoid and to emphasise the "two-way aspect" of the interview (7). The questions are structured in such a way to allow the panel to confirm or modify the assessment from the paper-based review. Other questions can be included but only those relevant to assessing the applicant's comparability. The college only allows personal questions to be asked if it is made clear that the discussion is informal, personal and off the record (7).

After the interview, applicants are informed that they will be provided the result of the interview within two weeks (2). Generally, if the interview panel confirms the document review panel initial determination, then the applicant is informed within days (2). If the interview panel changes the document review panel initial determination, the change is circulated to the full committee (if not all members were present for the interview) for ratification or further discussion before being passed to the applicant (2).

## Analysis

RANZCO meets many of the requirements in the *Good Practice Guidelines* for the interview based on the information provided by the college and associated documents. The interview covers the topics required, with the exception of recency of practice, unless it is required, and cultural sensitivities (2). The college chooses not to assess cultural sensitivity on the basis that it is difficult to assess, and almost impossible to do so in a short interview where the applicant may have never lived in Australia (2).

RANZCO meets other aspects of the *Good Practice Guidelines* in relation to interviews. This includes having trained assessors on the interview panel; assessing SIMGs in accordance with the college's published assessment criteria; clearly communicating the interview process to applicants; assessors reviewing documentation; use of structured questions; include a community member on the interview panel; avoiding unnecessary questions; and providing the SIMG an opportunity to ask questions.



## 15.4 Interim assessment decision (comparability)

### Overall finding



*RANZCO substantially complies with the Good Practice Guidelines in relation to the interim assessment decision. The college should set maximum timeframes for completing requirements in line with guidelines.*

### Key features of process

RANZCO assesses SIMGs in accordance with the approved definitions for assessment of comparability which is clearly communicated to applicants on their website (3). Applicants can be determined as not comparable, concluding their assessment at the point of determination. These applicants are assessed as unable to reach comparability within 24 months full time equivalent of practice (3). Applicants assessed as partially comparable are required to complete further requirements, of no longer than 24 months and undertake formal examination(s). Applicants assessed substantially comparable may be required to undertake a 12 month period of oversight, before being invited to apply for Fellowship of RANZCO.

The college evaluates the training, qualifications and experience of SIMGs for comparability with Australian trained ophthalmologists. Applicants are assessed against the RANZCO Vocational Training Program and its Curriculum Standards for gaps in their training (3).

RANZCO does not assess SIMGs in a limited scope of practice, as ophthalmologists trained in Australia are trained as general ophthalmologists (2). Therefore, RANZCO requires all SIMG applicants wishing to practise in Australia to be able to do so independently as general / comprehensive ophthalmologists, and when assessed should provide evidence of competency across all areas of ophthalmology (2). RANZCO does not have delineated sub-specialty divisions, nor does the MBA recognise sub-specialisation in ophthalmology (2).

The college does not have maximum timeframes required for completion of college requirements, however, they have a number of processes in place to ensure requirements are completed within a reasonable timeframe (2). For substantially comparable applicants completing an oversight period, the support staff monitor the SIMGs progress in finding an appropriate position and would push for the position to be undertaken as soon as possible (2). Generally, the college would expect the SIMG to undertake the whole oversight requirement in one position and the SIMG would be warned that if there was an unreasonable delay in commencing this period, the question of recency of practice may arise (2). For partially comparable applicants, the main assessment task required to undertake is to sit the RANZCO Advanced Clinical Examination (3). The college sets a strict timetable set for this process and advises applicants that exemptions are only given in exceptional circumstances (2). The timetable allows the process to be undertaken in a maximum of approximately 18 months (2).

## Analysis

RANZCO assesses SIMGs in accordance with the approved definitions for assessment of comparability, as required by the *Good Practice Guidelines*. The college also meets *Good Practice Guidelines* requirements in structuring their assessment to identify any gaps/deficiencies compared with Australian specialist training.

The *Good Practice Guidelines* require maximum timeframes to be established for completion of college requirements by partially and substantially comparable applicants. The college does not have maximum timeframes for completion of college requirements, however, they have a number of processes in place to ensure applicants progress in a timely manner. For partially comparable applicants, a maximum time of 18 months is implied by the suggested timetable for undertaking the processes, in contrast to the four-year requirement stated in the *Good Practice Guidelines*.

The college does not have a policy for assessing IMGs who are practicing at a similar standard as an Australian trained specialist practicing in a limited scope of practice. RANZCO requires all SIMG applicants wishing to practise in Australia to be able to be competent across all areas of ophthalmology and holds SIMG applicants to the same standard as Australian trainees (2). SIMGs are assessed against Australian trainees, who graduate as specialists with experience in each of the 12 clinical areas of ophthalmology.



## 15.5 College additional requirements and final assessment

### Overall finding



*RANZCO substantially complies with the Good Practice Guidelines in relation to college additional requirements and final assessment. To fully comply with the Guidelines, RANZCO should publish a policy on remote supervision.*

### Key features of process

Applicants assessed as substantially comparable may be required to undertake up to a 12-month Period of Oversight before being invited to apply for Fellowship of the college (3). Applicants assessed as partially comparable are required to undertake one or more assessment tasks, the most common of which is to sit the written and/or clinical components of the RACE (3). Other tasks may include a short-term supervised clinical assessment on site in a hospital, a practice visit, an audit or other, as required by the SIMG Committee (3). They may also be required to undertake a period of 'top-up training' of up to 24 months to prepare for an exam or further assessment (3).

The purpose of having an applicant sit the RACE or undertake another assessment task is to obtain further information to enable an informed and reliable decision to be made on their comparability (2). Thus, applicants do not face a pass/fail situation as do the college's trainees, but rather their outcome is considered in the light of their documentation, interview outcome and any other relevant information available (2). A decision is made, if and when the total data obtained allows the committee to make a determination with a high degree of confidence (2).

Applicants who are specialist overseas ophthalmologists but have been found 'not comparable' are encouraged to continue seeking specialist recognition rather than other forms of medical registration (2). Accordingly, such applicants are informed of the reasons for failing to be found comparable and are advised what further training and/or experience should be undertaken (2). The college may inform such SIMGs to seek further guidance from AHPRA if required (2).

The college uses a Surgical Logbook to monitor applicants during the Period of Oversight and in the case of area of need applicants (9). The SIMG Practice Visit document outlines documentation which assists in assessing and providing feedback to applicants throughout any assessment they are required to undertake (10). These processes are also used to monitor SIMGs to ensure they satisfactorily fulfil college requirements (2).

The college has guidelines for the Period of Oversight, outlining details on feedback and any required assessment of the SIMG during this period, alongside guidance on the role of the SIMG during this period (11). RANZCO does not have documented roles and responsibilities for supervisors, although notes that supervisors are usually also a part of the college's training program, and as such are experienced in assessing clinical performance and reporting on this (2).

Any issues which arise during a period of supervision / oversight would be reported to the committee and taken into account as part of the assessment process (2). Relevant issues are expected to be dealt with by the employer (2).

The college establishes the level of supervision required in each individual case (2). This is based on the level of confidence the college has in the applicant at this stage of the evaluation process, what specific issues the college is seeking in the oversight process, and the practicalities of the supervision on geographic or other grounds (2).

The college does not have a written policy on remote supervision, but does allow remote supervision and considers each case individually based on the adequacy of supervision (2).

The college requires applicants to demonstrate their own "CPD program" and considers this a significant factor in their assessment (2). On this basis, provision of access to the College's CPD program to SIMGs not recognised as specialists and not necessarily practicing in Australia is not indicated.

## Analysis

RANZCO documents and publishes the requirements and procedures for supervision and examinations, as required by the *Good Practice Guidelines*. Separate documents provide details for each of the additional requirements of SIMGs on the specialist recognition pathway and are clearly listed on RANZCO's website (12).

The *Good Practice Guidelines* require colleges to align SIMG clinical experience and assessment requirements to what is required of Australian trainees. The college is compliant with this requirement, with SIMGs given the same exams and assessments as the college's Australian trainees. In line with Australian trainees, SIMG applicants not facing a pass/fail situation in the RACE exam. Their outcome is considered in the light of their documentation, interview outcome and any other relevant information available (2).

The *Good Practice Guidelines* require colleges to publish the requirements for remote supervision. The college does not publish such a policy, however, assesses each case individually to determine whether remote supervision is appropriate if requested.

The *Good Practice Guidelines* require colleges to inform SIMG applicants about the requirement for prospective approval of supervisors or positions. The college

generally does not have this requirement and considers the suitability of proposed supervisors in terms of them being a college Fellow in good standing, with a suitable level of seniority and experience to undertake appropriate supervision (2). When an applicant is employed in an ophthalmic clinical position incidental to their application (such as Short-Term Training), the committee does not appoint or approve supervisors, but does encourage periodic reports on the applicant's performance (2). CPD is not a requirement, and SIMGs do not have access to the College CPD program.

RANZCO meets other *Good Practice Guidelines* requirements including not requiring substantially comparable SIMG applicants to sit formal written examinations; documenting the process for monitoring SIMG applicants (i.e. through assessment reports); defining the roles and responsibilities of supervisors and SIMG applicants; establishing processes for addressing issues arising during the supervision / peer review period; defining the appropriate level of supervision for a SIMGs level of training and experience; and advising applicants who do not meet college requirements to contact AHPRA.



## 15.6 Area of need assessment

### Overall finding



*RANZCO complies with the Good Practice Guidelines in relation to area of need assessment.*

### Key features of process

RANZCO's area of need assessment process must be undertaken concurrently with the specialist recognition assessment, and is detailed in the area of need policy, available on the college website (13). The policy includes an overview of the process, assessment criteria, and the college's role in the process (13).

The area of need assessment is conducted following the interview stage for all SIMG applicants determined as either 'substantially comparable' or 'partially comparable'. If the SIMG is determined not suitable for the position, RANZCO may negotiate with the employer and/or the SIMG in order to reach a satisfactory outcome for all parties (3). The applicant is required to provide some additional information, including a position description.

### Analysis

The *Good Practice Guidelines* require that colleges have a process for assessing applicants for an area of need. RANZCO has a published process for area of need assessment. Applications for area of need assessments must occur concurrently with specialist recognition assessment, however it is a separate process and SIMGs assessed after the interview as substantially comparable and partially comparable are eligible to have the area of need assessment.



## 15.7 Communication

### Overall finding



*RANZCO complies with the Good Practice Guidelines in relation to communication with the MBA and AHPRA, and SIMGs.*

### Key features of process

The process for assessment is clearly laid out and accessible from the website (3). The college provides a concise overview of each stage of the process, with an associated flow chart for each of the specialist recognition assessment and area of need assessment process (3). Throughout the overview, other policies and information are clearly linked (3). These include the RANZCO Vocational Training Program and its Curriculum Standards; application form; clear explanations on the levels of comparability; exam information; the Reconsideration, Review and Appeals Policy; and college area of need policy. A separate page provides links to documents that provide information on each of the assessment tasks, relevant applicant forms,

fees and the annual interview schedule (12). The college's internal SIMG Process Document provides RANZCO staff with an overview of the internal process in managing applicants throughout the process (14).

The college will inform the SIMG of the interim assessment outcome in email communication, with an official letter attached (15). Additional requirements are included in this letter and reiterated in Report 1, which is also uploaded to the AMC secure portal (14). Following successful completion of the assessment, the SIMG is recommended for specialist recognition to the MBA using Report 2 (14).

The *Good Practice Guidelines* require that colleges notify the MBA of any information received by the college for the purposes of the interim assessment decision that raises concerns about an SIMG applicant's suitability for registration. The college has not had such an event occur before the Committee in the last decade (2). If information arose which, in another medical practitioner would be of such seriousness as to demand referral to the MBA, then the college would discuss with the AHPRA whether such a referral would be appropriate and act on this advice (2).

## Analysis

The *Good Practice Guidelines* require that colleges have a clear process for assessment in the specialist pathway. The college achieves this through a concise summary on the website, and a detailed internal process for assessment (3, 14).

The college meets other aspects of the *Good Practice Guidelines* relating to communication, including informing the IMG of the interim assessment outcome and additional requirements; and uploading its decisions using Reports 1 and 2.



## 15.8 Governance and appeals processes

### Overall finding



*RANZCO complies with the Good Practice Guidelines in relation to governance and appeals processes.*

### Key features of process

RANZCO has a Reconsideration, Review and Appeals Policy, which allows applicants to appeal decisions made by the SIMG Committee (16). This policy is available on the College website, and applicants are informed of this at every stage of a decision in the evaluation process (16). In 2016, two applicants appealed their outcome of not comparable at the interim assessment stage (17). Both of these decisions were overturned, and the SIMGs were reassessed as partially comparable.

The college has a SIMG Process Document, which includes outlines internal process and includes email templates, details on monitoring application, managing aspects of the process, informing relevant committees and medical bodies throughout, and documenting all communication (14). This document also outlines indicative timeframes, which are also published on the website for each stage of the assessment process (3), and further reiterated to applicants in email communication (14). Documentation of the process is also undertaken through forms, which have been created for documentation by the committee at different stages of the assessment process (e.g., Document Review, Interview).

The college does not deviate from its published procedures (2). Applications in progress are managed under the procedures published at the time the application was lodged, unless the change would be of benefit to the applicant, in which case, the new process would apply (2).

If publically provided or externally available information were provided that raised concern, the college would bring the matter to the attention of the applicant for explanation (2). Short of receiving information that it would need to bring to the attention of the MBA, RANZCO commented that it is not clear what basis the college may have to declare an applicant not comparable on ethical, professionalism, or cultural sensitivity grounds (2).

Applicants assessed as not comparable are treated on a case-by-case basis (2). A re-application is accepted only if there is evidence that the recommended training and/or

experience has been undertaken (2). The usual time period should not be less than two years (2). All not comparable outcome letters advise unsuccessful applicants of what specific further ophthalmic training and experience would be needed before re-applying under the specialist pathway (2). As each specialist recognition assessment is individualised, the SIMG Committee may advise that a SIMG seek further training and experience in a particular area of ophthalmology or across all areas of ophthalmology (2). Some outcome letters state a minimum time during which further training and experience should be obtained before a re-application is accepted (2).

The college has a separate Discrimination, Harassment and Bullying Policy, which applies to all pathways at the college (18).

## Analysis

The college meets all the required aspects of the *Good Practice Guidelines* for their governance and appeals process. These areas include a process for monitoring an application to ensure it progresses in a timely manner; documenting each stage of the process; documenting deviations from published procedure; ensuring procedural fairness in externally provided/available information; a policy for managing an appeal/review/reconsideration; and a re-assessment policy for SIMGs.



## 15.9 Fees

### Overall finding



*RANZCO complies with the Good Practice Guidelines in relation to fees.*

### Key features of process

RANZCO's SIMG assessment fees are listed in the *SIMG fee and payment advice form* (19), on their primary SIMG information webpage in the section with useful resources and forms (3). It is clearly stated that the application fee is required to be included with the submission of the application form, with other fees payable as the associated assessment tasks are required conditional on the applicant's comparability determination (3). The current fees are:

- Specialist Recognition Assessment (\$6,650)
- Concurrent specialist recognition and area of need assessment (\$6,650)
- RACE written component (\$450)
- RACE clinical component (\$1,630)
- Period of Oversight administration (\$400)
- Period of Supervised Practice administration (\$1,000)
- Practice Visit Assessment (\$1,500)
- Monitored Practice assessment (\$400)
- Incomplete application administration (\$650)
- RACE withdrawal (\$100)

The appeals fee is \$6,000. It is not published on the *SIMG fee and payment advice form* (3). However, it is published in the *RANZCO Schedule of Rates 2017/18* (20). The Reconsideration, Review and Appeals Policy states that "if you are successful in your Appeal, part or all of the Appeal Fee may be refunded." (16).

## Analysis

In line with the *Good Practice Guidelines*, RANZCO documents the fees involved in the assessment process and only charges fees for the allowed activities.

The *RANZCO Schedule of Rates 2017/18* is easy to find from the primary SIMG information webpage and the link is displayed prominently at the top of the page. The *SIMG fee and payment advice form* is not as easy to find as it links from the section with useful resources and forms. The *SIMG fee and payment advice form* lists all fees that SIMGs are likely to incur to complete the specialist pathway.



## 15.10 Medical Board of Australia benchmarks and compliance measures

Table 15.1: Medical Board of Australia benchmarks

Benchmark <i>all data is for 2016</i>	Description	Comments															
<p><b>Time to first available interview</b></p> <table border="1"> <thead> <tr> <th>Time Interval</th> <th>All colleges (average)</th> <th>RANZCO</th> </tr> </thead> <tbody> <tr> <td>&gt;9 months</td> <td>0.8%</td> <td>0.0%</td> </tr> <tr> <td>&gt;6-9 months</td> <td>0.8%</td> <td>8.3%</td> </tr> <tr> <td>&gt;3-6 months</td> <td>16.2%</td> <td>33.3%</td> </tr> <tr> <td>0-3 months</td> <td>82.1%</td> <td>58.3%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ RANZCO</p>	Time Interval	All colleges (average)	RANZCO	>9 months	0.8%	0.0%	>6-9 months	0.8%	8.3%	>3-6 months	16.2%	33.3%	0-3 months	82.1%	58.3%	<p><b>Start date:</b> date complete application received</p> <p><b>End date:</b> date of first available interview that is offered</p> <p><b>Benchmark:</b> interview available within 3 months</p>	<p>The college explained in the report to the MBA that in 2016 some applications did not meet this benchmark for a number of reasons. These include the desire to schedule interviews after the 3-monthly Committee meetings to ensure as many of the committee as possible is able to attend, and some applicants choosing to defer / delay interview times to a time that is more suitable. If there is a need, the college may organise out-of-schedule interviews, although these interviews often have lower interviewer numbers (2).</p>
Time Interval	All colleges (average)	RANZCO															
>9 months	0.8%	0.0%															
>6-9 months	0.8%	8.3%															
>3-6 months	16.2%	33.3%															
0-3 months	82.1%	58.3%															
<p><b>Time from interview to interim assessment decision</b></p> <table border="1"> <thead> <tr> <th>Time Interval</th> <th>All colleges (average)</th> <th>RANZCO</th> </tr> </thead> <tbody> <tr> <td>&gt;28 days</td> <td>42.5%</td> <td>0.0%</td> </tr> <tr> <td>15-28 days</td> <td>17.5%</td> <td>0.0%</td> </tr> <tr> <td>0-14 days</td> <td>40.1%</td> <td>100.0%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ RANZCO</p>	Time Interval	All colleges (average)	RANZCO	>28 days	42.5%	0.0%	15-28 days	17.5%	0.0%	0-14 days	40.1%	100.0%	<p><b>Start date:</b> date of interview</p> <p><b>End date:</b> date decision of interim assessment is made by the college (Report 1)</p> <p><b>Benchmark:</b> interim assessment completed within 14 days from the interview</p>	<p>The college met this benchmark for all applicants in 2016.</p>			
Time Interval	All colleges (average)	RANZCO															
>28 days	42.5%	0.0%															
15-28 days	17.5%	0.0%															
0-14 days	40.1%	100.0%															
<p><b>Time for specialist recognition interim assessment</b></p> <table border="1"> <thead> <tr> <th>Time Interval</th> <th>All colleges (average)</th> <th>RANZCO</th> </tr> </thead> <tbody> <tr> <td>9 months +</td> <td>2.5%</td> <td>0.0%</td> </tr> <tr> <td>7-9 months</td> <td>10.8%</td> <td>8.3%</td> </tr> <tr> <td>3 months, 15 days - 6 months</td> <td>34.6%</td> <td>41.7%</td> </tr> <tr> <td>0 - 3 months, 14 days</td> <td>52.1%</td> <td>50.0%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ RANZCO</p>	Time Interval	All colleges (average)	RANZCO	9 months +	2.5%	0.0%	7-9 months	10.8%	8.3%	3 months, 15 days - 6 months	34.6%	41.7%	0 - 3 months, 14 days	52.1%	50.0%	<p><b>Start date:</b> date complete application is received</p> <p><b>End date:</b> date decision of interim assessment is made by the college (Report 1)</p> <p><b>Benchmark:</b> interim assessment completed within 3 months and 14 days</p>	<p>Some applications did not meet the time for specialist recognition interim assessment, which the college notes was due to the same reasons as not meeting the time to first available interview benchmark (2).</p>
Time Interval	All colleges (average)	RANZCO															
9 months +	2.5%	0.0%															
7-9 months	10.8%	8.3%															
3 months, 15 days - 6 months	34.6%	41.7%															
0 - 3 months, 14 days	52.1%	50.0%															

Benchmark <i>all data is for 2016</i>	Description	Comments
<p><b>Time for area of need assessment</b></p> <p>■ All colleges (average) ■ RANZCO</p>	<p><b>Start date:</b> date complete application is received</p> <p><b>End date:</b> date decision of assessment is made by college</p> <p><b>Benchmark:</b> area of need assessment completed within 2 months</p>	<p>There were no applications for area of need assessment only in 2016.</p>
<p><b>Time for final assessment decision</b></p> <p>■ All colleges (average) ■ RANZCO</p>	<p><b>Start date:</b> date college notified that IMG has completed all requirements</p> <p><b>End date:</b> date that decision of final assessment is made (Report 2)</p> <p><b>Benchmark:</b> decision completed within 2 months</p>	<p>The college met this benchmark for all applicants in 2016.</p>

Source: MBA data, 2017.

Table 15.2: Medical Board of Australia compliance measures

Compliance measure <i>all data is for 2016</i>	Description	Comments
<p><b>Period of peer review – substantially comparable IMGs</b></p> <p>■ All colleges (average) ■ RANZCO</p>	<p><b>Compliance measure:</b> up to 12 months FTE of peer review</p>	<p>No applicants assessed as substantially comparable were required to undertake peer review in 2016.</p>



Compliance measure <i>all data is for 2016</i>	Description	Comments															
<p><b>Period of supervision – partially comparable IMGs</b></p> <table border="1"> <thead> <tr> <th>Period of supervision</th> <th>All colleges (average)</th> <th>RANZCO</th> </tr> </thead> <tbody> <tr> <td>&gt;36 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>&gt;24-36 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>0-24 months</td> <td>79.1%</td> <td>0.0%</td> </tr> <tr> <td>No supervision</td> <td>20.9%</td> <td>100.0%</td> </tr> </tbody> </table>	Period of supervision	All colleges (average)	RANZCO	>36 months	0.0%	0.0%	>24-36 months	0.0%	0.0%	0-24 months	79.1%	0.0%	No supervision	20.9%	100.0%	<p><b>Compliance measure:</b> up to 24 months FTE of supervision</p>	<p>No applicants assessed as partially comparable were required to undertake supervised practice in 2016.</p>
Period of supervision	All colleges (average)	RANZCO															
>36 months	0.0%	0.0%															
>24-36 months	0.0%	0.0%															
0-24 months	79.1%	0.0%															
No supervision	20.9%	100.0%															
<p><b>Timeframes to complete requirements – substantially comparable IMGs</b></p> <table border="1"> <thead> <tr> <th>Timeframes to complete requirements</th> <th>All colleges (average)</th> <th>RANZCO</th> </tr> </thead> <tbody> <tr> <td>&gt; 2 years</td> <td>0.5%</td> <td>0.0%</td> </tr> <tr> <td>0-2 years</td> <td>99.5%</td> <td>100.0%</td> </tr> </tbody> </table>	Timeframes to complete requirements	All colleges (average)	RANZCO	> 2 years	0.5%	0.0%	0-2 years	99.5%	100.0%	<p><b>Compliance measure:</b> up to two years to complete 12 months FTE peer review</p>	<p>All substantially comparable SIMGs who completed the requirements in 2016 did so within two years, as per the <i>Good Practice Guidelines</i>.</p>						
Timeframes to complete requirements	All colleges (average)	RANZCO															
> 2 years	0.5%	0.0%															
0-2 years	99.5%	100.0%															
<p><b>Timeframes to complete requirements – partially comparable IMGs</b></p> <table border="1"> <thead> <tr> <th>Timeframes to complete requirements</th> <th>All colleges (average)</th> <th>RANZCO</th> </tr> </thead> <tbody> <tr> <td>&gt; 4 years</td> <td>11.8%</td> <td>0.0%</td> </tr> <tr> <td>0-4 years</td> <td>88.2%</td> <td>100.0%</td> </tr> </tbody> </table>	Timeframes to complete requirements	All colleges (average)	RANZCO	> 4 years	11.8%	0.0%	0-4 years	88.2%	100.0%	<p><b>Compliance measure:</b> up to four years to complete 24 months FTE supervision</p>	<p>All partially comparable SIMGs who completed the requirements in 2016 did so within four years, as per the <i>Good Practice Guidelines</i>.</p>						
Timeframes to complete requirements	All colleges (average)	RANZCO															
> 4 years	11.8%	0.0%															
0-4 years	88.2%	100.0%															
<p><b>Formal examinations for substantially comparable IMGs</b></p> <p><i>No colleges required substantially comparable IMGs to sit exams in 2016</i></p>	<p><b>Compliance measure:</b> substantially comparable IMGs should not be required to undertake a formal examination</p>	<p>The college did not require any substantially comparable SIMGs to undertake formal examinations in 2016, as per the <i>Good Practice Guidelines</i>.</p>															

Source: MBA data, 2017.

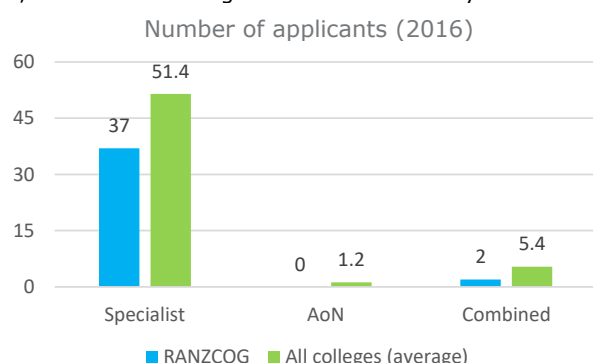
### **Documents reviewed and information sources**

- (1) SIMG Committee Roles & Responsibilities, 2013 (*internal document*)
- (2) Discussions with college and review of de-identified interview files, 2017
- (3) 'How do I work in Australia' webpage. Available at: <https://ranzco.edu/education-and-training/specialist-international-medical-graduates/how-do-i-work-in-australia>, accessed October 2017
- (4) Application to be assessed for recognition as a specialist ophthalmologist in Australia, 2017
- (5) 'Vocational Training Program' webpage. Available at: <https://ranzco.edu/education-and-training/vocational-training-program-vtp>, accessed October 2017
- (6) 'Curriculum Standards' webpage. Available at: <https://ranzco.edu/education-and-training/vocational-training-program--vtp-/curriculum-standards>, accessed October 2017
- (7) Guidelines for Interview Panel (*internal document*)
- (8) Invitation to Interview Template, 2017 (*internal document*)
- (9) RANZCO Surgical Logbook summary template, 2017 (*internal document*)
- (10) Information for SIMGs Practice Visit, 2014
- (11) SIMG Period of Oversight Guidelines, 2014
- (12) 'Useful resources and forms' webpage. Available at: <https://ranzco.edu/education-and-training/specialist-international-medical-graduates/useful-resources-and-forms>, accessed October 2017
- (13) Australia Area of Need Policy and standard operating procedure, 2016
- (14) SIMG Process Document, 2017(*internal document*)
- (15) Acceptance Decision Partially/Substantially Comparable templates, 2017 (*internal documents*)
- (16) Reconsideration, Review and Appeals Policy, 2016
- (17) RANZCO Report to the Medical Board of Australia (2014, 2015, 2016)
- (18) 'Policies' webpage. Available at: <https://ranzco.edu/about-ranzco/our-organisation/policies>, accessed October 2017
- (19) SIMG fee and payment advice form. Available at: <https://ranzco.edu/ArticleDocuments/199/Specialist%20Recognition%20and%20AoN%20Fees.pdf.aspx?Embed=Y>, accessed December 2017
- (20) RANZCO Schedule of Rates 2017/18. Available at: [https://ranzco.edu/ArticleDocuments/321/2017\\_2018%20RANZCO%20Members%20Fees%2027.09.17.pdf.aspx?Embed=Y](https://ranzco.edu/ArticleDocuments/321/2017_2018%20RANZCO%20Members%20Fees%2027.09.17.pdf.aspx?Embed=Y), accessed December 2017

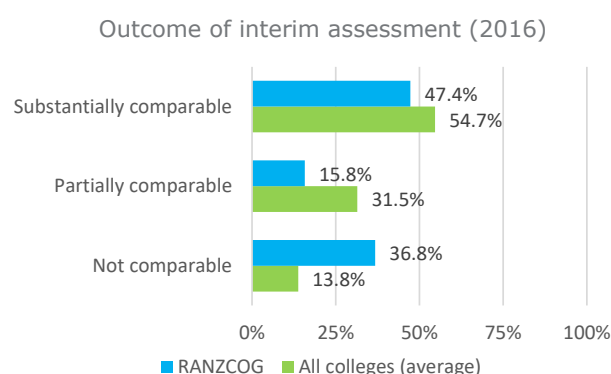
# 16 Royal Australian and New Zealand College of Obstetricians and Gynaecologists

## Overview of college assessment process

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) introduced the current regulations on the *Assessment of Specialist International Medical Graduates* in Section E of the RANZCOG Regulations in July 2013, with additional regulations ratified in July 2016.



Source: MBA data, 2017.



Source: MBA data, 2017. "Not comparable" includes SIMGs who were found to be not comparable at the paper-based assessment.

## Compliance with the *Good Practice Guidelines*

Committee structure and operation	Application and paper-based review	Interview	Interim assessment decision	College additional requirements and final assessment	Area of need assessment	Communication	Governance and appeals processes	Fees

In order to fully comply with the *Good Practice Guidelines*, we recommend that RANZCOG: does not ask clinical questions in the interview; and clearly displays in one location on its website, an estimate of the total fee that a SIMG is likely to incur to complete the requirements for the specialist pathway.

## Performance against benchmarks

Time to first available interview	Time from interview to interim assessment decision	Time for specialist recognition interim assessment decision	Time for area of need assessment	Time for final assessment decision
50.0%	66.7%	44.7%	N/A	91.7%

In 2016, some applications did not meet the benchmarks related to the interim assessment decision and the final assessment decision. This was due to the time taken to undertake the interim assessment, difficulties scheduling interviews and aligning with timing of the RANZCOG board meetings.

## Performance against compliance measures

Period of peer review	Period of supervision	Timeframe to complete requirements for substantially comparable SIMGs	Timeframe to complete requirements for partially comparable SIMGs	Formal examinations for substantially comparable IMGs
100.0%	100.0%	100.0%	100.0%	100.0%

## Overview

RANZCOG introduced current regulations on the *Assessment of Specialist International Medical Graduates* in Section E of the *RANZCOG Regulations* (1) in July 2013, with additional regulations ratified in July 2016. The RANZCOG assessment process was designed to reflect the *MBA Good Practice Guidelines*, and evaluate the ability of a SIMG to practise independently in Australia or New Zealand at a standard comparable to that required of a Fellow of RANZCOG. If an applicant still requires "training" they are not a specialist equivalent and should apply through a different pathway.

The RANZCOG SIMG Assessment Committee is responsible for the assessment of SIMGs and area of need applicants in Australia and New Zealand. The Committee consists of a Chair, (who is a member of either the RANZCOG Board or Council), two Deputy Chairs (one from Australia and one from New Zealand), and one member who has completed the SIMG pathway to Fellowship or RANZCOG. Membership of the Committee also includes Fellows from the College Board, the Education and Assessment Committee and the Training Accreditation Committee, Fellows from provincial and academic practice, a jurisdictional representative and a community representative with a demonstrated interest in women's health issues. All Committee members have full voting rights.

Before a specialist international medical graduate can apply to the college, applicants must apply to the AMC for primary source verification of their medical qualifications. Following this, there are six main steps to the assessment process:

1. Submit application to RANZCOG for assessment in one of three pathways (Generalist, Academic or Subspecialty Obstetrics and Gynaecology Specialist)
2. Initial paper-based assessment of training, qualifications and experience against criteria, and referee reports
3. Interview
4. Completion of college requirements depending on interview outcomes, which for Substantially Comparable SIMGs may include a period of oversight, ongoing assessment (3-monthly reports) a final 12-month assessment, and for Partially Comparable SIMGs supervised training, clinical assessments, a communication skills workshop, written and oral examinations and an Assessment of Procedural and Surgical Skills
5. Final review
6. Specialist recognition / elevation to Fellowship.

SIMGs are required to obtain Fellowship in order to be recommended for specialist recognition.

RANZCOG has an identical assessment process for Australian and New Zealand medical graduates who have attained their specialist qualifications overseas. The principles and processes of SIMG assessment also apply to the assessment of Australian and New Zealand medical graduates with overseas specialist qualifications.



## 16.1 Committee structure and operation

### Overall finding



*RANZCOG complies with the Good Practice Guidelines in relation to the committee structure and operation.*

### Key features of process

RANZCOG has established the *SIMG Assessment Committee* (the Committee) that is responsible for the assessment of SIMGs. The Committee has responsibility for policy, and implementation of policy, regarding assessment of mechanisms and processes as they pertain to SIMG and area of need applicants. The membership, roles, responsibilities, meeting requirements, and reporting of the committee are set out in the *RANZCOG Specialist IMG (SIMG) Assessment Committee - Terms of Reference* (2).

The Committee includes representation from the College Board, the Education and Assessment Committee and the Training Accreditation Committee. All appointments to the SIMG Assessment Committee are made by the RANZCOG Board on the recommendation of the President for a period of two years in line with the RANZCOG Council terms.

Membership of the Committee includes a Chair (who is a member of either the RANZCOG Board or Council), one Deputy Chair from Australia and one Deputy Chair from New Zealand, one member who has completed the SIMG pathway to Fellowship of RANZCOG, and other members required to undertake duties inherent in the work and responsibilities of the SIMG Assessment Committee. In addition, the Committee includes Fellows from provincial and academic practice, a jurisdictional representative and a community representative with a demonstrated interest in women's health issues. All Committee members have full voting rights.

## Analysis

As per the requirements in the *Good Practice Guidelines*, RANZCOG has established a committee for the SIMG assessment process. The committee is part of the college's formal committee structure, and membership of the committee includes both a community member and a Fellow who has been through the SIMG assessment process.

The *Good Practice Guidelines* require a documented governance framework for the operation of the committee. RANZCOG has a *Terms of Reference* document for the SIMG Assessment Committee. Procedures for dealing with conflict of interest regarding the Chair are also detailed in the *Terms of Reference* (in case the Deputy Chair assumes the role of Acting Chair). The *RANZCOG SIMG/Area of Need Assessors Procedure Manual* documents also notes that assessors and members of the SIMG Assessment Committee must declare any conflict of interest or a potential or perceived conflict of interest immediately upon its recognition. Recognition of such conflict may be made at the time that they receive an application for assessment or upon receiving documentation prior to interview or at any other time. The *Procedure Manual* finally notes that assessors involved in the direct supervision, peer review, workplace assessment or employment of a SIMG must not be involved in a decision on whether to recommend the SIMG be granted recognition as a specialist.

The membership and requirements of members appears to adequately cover the experience and knowledge required for the assessment of college trainees and the RANZCOG training requirements, as the Committee includes representation from the College Board, the Education and Assessment Committee and the Training Accreditation Committee.

The *Good Practice Guidelines* require procedural fairness. This is adequately provided for through the *RANZCOG SIMG/Area of Need Assessors Procedure Manual* documents. It is stated in the *Procedure Manual* that the assessment panel will be subject to legal rules and principles, including the application of the rules of 'natural justice' or 'procedural fairness', requiring that:

- the applicant should have adequate notice of any hearing, interview or submission required in order for them to have adequate opportunity to put their view forward;
- if there is material that is adverse to or critical of the applicant, the applicant must be advised of the material and given adequate opportunity to respond and make submissions;
- decisions made in relation to applicants should be consistent with the defined process and applied criteria;
- assessors should not consider material which is not relevant to the set criteria.
- the Assessment Panel should be free of bias or prejudice; and
- written feedback from the interview should be comprehensive and clear so that, in the event of a request for reasons, reconsideration, review or appeal, the college is able to provide a sufficient response.



## 16.2 Application and paper based review

### Overall finding



*RANZCOG complies with the Good Practice Guidelines in relation to the application and paper based review.*

*De-identified files were requested for the purpose of the review from the college but were not provided. However, detailed templates and documents provided confidence that the application and paper-based review was undertaken in line with the college's documented policies.*

### Key features of process

The RANZCOG assessment process begins with an initial paper based assessment of the SIMG's application. This assessment is conducted by at least two senior Fellows of the college who are on the SIMG Assessor Panel. The assessment will determine if an applicant is eligible to attend a SIMG assessment interview and is based on the information provided in the application.

It is written in the *Application to be assessed for recognition as a specialist* that applicants are required to make an application to the Australian Medical Council for primary source verification of primary and all post-primary qualifications, prior to submitting their application for specialist assessment to RANZCOG (4).

Paper based applications are to be sent by registered post to the SIMG office in Melbourne. Applicants are to allow up to four weeks from advice that the completed application has been received, for notification of the outcome of the initial paper based assessment (4). Applicants can submit an application for four different pathways:

- Generalist Obstetrics and Gynaecology pathway;
- Academic and Common Scope of Practice pathway;
- Subspecialist and Common Scope of Practice pathway; and
- Area of Need position.

The RANZCOG webpage provides the eligibility criteria to be eligible to apply for assessment with RANZCOG, and the advice that applicants are required to provide information and evidentiary documentation to demonstrate their training meets the college's expectation that (5):

- The program was a structured postgraduate course of at least five year's duration with published standards that are comparable to that of the FRANZCOG Training Program.
- There has been a documented and systematic in-training assessment system incorporating regular, ongoing formative and summative performance-based assessments, examinations and other assessments comparable to those undertaken by FRANZCOG trainees.
- Entry into the program was via a competitive process.
- The program was accredited against published standards by an external body and was subjected to assessment for re-accreditation at regular intervals.

Applicants are also to provide documentary evidence of post-training experience including:

- current registration as a Specialist in Obstetrics and Gynaecology;
- recency of practice of the full Obstetrics and Gynaecology scope of practice (or the Common Scope of Practice for applicants to the Academic Pathway and the Subspecialist pathway);
- clinical expertise in the relevant Scope of Practice;
- academic abilities; and
- professional qualities.

The documentary evidence required for the application is listed on the *Application Form* and on the relevant webpage (4, 5). It is also stated on the *Application Form* and the webpage that applications must demonstrate they have the necessary English language skills for the purpose of registration. According to the *RANZCOG Regulations*, applicants for interim assessment must demonstrate

English skills at IELTS academic level seven or equivalent and are required to achieve the required minimum score in each component of the IELTS academic module, Occupational English Test (OET) or other alternatives no higher than that required by the MBA's English language skills registration standard (1).

Finally, candidates are required to have recency of practice in the relevant scope of practice as per the *MBA Recency of Practice Standard* (1, 5).

RANZCOG uses the *SIMG – Initial Application Checklist*, which allows for the required documents, referee reports, and progress to be checked off during the initial paper based review. The process includes:

- initial email acknowledging receipt of application;
- application scanned;
- assessment invoice raised/payment sent to finance;
- application acknowledgement sent with invoice (if payment not provided);
- assessment fee paid; and
- interview fee paid.

The *Initial Application Checklist* also includes a section on the interim assessment outcome (6).

## Analysis

RANZCOG provides a clear description of the application process for SIMGs through the website, *RANZCOG Regulations* and application form.

The website provides details on each of the elements required by the *Good Practice Guidelines* including: recency of practice; English language requirements and primary source verification; a description of the eligibility criteria against which applicants will be assessed; and required evidentiary documentation. The English Language requirements are also no higher than that required by the MBA's English language skills registration standard, as require by the *Good Practice Guidelines*.

Applicants are referred to the *FRANZCOG Training Handbook and Curriculum* which are available on the website.



## 16.3 Interview

### Overall finding



*RANZCOG substantially complies with the Good Practice Guidelines in relation to the interview. In order to comply with the guidelines, the college should not ask clinical questions in the interview.*

*De-identified files were requested for the purpose of the review from the college but were not provided. However, detailed templates and documents provided confidence that the interview process was undertaken in line with the college's documented policies.*

### Key features of process

Based on the application and paper based review, applicants may be invited for an interview. The aim of the interview is to explore training and experience, as documented in an application, as well as to gain insight into the applicant's understanding of the Australian healthcare system and culture (5). The college publishes the *FRANZCOG Curriculum* on the website which is indicative of the criteria to which applicants are assessed against (8). The interview process is primarily communicated to applicants through the website who indicates the aim of the interview and the assessment panel (5). This panel consists of at least four members of the SIMG Assessment Panel, including a "Consumer Representative" (i.e. a community member). A provisional assessor may also sit on the panel as an observer.

RANZCOG may conduct up to six interview sessions per year in Australia and New Zealand (3). The website provides the six interview dates which have been scheduled for 2017 (5).



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Interviews are scheduled to take up to 90 minutes, and are intended to cover the applicant's training and experience in obstetrics and gynaecology, by asking a standard set of questions regarding:

- Qualifications
- Training
- Experience
- Recency of practice
- Continuing Professional Development (CPD)
- Non-technical professional attributes (e.g. ability to practice in a culturally sensitive manner in Australia/New Zealand.)

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The interview concludes with up to four vignettes, which cover a range of scenarios. The intent of the vignettes is to assess an applicant's focus on patient care, and communication with the patient, consultants and colleagues (3). The *RANZCOG SIMG/Area of Need Assessors Procedure Manual* states that "it is not the purpose of the interview to undertake clinical testing" (3).

Assessors receive a detailed interview guide with structured questions, and are provided with electronic copies of an applicant's documentation a week prior to the interview (10). The panel records the applicant's responses on the interview assessment form and outlines specific requirements if further supervised training is required. All panel members must sign the completed assessment form, which identifies the recommended outcome (3).

RANZCOG has a standardised introduction and closure of the interview (11). In the introduction, the applicant is asked if they wish to ask any questions about the interview, and whether there are any factors which the applicant thinks may affect their performance in the interview. At the conclusion of the interview, the applicant is advised that they will be contacted within 14 days with the outcome of the interview, and asked whether they have any further questions or comments they would like to make in relation to the interview process.

In the interview, questions are asked about the SIMG's qualifications, training, experience, recency of practice in the specialty, as well as a question on how the applicant would manage patients from different cultural and linguistic backgrounds and what issues should be considered before obtaining consent (11). The interview guides suggest that questions that are not relevant to the college assessment criteria are avoided (11).

RANZCOG has a policy on *SIMG/Area of Need Assessment, Appointment of Assessors* (9). To allow for appropriate mentoring of new assessors, as well as ensuring a sustainable workload, the SIMG/Area of Need Committee monitors the ongoing need for the appointment of new assessors (9). There are currently multiple senior assessors and two provisional assessors at RANZCOG. In order to ensure assessors on the interview panel are appropriately trained, provisional assessors work together with the senior assessors, and observe three interviews as an observer. RANZCOG also holds an assessor workshop once a year (10).

At the end of the interview applicants are given a confidential survey to gain their feedback on the overall assessment process, which has no influence on the outcome of the interview.

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## Analysis

The interview questions comply with the requirements in the *Good Practice Guidelines*. However, while the *RANZCOG SIMG/Area of Need Assessors Procedure Manual* states that "it is not the purpose of the interview to undertake clinical testing", the interview guide for the subspecialist or academic pathway suggests that some clinical questions are asked in the interview. Clinical questions are defined in this report as a question through which the applicant is asked to explain how they would respond, or the actions they would undertake, in a specific medical scenario or hypothetical case study situation. Questions regarding the number of times the applicant has done a particular procedure, or how the applicant would respond to a social scenario rather than a medical case study, are not classified as a clinical question.

RANZCOG meets other aspects of the *Good Practice Guidelines* in relation to interviews. This includes clearly communicating the interview process to applicants;



publishing the college's assessment criteria; having trained assessors on the interview panel; assessors reviewing documentation; use of structured questions; including a community member on the interview panel; avoiding unnecessary questions; and providing the SIMG an opportunity to ask questions.



## 16.4 Interim assessment decision (assessment of comparability)

### Overall finding



*RANZCOG complies with the Good Practice Guidelines in relation to the interim assessment decision.*

*The operation of RANZCOG's process was confirmed with detailed internal documents provided for the purpose of the review.*

### Key features of process

Recommendations from the interviews are considered at a meeting of the SIMG Assessment Committee or emailed to Committee members when interviews where a meeting is not already scheduled (3). SIMG Assessment Committee recommendations are forwarded to the next Board meeting for approval and SIMGs are notified of their assessment outcomes within two weeks of following approval (3). Applicants have their training and experience assessed against an Australian-trained specialist in the relevant pathway for gaps/deficiencies in knowledge.

The process for the interim assessment decision varies according to the pathway applied for by the SIMG. Applicants can submit an application for four different pathways (12):

- Generalist Obstetrics and Gynaecology pathway
- Academic and Common Scope of Practice pathway
- Subspecialist and Common Scope of Practice SIMG pathway
- Assessment for Area of Need position

There is no option for assessment with a limited scope of practice and the options listed above match the options provided to Australian-trained Fellows.

#### **Generalist Obstetrics and Gynaecology pathway and Academic and Common Scope of Practice pathway**

Applicants in the Generalist Obstetrics and Gynaecology SIMG pathway should have a broad base of skills suitable for practice in an urban or provincial setting and should be able to undertake at consultant level: Antenatal clinics, Gynaecology Outpatient clinics, Emergency Obstetrics and Gynaecology, Caesarean section lists and Gynaecological theatre lists. Applicants in the Academic and Common Scope of Practice pathway will have experience in research, teaching and academic leadership as well as those skills necessary to independently manage at consultant level: Obstetrics, Emergency Gynaecology and Common Office Gynaecology.

The possible outcomes of the assessment for the Generalist Pathway and Academic Pathway are substantially comparable, partially comparable, or not comparable to an Australian-trained specialist (12).

If the applicant is assessed as being substantially comparable to an Australian-trained specialist, they will be required to satisfactorily complete a period of up to 12 months full time equivalent (FTE) of oversight. A period of six or 12 months is recommended by the panel. Applicants with no experience in the Australian medical system would be expected to be recommended a period of 12 months oversight, unless there are extenuating circumstances (3). Substantially comparable SIMGs on the Academic and Common Scope of Practice pathway are able to undertake 0.5FTE in an academic position at Professorial level, with the remaining FTE being in a clinical position. Substantially comparable applicants who applied to the college on or after 1 July 2016 have two years to complete the requirements, from the time of commencement of the first prospectively approved supervised position. The first supervised position must be commenced within three years of the date of notification of the assessment decision.

SIMG applicants assessed as partially comparable will be eligible to enter the partially comparable pathway to Fellowship of the college, by undertaking a minimum period of 12 months and a maximum period of 24 months (FTE) of prospectively approved supervised training. SIMGs on the Academic and Common Scope of Practice pathway are able to undertake 0.5FTE in an academic position at Professorial level, with the remaining FTE being in a clinical position. For partially comparable applicants who applied to the college on or after 1 July 2016, all requirements must be completed within four years of the date of the first approved training position. The first training position must be commenced within three years of the assessment decision.

SIMG applicants assessed as neither substantially nor partially comparable to an Australian-trained specialist are advised to contact AHPRA for advice on eligibility for medical registration via the Standard Pathway or the Competent Authority Pathway.

### **Subspecialist and Common Scope of Practice pathway**

Applicants to the Subspecialist and Common Scope of Practice pathway will be assessed across the relevant Subspecialty Scope of Practice as well as the Common Scope of Practice. It is expected that an internationally trained Subspecialist would have the ability to independently manage at consultant level: Antenatal clinics, Gynaecology Outpatient clinics, Emergency Obstetrics and Gynaecology with 'back up' for the more complex surgical cases and Caesarean section lists, as well as the Scope of Practice in the relevant Subspecialty.

The possible outcomes of the SIMG Stage 1 assessment for the Subspecialty Pathway are 'eligible for subspecialist assessment' or 'not eligible for subspecialist assessment'. SIMG applicants assessed as not eligible for Subspecialty assessment will be deemed not comparable to an Australian/New Zealand trained subspecialist and will be advised as for the Generalist or Academic applicants. Applicants assessed as eligible for subspecialist assessment will proceed to assessment by the relevant Subspecialty Committee. The outcomes from the Subspecialties assessment are substantially comparable, partially comparable, or not comparable to an Australian/New Zealand trained subspecialist. Applicants deemed not comparable as a result of the subspecialty assessment will be eligible to enter the Generalist SIMG pathway should they wish to do so, by virtue of their Stage 1 provisional assessment outcome (3).

### **Area of Need position**

Applicants to an Area of Need position are assessed for their suitability for a specific Area of Need position. An applicant who is not already on one of the SIMG pathways will need to apply for assessment as an O&G specialist at the same time as making an application for the Area of Need position.

## **Analysis**

RANZCOG uses the definitions and requirements for substantially comparable, partially comparable or not comparable, as set out in the *Good Practice Guidelines*. RANZCOG assessment of the subspecialty pathway also uses the definitions and requirements for substantially comparable, partially comparable or not comparable as set out in the *Good Practice Guidelines*, after the applicant is assessed as either 'eligible' or 'not eligible' for subspecialist assessment.

The RANZCOG assessment of the subspecialty pathway reflects the subspecialist pathway for Australian Fellows. All new (Australian-trained) Fellows at RANZCOG have acquired a 'common scope of practice', which includes a range of minimum skills. In addition to this training, new (Australian-trained) Fellows at RANZCOG will also have acquired further generalist and/or skills in one of more areas of special interest, which further defines their scope of practice as a new Fellow. To achieve these skills, trainees select in their advanced training years to complete a 'Generalist Pathway', 'Subspecialist Pathway' or an 'Academic Pathway' (15).

The RANZCOG SIMG subspecialist and common scope of practice SIMG pathway requires applicants to have skills equal to an Australian trained specialist with a common scope of practice, and additional subspecialty certificate training. They are not required to be comparable to an Australian trained specialist in the general pathway skills which are in addition to the common scope of practice.



## 16.5 College additional requirements and final assessment

### Overall finding



*RANZCOG complies with the Good Practice Guidelines in relation to college additional requirements and final assessment.*

### Key features of process

Following the interim decisions, applicants are required to undertake the requirements set by the college prior to the final assessment.

Substantially comparable SIMGs in the Generalist Obstetrics and Gynaecology pathway are required to satisfactorily complete a period of up to 12 months FTE work oversight or supervision, in a position prospectively approved by the SIMG Assessment Committee (1). In addition to supervision, all substantially comparable applicants are required to complete continuing professional development (CPD) program. In addition to the supervised practice and continuing professional development, substantially comparable and area of need SIMGs are required to complete:

- 3 monthly reports
- A Multi-source Feedback Assessment, to the satisfaction of the SIMG Assessment Committee
- Any other such assessment(s) as the college may from time to time require.

Internal documents provided include the SIMG Substantially Comparable - 3 monthly report template (13) and the SIMG Partially Comparable - Three Monthly Formative Appraisal template (14).

SIMG applicants in the Generalist Obstetrics and Gynaecology pathway assessed as partially comparable are required to undertake a minimum period of 12 months and a maximum period of 24 months (FTE) of prospectively approved supervised training. In addition, partially comparable applicants are required to undertake the following requirements:

- In-hospital clinical assessment modules – “Colposcopy & the Treatment of Cervical Diseases” and “Diagnostic Ultrasound”. SIMGs on the Academic and Common Scope of Practice pathway may be required to complete specific in-hospital clinical assessments and workplace based assessments as required by the SIMG Assessment committee.
- Communication Skills Workshop
- FRANZCOG written examination (with a maximum of three attempts or four for applications prior to July 2016)
- FRANZCOG oral examination (with a maximum of three attempts or four for applications prior to July 2016)
- Assessment of Procedural and Surgical Skills.

Partially comparable applicants are not required to complete college CPD during the assessment process.

Remote supervision of SIMGs occurs occasionally, mainly in area of need positions. There are no formal guidelines on remote supervision, however the college's position approval forms require SIMGs to include details of the proposed supervision locations. The college also refers to the *Guidelines - Supervised practice for international medical graduates* when considering the suitability of a remote position.

If applicants do not meet college requirements at the final assessment, applicants are sent a letter which includes the advice that “SIMGs who are assessed as not comparable may be eligible to apply for medical registration via the ‘Standard Pathway’ or the ‘Competent Authority Pathway’ and to contact AHPRA for further assistance” (16).

### Analysis

As per the *Good Practice Guidelines*, RANZCOG has clearly documented and published the requirements and procedures for examinations and procedures, including processes for monitoring performance and addressing any issues that may arise.

SIMG assessment is aligned with that of Australian trainees completing their training, and any specified clinical experience and assessment required of SIMGs as part of the

college's further requirements should be no more than that required of Australian trainees completing their training.

All substantially comparable applicants are required to complete the CPD program, and it was confirmed that they have access to this (10). Partially comparable applicants are not required to complete CPD during the assessment process, and do not have access to the RANZCOG CPD program. Partially comparable applicants are not required to complete college CPD during the assessment process.

RANZCOG meets other requirements in the *Good Practice Guidelines* including not requiring substantially comparable SIMGs to sit formal written examinations, documenting the process for monitoring SIMGs, and providing appropriate advice to SIMGs who do not meet college requirements to contact AHPRA. RANZCOG also informs SIMGs about the college's requirement for prospective approval of supervisors and positions.



## 16.6 Area of need assessment

### Overall finding



*RANZCOG complies with the Good Practice Guidelines in relation to area of need assessment.*

### Key features of process

Area of need applicants are assessed for their suitability for a specific position, as defined by the position description provided by the employing hospital. This assessment is not the same as the SIMG assessment, where applicants are assessed for their comparability to an Australian-trained specialist, however area of need applicants are required to undertake the SIMG assessment concurrently (3).

If the applicant is assessed as partially or not comparable, this will not affect their assessment for suitability for the area of need position. However, the area of need post may not be considered suitable for training purposes for those applicants assessed as partially comparable or not comparable (3).

All area of need practitioners approved by the college are subject to supervision for the first 12 months of their appointment. They are supervised by a nominated Fellow of the college who will submit assessment reports. After 12 months the Chair of the SIMG Assessment Committee will review the position and determine if any further assessment reports are required (3).

### Analysis

The *Good Practice Guidelines* require that colleges have a process for assessing applicants for an area of need. RANZCOG has a published process for area of need assessment.

Area of need applicants are assessed for the area of need position concurrently with being assessed for comparability with an Australian/New Zealand trained specialist. Both partially and substantially comparable SIMGs are eligible for the area of need position.



## 16.7 Communication

### Overall finding



*RANZCOG complies with the Good Practice Guidelines in relation to communication with the MBA and AHPRA, and SIMGs.*

### Key features of process

The process for assessment in specialist recognition pathways and the Area of Need pathway is clearly stated on the website (5, 12), the *RANZCOG SIMG/Area of Need Assessors Procedure Manual* (3) and the *RANZCOG Regulations Section E* (1).

At the conclusion of the interim assessment, a recommendation letter that is sent to the SIMG advising the reasons for the assessment outcome and any additional requirements (10). The colleges also uploads Report 1 to the AMC secure portal (10).

Following successful completion of the assessment, the SIMG is recommended for specialist recognition to the MBA using Report 2 (10).

The *Good Practice Guidelines* require the college to notify the MBA about any information received by the college during the assessment process that raises concerns about a SIMG's suitability for registration. While RANZCOG does not have a specific process for notifying the MBA about any information received by the college during the interim assessment process that raises concerns about a SIMG, the college has included in its internal procedure manual procedures to address patient safety concerns which arise during the oversight/training period (10). The college's Trainee in Difficulty Policy also outlines the responsibility of Training Supervisors to report if there is a concern of risk to patient safety (17).

## Analysis

The RANZCOG website provides significant amounts of information to SIMGs on the SIMG assessment process.

The college meets other aspects of the *Good Practice Guidelines* relating to communication, including informing the SIMG of the interim assessment outcome and additional requirements; and uploading its decisions using Reports 1 and 2. RANZCOG has also developed an extensive library of template letters to applicants where they detail the reasons for decisions and the process requirements.

The one gap identified relates to having a documented process for notifying the MBA where information that raises concerns is identified during the interim assessment.



## 16.8 Governance and appeals processes

### Overall finding



*RANZCOG complies with the Good Practice Guidelines in relation to governance and appeals processes.*

### Key features of process

RANZCOG has outlined their *Reconsideration, Review and Appeal* procedures on their webpage and in the *RANZCOG Regulations Section A: Governance* (18, 19). RANZCOG reported 16 review or reconsideration cases, and no appeals in 2016. Of the 16 review or reconsideration cases all related to the outcome of the interim assessment. Of the 16 cases, three were overturned and one was still in process, with the remaining decisions upheld (23).

RANZCOG uses an internal spreadsheet to monitor applications. The college uses template documents for the majority of the steps, including the interim assessment, referee reports, the interview and letters sent to applicants.

There is also the *SIMG – Initial Application Checklist* that allows for the required documents, referee reports, and progress to be checked off during the initial paper-based review (6). The process includes:

- Initial email acknowledging receipt of application
- Application scanned
- Assessment invoice raised/payment sent to finance
- Application acknowledgement sent with invoice (if payment not provided)
- Assessment fee paid
- Interview fee paid.

The *Initial Application Checklist* includes a section on the interim assessment outcome, including a row for the two assessors: date sent, date received and the result (6). If the results are not in agreement, there is an additional row for assessment by the SIMG Chair.

The *Good Practice Guidelines* require that colleges only consider evidence that is relevant and been provided for the purposes of assessment and that procedural fairness must be followed in the case of publically provided or externally available information. It is written in the *RANZCOG SIMG/Area of Need Assessors Procedure Manual* that if there is material adverse to or critical of the applicant, the applicant must be advised of the material and given adequate opportunity to respond and make submissions (3).

The RANZCOG Regulations Section E contains the policy around reassessment of comparability (1). Applicants who have previously applied for recognition as a specialist and received an assessment outcome of not comparable may apply for reassessment subsequently, if the following conditions have been met:

- A period of at least three years has elapsed since the original outcome of assessment was advised to the applicant; and
- The applicant can demonstrate there has been a material change in their training and experience since they were previously assessed by the college and that they have undertaken a further significant period of training and/or experience that is verifiable and acceptable to the college.

RANZCOG has an anti-bullying policy, which covers trainees and SIMGs (20). Furthermore, RANZCOG has recently appointed a Trainee Liaison Coordinator to manage complaints from College Members about discrimination, bullying and harassment. The SIMG and Member Services Teams also act as an initial point of contact for SIMGs seeking support from the college (10).

## Analysis

RANZCOG has appropriate documentation of governance processes, reassessment, and policies around *Reconsideration, Review and Appeals* and bullying and harassment. The requirement for procedural fairness in the case of externally provided information is documented in RANZCOG guidelines, in accordance with the *Good Practice Guidelines*.

RANZCOG does not have a policy on documenting any deviations from published procedures; however, the college has very detailed templates and processes to avoid deviations.



## 16.9 Fees

### Overall finding



*RANZCOG substantially complies with the Good Practice Guidelines in relation to fees. All fees are listed on the website. However, the college should clearly display in one location on its website, an estimate of the total fee that a SIMG is likely to incur to complete the requirements for the specialist pathway.*

### Key features of process

RANZCOG's SIMG assessment fees are outlined in the college's webpage on Assessment Fees 2017 (21).

The current fees are:

- Initial Assessment Fee for specialist recognition or combined applications (\$3,115)
- Interview Fee for specialist recognition or combined applications (\$6,100)
- SIMG Incomplete Application Fee (\$170)

RANZCOG also lists non-SIMG specific Assessment Fees 2017 on this webpage including:

- CMFM In-Hospital Clinical Examination (\$1,330)
- COGU In-Hospital Clinical Assessment (\$415)

Finally, non-SIMG specific Examination Fees 2018 are listed as follows:

- FRANZCOG Written Examination (\$1,640)
- FRANZCOG Oral Examination (\$3,140)



Fees for other examinations and subspecialty examinations are also listed. The above webpage does not publish the reconsideration fee or appeal fee, however this is noted on a separate Special Fees webpage (22).

- Special Consideration Administration Fees (\$245)
- Reconsideration Administration Fee (\$300)
- Appeal Fee (\$5,500)

The RANZCOG Regulations state that the colleges will refund the fee paid to the appellant in the case that the appeal is upheld (19).

In the consultation, the college noted that the SIMG assessment operates on a cost recovery basis (10).

## Analysis

In line with the *Good Practice Guidelines*, RANZCOG documents fees involved in the assessment process and only charges fees for the allowed activities.

The college fees webpage is easy to find from the RANZCOG homepage. SIMG fees and included on the webpage with Assessment and Examination Fees. RANZCOG has included an indication of the fees for SIMGs, however, these could be more clearly specified. The fees charged to SIMGs does not specify if SIMGs are required to pay for undertaking the supervision or peer review, workplace based assessments and examination. It may not be clear to applicants that they may also be required to pay examination and assessment fees in addition to the SIMG specific fees.

## 16.10 Medical Board of Australia benchmarks and compliance measures

Table 16.1: Medical Board of Australia benchmarks

Benchmark <i>all data is for 2016</i>	Description	Comments															
<p><b>Time to first available interview</b></p> <table border="1"> <thead> <tr> <th>Time to first available interview</th> <th>All colleges (average)</th> <th>RANZCOG</th> </tr> </thead> <tbody> <tr> <td>&gt;9 months</td> <td>0.8%</td> <td>0.0%</td> </tr> <tr> <td>&gt;6-9 months</td> <td>0.8%</td> <td>3.3%</td> </tr> <tr> <td>&gt;3-6 months</td> <td>16.2%</td> <td>46.7%</td> </tr> <tr> <td>0-3 months</td> <td>82.1%</td> <td>50.0%</td> </tr> </tbody> </table> <p>Legend: ■ All colleges (average) ■ RANZCOG</p>	Time to first available interview	All colleges (average)	RANZCOG	>9 months	0.8%	0.0%	>6-9 months	0.8%	3.3%	>3-6 months	16.2%	46.7%	0-3 months	82.1%	50.0%	<p><b>Start date:</b> date complete application received</p> <p><b>End date:</b> date of first available interview that is offered</p> <p><b>Benchmark:</b> interview available within 3 months</p>	<p>The college explained in the report to the MBA that SIMG assessments that fell outside the benchmark were in some cases because the paper-based review was completed two to three months after the application was submitted, after which the applicant was scheduled into the next available interview. Interviews are held six times a year and in some cases, the next available interview date was full and the applicant was scheduled into the interview after that (23).</p> <p>The applicant who took six-nine months requested reconsideration of the outcome of the paper-based review. Following reconsideration the decision was changed from not eligible for interview to eligible for interview.</p>
Time to first available interview	All colleges (average)	RANZCOG															
>9 months	0.8%	0.0%															
>6-9 months	0.8%	3.3%															
>3-6 months	16.2%	46.7%															
0-3 months	82.1%	50.0%															



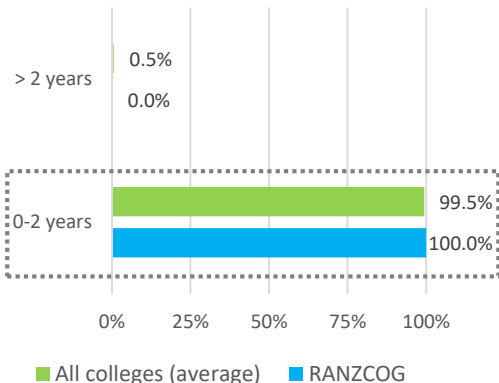
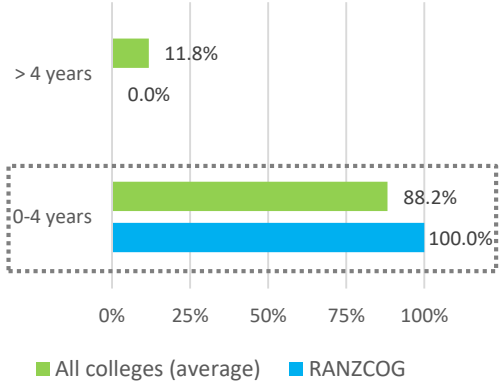
Benchmark <i>all data is for 2016</i>	Description	Comments															
<p><b>Time from interview to interim assessment decision</b></p> <table border="1"> <thead> <tr> <th>Time Interval (days)</th> <th>All colleges (average)</th> <th>RANZCOG</th> </tr> </thead> <tbody> <tr> <td>&gt;28</td> <td>42.5%</td> <td>0.0%</td> </tr> <tr> <td>15-28</td> <td>17.5%</td> <td>33.3%</td> </tr> <tr> <td>0-14</td> <td>40.1%</td> <td>66.7%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ RANZCOG</p>	Time Interval (days)	All colleges (average)	RANZCOG	>28	42.5%	0.0%	15-28	17.5%	33.3%	0-14	40.1%	66.7%	<p><b>Start date:</b> date of interview</p> <p><b>End date:</b> date decision of interim assessment is made by the college (Report 1)</p> <p><b>Benchmark:</b> interim assessment completed within 14 days from the interview</p>	<p>The college explained in the report to the MBA that some SIMGs fall outside the benchmark because of scheduling of the college Board meetings where the decision is made on the outcome of assessment (23).</p>			
Time Interval (days)	All colleges (average)	RANZCOG															
>28	42.5%	0.0%															
15-28	17.5%	33.3%															
0-14	40.1%	66.7%															
<p><b>Time for specialist recognition interim assessment</b></p> <table border="1"> <thead> <tr> <th>Time Interval</th> <th>All colleges (average)</th> <th>RANZCOG</th> </tr> </thead> <tbody> <tr> <td>9 months +</td> <td>2.5%</td> <td>2.6%</td> </tr> <tr> <td>7-9 months</td> <td>10.8%</td> <td>13.2%</td> </tr> <tr> <td>3 months, 15 days - 6 months</td> <td>34.6%</td> <td>39.5%</td> </tr> <tr> <td>0 - 3 months, 14 days</td> <td>52.1%</td> <td>44.7%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ RANZCOG</p>	Time Interval	All colleges (average)	RANZCOG	9 months +	2.5%	2.6%	7-9 months	10.8%	13.2%	3 months, 15 days - 6 months	34.6%	39.5%	0 - 3 months, 14 days	52.1%	44.7%	<p><b>Start date:</b> date complete application is received</p> <p><b>End date:</b> date decision of interim assessment is made by the college (Report 1)</p> <p><b>Benchmark:</b> interim assessment completed within 3 months and 14 days</p>	<p>The college explained in the report to the MBA that some SIMGs fall outside the benchmark because of the time for the paper-based review and scheduling of interview dates. In a few cases, reconsideration decisions or second opinions from the Chair were required. One person was offered the next available interview but requested a later one (23).</p>
Time Interval	All colleges (average)	RANZCOG															
9 months +	2.5%	2.6%															
7-9 months	10.8%	13.2%															
3 months, 15 days - 6 months	34.6%	39.5%															
0 - 3 months, 14 days	52.1%	44.7%															
<p><b>Time for area of need assessment</b></p> <table border="1"> <thead> <tr> <th>Time Interval</th> <th>All colleges (average)</th> <th>RANZCOG</th> </tr> </thead> <tbody> <tr> <td>&gt;9 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>&gt;6-9 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>&gt;2-6 months</td> <td>33.3%</td> <td>0.0%</td> </tr> <tr> <td>0-2 months</td> <td>66.7%</td> <td>0.0%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ RANZCOG</p>	Time Interval	All colleges (average)	RANZCOG	>9 months	0.0%	0.0%	>6-9 months	0.0%	0.0%	>2-6 months	33.3%	0.0%	0-2 months	66.7%	0.0%	<p><b>Start date:</b> date complete application is received</p> <p><b>End date:</b> date decision of assessment is made by college</p> <p><b>Benchmark:</b> area of need assessment completed within 2 months</p>	<p>There were no applications for area of need assessment only in 2016.</p>
Time Interval	All colleges (average)	RANZCOG															
>9 months	0.0%	0.0%															
>6-9 months	0.0%	0.0%															
>2-6 months	33.3%	0.0%															
0-2 months	66.7%	0.0%															

Benchmark <i>all data is for 2016</i>	Description	Comments															
<p><b>Time for final assessment decision</b></p> <table border="1"> <thead> <tr> <th>Time Interval</th> <th>All colleges (average)</th> <th>RANZCOG</th> </tr> </thead> <tbody> <tr> <td>&gt;9 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>&gt;6-9 months</td> <td>0.6%</td> <td>0.0%</td> </tr> <tr> <td>&gt;2-6 months</td> <td>6.3%</td> <td>8.3%</td> </tr> <tr> <td>0-2 months</td> <td>93.1%</td> <td>91.7%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ RANZCOG</p>	Time Interval	All colleges (average)	RANZCOG	>9 months	0.0%	0.0%	>6-9 months	0.6%	0.0%	>2-6 months	6.3%	8.3%	0-2 months	93.1%	91.7%	<p><b>Start date:</b> date college notified that IMG has completed all requirements</p> <p><b>End date:</b> date decision of final assessment is made (Report 2)</p> <p><b>Benchmark:</b> decision completed within 2 months</p>	<p>The college explained in the report to the MBA that some SIMGs fall outside the benchmark because of the scheduled date of the next college board meeting (23).</p>
Time Interval	All colleges (average)	RANZCOG															
>9 months	0.0%	0.0%															
>6-9 months	0.6%	0.0%															
>2-6 months	6.3%	8.3%															
0-2 months	93.1%	91.7%															

Source: MBA data, 2017.

Table 16.2: Medical Board of Australia compliance measures

Compliance measure <i>all data is for 2016</i>	Description	Comments															
<p><b>Period of peer review – substantially comparable IMGs</b></p> <table border="1"> <thead> <tr> <th>Time Interval</th> <th>All colleges (average)</th> <th>RANZCOG</th> </tr> </thead> <tbody> <tr> <td>&gt;18 months</td> <td>0.4%</td> <td>0.0%</td> </tr> <tr> <td>&gt;12-18 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>0-12 months</td> <td>49.5%</td> <td>88.9%</td> </tr> <tr> <td>No peer review</td> <td>50.1%</td> <td>11.1%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ RANZCOG</p>	Time Interval	All colleges (average)	RANZCOG	>18 months	0.4%	0.0%	>12-18 months	0.0%	0.0%	0-12 months	49.5%	88.9%	No peer review	50.1%	11.1%	<p><b>Compliance measure:</b> up to 12 months FTE of peer review</p>	<p>No substantially comparable SIMGs were required to do more than 12 months of peer review in 2016, as per the <i>Good Practice Guidelines</i>.</p>
Time Interval	All colleges (average)	RANZCOG															
>18 months	0.4%	0.0%															
>12-18 months	0.0%	0.0%															
0-12 months	49.5%	88.9%															
No peer review	50.1%	11.1%															
<p><b>Period of supervision – partially comparable IMGs</b></p> <table border="1"> <thead> <tr> <th>Time Interval</th> <th>All colleges (average)</th> <th>RANZCOG</th> </tr> </thead> <tbody> <tr> <td>&gt;36 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>&gt;24-36 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>0-24 months</td> <td>79.1%</td> <td>100.0%</td> </tr> <tr> <td>No supervision</td> <td>20.9%</td> <td>0.0%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ RANZCOG</p>	Time Interval	All colleges (average)	RANZCOG	>36 months	0.0%	0.0%	>24-36 months	0.0%	0.0%	0-24 months	79.1%	100.0%	No supervision	20.9%	0.0%	<p><b>Compliance measure:</b> up to 24 months FTE of supervised practice</p>	<p>No partially comparable SIMGs were required to undertake more than 24 months of supervised practice in 2016, as per the <i>Good Practice Guidelines</i>.</p>
Time Interval	All colleges (average)	RANZCOG															
>36 months	0.0%	0.0%															
>24-36 months	0.0%	0.0%															
0-24 months	79.1%	100.0%															
No supervision	20.9%	0.0%															

Compliance measure <i>all data is for 2016</i>	Description	Comments									
<b>Timeframes to complete requirements – substantially comparable IMGs</b>  <table border="1"> <caption>Timeframes to complete requirements – substantially comparable IMGs</caption> <thead> <tr> <th>Timeframe</th> <th>All colleges (average)</th> <th>RANZCOG</th> </tr> </thead> <tbody> <tr> <td>&gt; 2 years</td> <td>0.5%</td> <td>0.0%</td> </tr> <tr> <td>0-2 years</td> <td>99.5%</td> <td>100.0%</td> </tr> </tbody> </table>	Timeframe	All colleges (average)	RANZCOG	> 2 years	0.5%	0.0%	0-2 years	99.5%	100.0%	<b>Compliance measure:</b> up to two years to complete 12 months FTE peer review	All substantially comparable SIMGs who completed the requirements in 2016 did so within two years, as per the <i>Good Practice Guidelines</i> .
Timeframe	All colleges (average)	RANZCOG									
> 2 years	0.5%	0.0%									
0-2 years	99.5%	100.0%									
<b>Timeframes to complete requirements – partially comparable IMGs</b>  <table border="1"> <caption>Timeframes to complete requirements – partially comparable IMGs</caption> <thead> <tr> <th>Timeframe</th> <th>All colleges (average)</th> <th>RANZCOG</th> </tr> </thead> <tbody> <tr> <td>&gt; 4 years</td> <td>11.8%</td> <td>0.0%</td> </tr> <tr> <td>0-4 years</td> <td>88.2%</td> <td>100.0%</td> </tr> </tbody> </table>	Timeframe	All colleges (average)	RANZCOG	> 4 years	11.8%	0.0%	0-4 years	88.2%	100.0%	<b>Compliance measure:</b> up to four years to complete 24 months FTE of supervised practice	All partially comparable SIMGs who completed the requirements in 2016 did so within four years, as per the <i>Good Practice Guidelines</i> .
Timeframe	All colleges (average)	RANZCOG									
> 4 years	11.8%	0.0%									
0-4 years	88.2%	100.0%									
<b>Formal examinations for substantially comparable IMGs</b>  <i>No colleges required substantially comparable IMGs to sit exams in 2016</i>	<b>Compliance measure:</b> substantially comparable IMGs should not be required to undertake a formal examinations	The college did not require any substantially comparable SIMGs to undertake formal examinations in 2016, as per the <i>Good Practice Guidelines</i> .									

Source: MBA data, 2017.

#### Documents reviewed and information sources

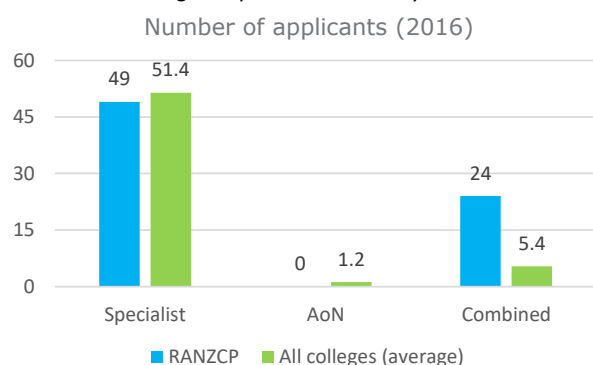
- (1) Section E - RANZCOG Regulations
- (2) RANZCOG Specialist IMG (SIMG) Assessment Committee - Terms of Reference
- (3) RANZCOG SIMG/Area of Need Assessors Procedure Manual Australia and New Zealand
- (4) Application to be Assessed for Recognition as a Specialist
- (5) 'Applying Eligibility Criteria' webpage. Available at: <https://www.ranzcog.edu.au/Training/International-Medical-Graduates/International-Specialists/Applying>, accessed October 2017
- (6) SIMG – Initial Application Checklist
- (7) FRANZCOG Training Handbook
- (8) FRANZCOG Curriculum
- (9) SIMG/Area of Need Assessment, Appointment of Assessors

- (10) Discussion with college and review of de-identified file notes
- (11) Standardised Introduction & Closure, SIMG Assessment Interview, SIMG/Area of Need Interview Assessment Summary and Assessment (*internal document*)
- (12) 'Specialist International Medical Graduate (SIMG) Pathways' webpage. Available at: <https://www.ranzcog.edu.au/Training/International-Medical-Graduates/International-Specialists/Pathways>, accessed September 2017
- (13) SIMG Substantially Comparable - 3 Monthly Report (template)
- (14) SIMG Partially Comparable – Three Monthly Formative Appraisal (template)
- (15) College Statement C-Gen 19, Attributes of a RANZCOG Fellow, 2017
- (16) Template letters for applicants (*internal document*)
- (17) Trainee in Difficulty Policy
- (18) 'Appeals Procedures Reconsideration, Review and Appeal of Decisions' webpage. Available at: <https://www.ranzcog.edu.au/about/Governance/Policies-Procedures/Appeals-Procedures>, accessed September 2017
- (19) Section A - RANZCOG Regulations
- (20) Bullying, Harassment and Discrimination in the Workplace Policy
- (21) 'Assessment and Examination Fees' webpage. Available at <https://www.ranzcog.edu.au/members/membership-fees/Assessment-Fees>, accessed September 2017
- (22) 'Special Consideration, Reconsideration & Appeal Fees' webpage. Available at: <https://www.ranzcog.edu.au/members/membership-fees/Special-fees>, accessed December 2017
- (23) RANZCOG Report to the Medical Board of Australia (2014, 2015, 2016)

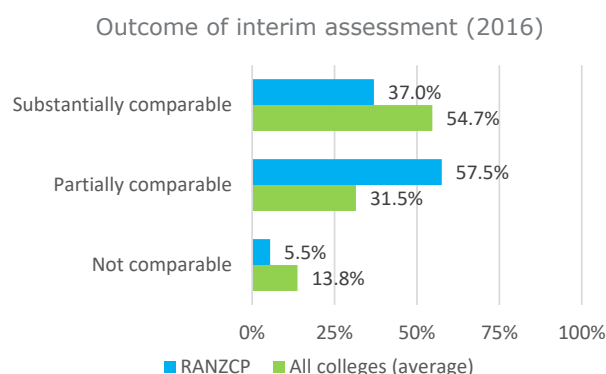
# 17 Royal Australian and New Zealand College of Psychiatrists

## Overview of college assessment process

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) assessment process and guidelines for applicants are outlined in the college's *Specialist Pathway Handbook*.



Source: MBA data, 2017.



Source: MBA data, 2017. "Not comparable" includes SIMGs who were found to be not comparable at the paper-based assessment.

## Compliance with the *Good Practice Guidelines*

Committee structure and operation	Application and paper-based review	Interview	Interim assessment decision	College additional requirements and final assessment	Area of need assessment	Communication	Governance and appeals processes	Fees

In order to fully comply with the *Good Practice Guidelines*, we recommend that RANZCP: publishes a policy outlining its requirements for recency of practice; includes a community member on the interview panel; revises its requirements for substantially comparable SIMGs to comply with the Guidelines; and clearly displays in one location on its website, an estimate of the total fee that a SIMG is likely to incur to complete the requirements for the specialist pathway.

## Performance against benchmarks

Time to first available interview	Time from interview to interim assessment decision	Time for specialist recognition interim assessment decision	Time for area of need assessment	Time for final assessment decision
97.3%	80.8%	94.5%	N/A	60.7%

The main reason for applications exceeding the interim assessment decision benchmarks were delays with scheduling interviews due to timing of when applications were received, and reviews or confirmations of not comparable outcomes being required from a higher committee. The time for final assessment decision benchmark was not met for some applicants because of missing the committee ratification deadline and delays in primary source verification.

## Performance against compliance measures

Period of peer review	Period of supervision	Timeframe to complete requirements for substantially comparable SIMGs	Timeframe to complete requirements for partially comparable SIMGs	Formal examinations for substantially comparable IMGs
100.0%	100.0%	100.0%	50.0%	100.0%

In relation to timeframes for partially comparable SIMGs, these represent SIMGs who applied under the college's previous assessment program. Prior to RANZCP implementing the new assessment program from 1 January 2016, SIMGs were allowed more than four years to complete college requirements.

## Overview

SIMGs seeking registration to practice as a psychiatrist in Australia can apply to RANZCP to have their existing training and experience assessed for equivalence to Australian and New Zealand training standards. Applicants who meet the college's eligibility criteria apply to the AMC for primary source verification, before submitting their application to RANZCP.

Applications are reviewed in monthly assessment rounds by the relevant State Assessment Panel, which comprises three members. Eligible applicants are invited to an interview to discuss the details of their training, qualifications and experience. Where applicable, the interview is also used to assess suitability for the area of need position. Panel members use the RANZCP Comparability Assessment Framework to score applicants against required competency domains and identify any gaps in training as part of the interim assessment. The total score determines whether the applicant is substantially comparable, partially comparable or not comparable. RANZCP does not assess applicants in a limited scope of practice.

The college State Assessment Panel makes its assessment recommendations to the Committee for Specialist International Medical Graduate Education (CSIMGE), which comprises eleven members including a chair, two Fellows who have undergone SIMG assessment in the last 5 years, and representatives from the college's Committees for Training and Examinations. The CSIMGE is responsible for making the final determination on the assessment outcome. Following endorsement from the CSIMGE, applicants are provided with an outcome letter and a copy of Report 1, which is also uploaded to the AMC secure portal. The CSIMGE also oversees policies and procedures associated with SIMG assessment and is responsible for ensuring consistency of decisions across State Assessment Panels.

Applicants who are substantially comparable are offered a place in a 12 month placement cohort (comprising approximately 20 candidates). The placement includes workplace based assessments, as well as other requirements which are advised to the applicant (typically including formative and summative case based discussion assessments, satisfactory supervisor reports, and Indigenous experience). Substantially comparable SIMGs must undertake a three month orientation period before commencing their placement. In addition, if the experiences of a SIMG are found to be incomplete, they may be required to complete 'gaps in training' during their training, although RANZCP expects that any gaps in training for substantially comparable SIMGs would be minor.

Partially comparable applicants undertake a two year placement involving workplace based assessments, a clinical exam, an essay style written examination, as well as any identified 'gaps in training'. The assessments are aligned to the requirements of the RANZCP 2012 Fellowship Program.

Upon satisfactory completion of all specialist pathway requirements, the CSIMGE will recommend the SIMG for specialist recognition. Successful applicants are also eligible to apply for admission to Fellowship, however Fellowship is not a requirement for specialist recognition.

In order to be eligible for an area of need position, applicants must first gain an offer of employment and then concurrently undergo specialist assessment and be deemed substantially comparable. Partially comparable SIMGs are not eligible for area of need.

Decisions made by the CSIMGE can be reviewed according to the RANZCP appeals policy.

The RANZCP process for assessing Australian and New Zealand medical graduates with overseas specialist qualifications is the same as the RANZCP SIMG assessment process.



## 17.1 Committee structure and operation

### Overall finding



*RANZCP complies with the Good Practice Guidelines in relation to the committee structure and operation.*

### Key features of process

The RANZCP Committee for Specialist International Medical Graduate Education (CSIMGE) is responsible directly to the Education Committee, and oversees policies and procedures associated with SIMGs seeking registration as a psychiatrist and/or seeking to be employed in an area of need position. The CSIMGE also maintains responsibility for ensuring the fairness and standardisation of assessments, and for delivering final determinations (1).

The CSIMGE comprises a maximum of eleven members, including a Chair, two members who have undergone SIMG assessment in the last 5 years, and representatives from the college's Committees for Training and Examinations. The CSIMGE also includes a member representing the Overseas Trained Psychiatrists' Representative Committee. The General Manager responsible for the Education portfolio attends committee meetings. Finally, the CSIMGE also includes a community member to attend face-to-face meetings (due to the operational nature and frequency of teleconference meetings, attendance is only required at face-to-face meetings where wider policy issues are discussed) (1).

The roles, structure and responsibilities of the CSIMGE are outlined in the college's *Regulations – Committee for Specialist International Medical Graduate Education* (1).

All members of the CSIMGE are required to declare any conflicts of interest to the Chair, and may be excluded from the discussion and/or voting. Conflicts of interest are managed and declared in accordance with the College's *Conflict of Interest Guidelines* (2).

The College has an appeals policy, enabling CSIMGE decisions to be reviewed. The appeals committee is required to have regard to the rules of natural justice, and decide each appeal on its merits and in accordance with the rules of procedural fairness (3).

### Analysis

In line with the *Good Practice Guidelines*, RANZCP has established a Committee responsible for the assessment process (the CSIMGE), and has created a documented governance framework for the Committee. In particular, the CSIMGE is governed by its terms of reference which specify its roles, responsibilities, structure, conflicts of interest procedures, and responsibility for ensuring procedural fairness.

The *Good Practice Guidelines* require that Committee members have the necessary attributes, knowledge and skills in the assessment of college trainees and understand the college's training requirements and standards. RANZCP has sought to meet this requirement through the Committee membership rules, which require members to include representatives from the RANZCP's Committees for Training and Examinations. The General Manager responsible for the Education portfolio also attends committee meetings.

The *Good Practice Guidelines* further require that the Committee includes at least one Fellow who has been through the SIMG assessment process and, if possible, at least one community member. The CSIMGE includes two Fellows who have previously undertaken SIMG assessment, and a community representative.





## 17.2 Application and paper based review

### Overall finding



*RANZCP substantially complies with the Good Practice Guidelines in relation to the application and paper based review. RANZCP should publish a policy outlining its requirements for recency of practice.*

*De-identified files were requested for the purpose of the review from the college but were not provided. However, detailed templates and documents provided confidence that the application and paper-based review was undertaken in line with the college's documented policies.*

### Key features of process

The RANZCP process for paper based assessment is described in the college's *Specialist Pathway Handbook*, which is published on the college website (4).

Candidates are required to apply to the AMC for primary source verification before applying to RANZCP (4). Finalisation of verifications, in general, occurs either before specialist assessment is complete or shortly after commencing on the specialist pathway. The college does not mandate that verifications must be completed by this stage, however, an SIMG will not be recommended for specialist recognition until all verifications are finalised.

To apply for the specialist pathway, SIMGs must complete and lodge the RANZCP specialist assessment application form (5). The application form includes a checklist of documents that must be submitted, including evidence of English language proficiency at a standard acceptable to the MBA.

Once a complete application is received, it is reviewed in the next round of preliminary assessments by the relevant State Assessment Panel (4). The applicant is then issued a letter indicating whether they have been granted an interview as well as the interview date and time, if appropriate. In some cases, the State Assessment Panel will request further information from the SIMG before making a preliminary assessment decision.

The RANZCP *Specialist Pathway Handbook* details the standards and criteria against which SIMGs are assessed. In particular, the assessment considers an applicant's training, qualifications and experience against the standards of a RANZCP trained psychiatrist. RANZCP also publishes a *Comparability Assessment Criteria Checklist* which details the assessment components evaluated as part of SIMG assessment (6). This includes qualifications, training program standards, accreditation criteria, scope of practice, recognition of further learning, and adaptation to practice in Australia.

The assessment standards are also detailed in the RANZCP specialist assessment application form (5). The application form captures information about the SIMG's qualifications, internship experience, and prevocational training. SIMGs are also required to provide information about the external accreditation of their training program, the standards of their mental health training program, and work experience in the country where they obtained their qualifications. These aspects are explained in detail in the *Specialist Pathway Handbook*, which refers to the RANZCP Fellowship Program Regulations to provide applicants with guidance on the qualifications and experiences which may be considered equivalent to the Australian training program.

RANZCP does not have a published policy on recency of practice (7). In its submissions to the review, RANZCP noted that recency of practice is assessed on a case-by-case basis and that the college generally expects that SIMGs have worked in the previous 12 months.

### Analysis

As per the requirements in the *Good Practice Guidelines*, RANZCP undertakes a review of documentary evidence provided by the SIMG and publishes the requirements for paper based assessment. This includes the requirement for applicants to apply to have their medical qualifications verified by the AMC.

The RANZCP *Specialist Pathway Handbook* includes a statement of the documentary evidence that the applicant is required to submit, including proof of English language proficiency by reference to the MBA's registration standard.

RANZCP also meets the *Good Practice Guidelines* with respect to publishing a clear statement of the college's assessment standards and criteria. However, the college does not publish a policy on the requirements for recency of practice.



### 17.3 Interview

#### Overall finding



*RANZCP substantially complies with the Good Practice Guidelines in relation to the interview. RANZCP should include a community member on the interview panel.*

*De-identified files were requested for the purpose of the review from the college but were not provided. However, detailed templates and documents provided confidence that the interview process was undertaken in line with the college's documented policies.*

#### Key features of process

SIMGs who pass the RANZCP paper based assessment are required to attend an interview. The RANZCP interview process is described in the college's *Specialist Pathway Handbook* (4). The purpose of the interview is to review the details of the applicant's specialist training, qualifications and subsequent experience as a consultant, and to further explore information provided in their application. For area of need applications, SIMGs are asked to describe how their training and experience are relevant to the position for which they are applying (based on the position description).

The interview lasts for approximately one and a half hours (4). Interviews are typically conducted face to face and are scheduled on a regular basis. Applicants who have not yet arrived in Australia may be offered an interview via videoconference. Teleconference interviews are not permitted by the college.

All applicants are interviewed by CSIMGE appointed and trained State Assessment Panels (8). The college provides panel members with detailed guidance on the assessment process in its *State Assessment Panel Handbook* (8). Panels typically include three members (including a panel Chair), however if there is insufficient availability or a conflict of interest, the assessment may proceed with only two panel members. Panels are assembled via an online survey which is sent to all suitably trained assessment panel members in the relevant state or territory where the applicant is applying. All panel members are required to undertake a training program prior to conducting interviews (7). In addition, panel members are required to declare any conflict of interest.

The college does not include community members on its assessment panels. In its submission to the review, the college noted that the volume of assessments conducted across the six state assessment panels makes it unfeasible to locate and involve community members (7).

Prior to the interview, each member of the State Assessment Panel receives a copy of the SIMG's complete application form (8). Members are required to individually review each application as part of the paper based assessment in advance of the interview. The interview follows a semi-structured format. Panel members are advised that "the interview is not an examination, neither is it 'a fireside chat'" (8). State Assessment Panels use the RANZCP Comparability Assessment Framework to score the SIMG against a number of criteria, for both the paper based assessment and interview. Criteria include the SIMG's qualifications, training program standards, accreditation criteria, and scope of practice. The *State Assessment Panel Handbook* provides assessors with detailed guidance on how to evaluate and score applicants against each element of the Comparability Assessment Framework.

During the interview, SIMGs are given the opportunity to ask questions about the assessment process and the college's training and examination requirements (4). Clinical testing is not undertaken as part of the interview.

## Analysis

The *Good Practice Guidelines* require that colleges clearly document and publish the requirements and procedures for the interview. The RANZCP *Specialist Pathway Handbook* and *State Assessment Panel Handbook* provide detailed information about the interview process, including the format of the interview and topics covered. The *Good Practice Guidelines* further recommend including a community member on the interview panel.

RANZCP meets other aspects of the *Good Practice Guidelines* in relation to interviews. This includes having trained assessors; reviewing SIMG documentation in advance; using relevant and structured questions; giving SIMGs the opportunity to ask questions; and not undertaking clinical testing.



## 17.4 Interim assessment decision (assessment of comparability)

### Overall finding



*RANZCP substantially complies with the Good Practice Guidelines in relation to the interim assessment decision. The Good Practice Guidelines state that substantially comparable SIMGs may be required to complete peer review of no more than 12 months FTE. However, the college requires all substantially comparable SIMGs to complete an additional three-month workplace orientation. The college should revised its requirements for substantially comparable SIMGs to comply with the Guidelines.*

### Key features of process

RANZCP's interim assessment compares the training, qualifications and experience of a SIMG against the standards of a RANZCP trained psychiatrist (4). SIMGs can be determined as being not, partially, or substantially comparable to a RANZCP trained psychiatrist. The assessment is based on RANZCP's published *Comparability Assessment Framework* (6).

SIMGs who are found to be substantially comparable are required to complete a supervised work placement for a period of 12 months FTE (9). Substantially comparable SIMGs are also required to satisfactorily complete workplace based assessments during the placement period (4). The requirements typically include three supervisor reports; one formative case based discussion assessment; three summative case based discussion assessments; Indigenous experience, and other additional requirements. Substantially comparable SIMGs are grouped into placement cohorts of approximately 20 candidates, which commence twice per year.

If the mandatory rotations or experiences of a SIMG are found to be incomplete compared with Australian training standards, they may be required to complete some aspects of the RANZCP training program (4). These are referred to as 'gaps in training'. For substantially comparable SIMGs, the college expects that gaps in training would be minor and must be undertaken concurrently with the 12 month placement (9). Substantially comparable SIMGs have a maximum of two calendar years to complete college requirements.

Substantially comparable candidates are also required to undertake a three month orientation period in their clinical role prior to commencing their 12 month placement (9). In its submissions to the review, RANZCP noted that the orientation period is designed to help SIMGs become familiar with the workplace, health service policies and procedures, and pathway requirements (7). RANZCP has received positive feedback about the orientation period from both SIMGs and supervisors.

SIMGs who do not successfully complete the college's requirements within the specified timeframe may apply for an extension which the college will consider on a case by case basis (7). Candidates may also apply for a break during their period of supervised practice if they can demonstrate extenuating circumstances. Extensions or breaks are approved for a small number (approximately 5-10%) of substantially comparable SIMGs.

Partially comparable SIMGs are required to complete supervised practice for a period of 24 months FTE (10). This involves the completion of workplace based assessment, clinical examinations, an essay style written examination, and other requirements as

explained in the applicant's outcome letter (4). The assessments are aligned to the requirements of the RANZCP 2012 Fellowship Program. Applicants are also required to complete any additional identified gaps in training and experience within the 24 month supervised practice period. Partially comparable SIMGs must complete the college's requirements in a maximum of four calendar years.

Candidates can start the partial comparability placement any time during the year, as there are no cohort rotation start dates (4).

SIMGs are determined to be not comparable if RANZCP determines that they require more than 24 months of upskilling (4). These SIMGs have the option of applying for the standard 2012 Fellowship Training Program, and must obtain general registration.

The RANZCP interim assessment takes into consideration the SIMG's scope of practice as a consultant psychiatrist (6). However, in its submissions to the review, RANZCP noted that it does not assess SIMGs in a limited scope of practice (7). The college noted that limited scope of practice does not apply to the speciality of psychiatry (7). All gaps in the SIMG's training must be completed before they are recommended for registration.

## Analysis

RANZCP undertakes interim assessments in line with the MBA's approved definitions for comparability for partially, substantially, and not comparable SIMGs.

As per the *Good Practice Guidelines*, the interim assessment is used to identify the SIMG's gaps and deficiencies compared with Australian specialist training. These gaps and deficiencies are addressed through additional assessments, training and periods of supervision that SIMGs are required to complete.

The *Good Practice Guidelines* state that substantially comparable SIMGs may be required to complete a period of peer review of up to 12 months FTE. This time is designed to allow transition (orientation) into Australian practice. However, RANZCP requires all substantially comparable SIMGs to complete a three month orientation period in addition to the 12 month requirement. As a result, substantially comparable SIMGs complete these requirements over 15 months rather than the required 12.

In line with the *Good Practice Guidelines*, partially comparable SIMGs are required to complete a period of supervision in 24 months FTE. RANZCP also meets the *Good Practice Guidelines* with respect to the maximum timeframes permitted for partially and substantially comparable SIMGs to complete college requirements (two and four years, respectively).

RANZCP does not allow SIMGs to be assessed in a limited scope of practice.



## 17.5 College additional requirements and final assessment

### Overall finding



*RANZCP complies with the Good Practice Guidelines in relation to college additional requirements and final assessment.*

### Key features of process

The RANZCP website provides detailed information on the college's additional training, experience and examination requirements, including the requirements for supervised practice (11). The *CSIMGE Supervisor Guide* and the college's progression requirements policies, further detail the processes and procedures for supervision, including reporting and oversight obligations for partially and substantially comparable SIMGs (9, 10, 12).

Partially comparable SIMGs are required to sit an Observed Structured Clinical Examination, and an essay style written examination (11). The RANZCP website provides an overview of the topics covered in the exam, the format, timetable, fees and other information (including past exam papers). Applicants are also provided with information on exam preparation assistance available to SIMG candidates (11). Substantially comparable SIMGs may be required to complete case based discussions and workplace based assessments. Substantially comparable SIMGs are not required to undertake formal examinations.

SIMG applicants are provided with a high level overview of supervision and examination requirements, including applicants' responsibilities, in the RANZCP *Specialist Pathway Handbook*, which is published on the college website (4). The college's requirements are aligned to the RANZCP 2012 Fellowship program, which is completed by Australian trainees. The college does not require SIMGs to participate in the college's CPD program, however SIMGs may access the program if they are Affiliate Members or if they pay the relevant fee as non-members (7).

The RANZCP *Specialist Pathway Handbook* advises SIMGs that they are required to submit a statement from their current or prospective employer providing support for the placement period and indicating availability of an accredited supervisor who is a Fellow of RANZCP (4). Applicants are also advised that supervisors for substantially comparable SIMGs must have completed additional supervisor training accredited by RANZCP. Supervisors and placements are approved by the college at the application stage (5).

During the period of supervision, SIMG progress and performance is evaluated through periodic supervisor reports to the CSIMGE (12). The CSIMGE supervisor guide provides detailed instructions to supervisors on their monitoring and observation responsibilities, including the appropriate level of supervision (12). The supervisor guide also specifies the level of supervision, and the frequency of supervisor contact required.

Supervision may, in certain situations, be conducted remotely over the phone or via email (12). The appropriateness of remote supervision is assessed by RANZCP on a case by case basis, taking into account an SIMG's seniority, degree of orientation, observed acquisition of skills, and progress on the specialist pathway (7). Where appropriate, RANZCP may permit less frequent face to face supervision, interspersed with teleconference, videoconference and email sessions.

The CSIMGE and its subcommittees hold monthly meetings to monitor and approve candidates' satisfactory progression on the specialist pathway (7). Each SIMG has an individualised schedule of assessment, based on their start date, which allows non-progressing candidates to be identified.

Substantially comparable SIMGs are typically assessed through three supervisor reports, and four case based discussion assessments which are reported to the CSIMGE (4). Partially comparable SIMGs typically complete four formative observed clinical activities; eight 'entrustable professional' activities; four in training assessment reports; an observed structured clinical examination; and an essay style written examination. SIMGs are advised of the exact requirements in their outcome letter.

RANZCP's processes for addressing issues during supervision are outlined in the college's *Maintenance of Comparability Status* policy, which is published on the RANZCP website (13). In its submissions to the review, RANZCP explained that issues arising during supervision are often addressed at the workplace level (7). However, RANZCP also offers a Member Welfare Support Line which can provide confidential advice and support as required (7).

Upon satisfactory completion of the college's additional requirements, RANZCP provides Report 2 to AHPRA via the AMC portal recommending the SIMG for specialist recognition (7). RANZCP has, to date, not assessed any applicants as "not recommended" at the final assessment stage.

## Analysis

As per the *Good Practice Guidelines*, RANZCP has clearly documented and published the requirements and procedures for supervision and examinations, including processes for monitoring performance and addressing any issues that may arise.

RANZCP meets other aspects of the *Good Practice Guidelines* including not requiring substantially comparable SIMGs to sit formal examinations; aligning SIMG clinical experience and assessment standards to the requirements for Australian trainees; and documenting processes for monitoring SIMGs during supervision. RANZCP also informs SIMGs that the college requires prospective approval of supervisors and positions. RANZCP has, to date, had no applicants who were unsuccessful in the final assessment.



Furthermore, in line with the *Good Practice Guidelines*, RANZCP has detailed guidelines defining the roles and responsibilities of supervisors and SIMGs, the appropriate level of supervision, and the requirements for remote supervision.



## 17.6 Area of need assessment

### Overall finding



*RANZCP complies with the Good Practice Guidelines in relation to area of need assessment.*

### Key features of process

The RANZCP *Specialist Pathway Handbook*, which is published on the college's website, outlines the college's process for area of need assessment (4). SIMGs who seek registration to work as specialists in area of need positions also undergo a comparability assessment as well as being assessed against the area of need position requirements. To be eligible for an area of need assessment, SIMGs must also undergo a comparability assessment. Applicants for area of need positions undergo the same specialist assessment, but must also meet the specific job description of the area of need requirements. Only SIMGs who have been offered or are in specialist or consultant position and are assessed as substantially comparable are eligible for area of need positions (4).

In the majority of circumstances, partially comparable SIMGs are not eligible for area of need positions (4). The college noted that this requirement is due to the experience required for area of need positions, and the limited supervision available in these roles. However, if the area of need position is at a registrar level, a partially comparable candidate can be assessed against the position requirements and may be supported if appropriate supervision and training support is available (7).

### Analysis

The *Good Practice Guidelines* require that colleges have a process for assessing applicants for an area of need. RANZCP has a published process for the area of need assessment.

RANZCP requires area of need applicants to undergo a comparability assessment. Partially comparable SIMGs typically are not eligible for an area of need specialist position. The college noted that this requirement was due to the experience required for area of need positions, and the limited supervision available in these roles. However, in some cases, partially comparable SIMGs may be supported where an area of need position is at a registrar level and provides appropriate supervision and training opportunities.



## 17.7 Communication

### Overall finding



*RANZCP complies with the Good Practice Guidelines in relation to communication with the MBA and AHPRA, and SIMGs.*

### Key features of process

RANZCP provides detailed guidance on the specialist pathway and the processes involved (11). This includes a flowchart showing the high level steps involved in the assessment of SIMGs. The application process is also set out in the *Specialist Pathway Handbook* (4).

Following the paper-based assessment and interview, applicants are provided with a *Final Assessment Outcome Letter* detailing the college's determination and a list of the exact training and experience requirements to be completed. At the same time, an electronic copy of Report 1 is sent to the applicant and AHPRA, detailing the assessment outcome (11).

Following successful completion of the assessment, the SIMG is recommended for specialist recognition to the MBA using Report 2 (11).

In its submissions to the review, RANZCP noted that it would notify the MBA if any concerning information were discovered during the interim assessment, however such situations rarely arise (7).

## Analysis

In line with the *Good Practice Guidelines*, the RANZCP website and *Specialist Pathway Handbook* provide clear guidance to SIMGs about the assessment process. This includes a flowchart explaining each stage in the process.

The college meets other aspects of the *Good Practice Guidelines* relating to communication, including informing the SIMG of the interim assessment outcome and college additional requirements; and uploading its decisions using Report 1 and Report 2. The college also notifies the MBA if any concerning information is discovered as part of the interim assessment.



## 17.8 Governance and appeals processes

### Overall finding



*RANZCP complies with the Good Practice Guidelines in relation to governance and appeals processes.*

### Key features of process

The RANZCP *Reconsideration and Appeals Policy* is published on the college's website (18). The policy applies to any person who is dissatisfied with a decision and contends that it is inconsistent with approved College policy and procedure. The policy details the college's appeals procedures, the structure and operation of the appeals committee, and the appeal committee's reporting and communications obligations.

RANZCP had 16 reviews or reconsiderations in 2016 of which three were overturned. The college also had six appeals in 2016, of which three were overturned (19).

RANZCP documents the key stages of the assessment process and its decision making using the college's comparability assessment form, which is completed by each assessment panel member (14). The form is used to score an applicant's performance in the paper-based review and interview across a number of core competency areas. The applicant's total score is used to determine their assessment outcome.

The college's *Preliminary Advice – Summary of Recommendations* form is used specifically to record the outcome of the paper-based assessment and any details that require clarification before or during the interview (15). During the interview, the panel completes a *Comparability Assessment Form*, along with the *State Assessment Panel Final Recommendation Form* including reasons for the recommendations (14, 16).

The RANZCP's decisions and justifications are also recorded for the final assessment. For substantially comparable SIMGs, RANZCP supports its decisions using information collected through standardised college supervisor report forms and workplace based assessment forms (including case based discussions, 360° feedback and Indigenous experience). For the final assessment of partially comparable SIMGs, RANZCP uses workplace based assessment forms which cover entrustable professional activities; observed clinical activities; in training assessments; leadership and management; psychotherapy sessions; and Indigenous experience.

The Area of Need Ongoing Assessment form is used to monitor the ongoing suitability of SIMGs working in area of need positions (17).

RANZCP creates individual electronic folders for all SIMG candidates which hold all relevant documentation including applications, correspondence and outcomes of assessments (7).

The assessment flowchart on the RANZCP website shows the key steps in the process, including timeframes for key actions (for example, email acknowledgement of receipt of application) (11). In its submissions to the review, RANZCP noted that the college



uses a database system to manage SIMG applications and track their progress. Applications are also recorded in a tracking spreadsheet when they are received (7).

RANZCP also publishes an annual schedule of state assessment panel dates which details the closing date, assessment date and outcome date for each of the assessment rounds for the year. In addition to this, RANZCP uses an internal schedule to detail the due dates for the completion of each aspect of the assessment process for each assessment round (7).

In its submissions to the review, RANZCP noted that it is rare for the college to deviate from published procedures however, if deviations occur, they would be documented and can be addressed through the college's appeals process (7).

The college also noted that they have not had any instances where external or publically available information was received as part of an SIMG's assessment (7). In the event that such information were received, the college described that it would seek advice from its legal team and, if the information is deemed relevant, the applicant would be informed and given the opportunity to respond (7).

The RANZCP website includes guidance on re-assessment of comparability (11). This allows partially comparable SIMGs to apply to have their comparability status revised to substantially comparable. In particular, candidates can apply for a review of comparability if they can supply additional information that they believe may improve their overall comparability score. The college website provides instructions for applying for re-assessment, including the applicable fees. The RANZCP *Maintenance of Comparability Status on the Specialist Pathway* policy further details the circumstances under which SIMGs may apply for re-assessment of comparability (13).

SIMGs undergoing assessment at RANZCP have access to the college's *Policy on Bullying and Harassment in relation to Trainees and International Medical Graduates* (20). The policy provides guidance on how to report instances of bullying or harassment; the college's processes for dealing with complaints; the consequences; and protection of confidentiality.

## Analysis

In line with the *Good Practice Guidelines*, RANZCP clearly documents each stage of the assessment process using assessment frameworks and templates, which are completed by college assessors and supervisors. The college uses these templates to clearly document its assessment decisions, and the reasons for the decisions.

As required by the *Good Practice Guidelines*, RANZCP has published the requirements and procedures for its appeals process. RANZCP also meets other aspects of the *Good Practice Guidelines*, including having a documented process for re-assessment of comparability; following procedural fairness in the case of externally provided information; and documenting deviations from college procedures. In addition, the college has in place mechanisms for SIMGs to lodge complaints about discrimination, bullying and harassment.



## 17.9 Fees

### Overall finding



*RANZCP substantially complies with the Good Practice Guidelines in relation to fees. All fees are listed on the website. However, the college should clearly display in one location on its website, an estimate of the total fee that a SIMG is likely to incur to complete the requirements for the specialist pathway.*

### Key features of process

The RANZCP's fees are outlined in the *Specialist International Medical Graduate – 2017 Fee Schedule* (21), which is published on the college website. The college charges the following fees:

Specialist Assessment (and area of need) Application:

- Administrative fee (\$406)
- Incomplete application fee (\$203)

- 
- Assessment fee (\$5,275)
  - Substantial Comparability Placement Fee (\$9,850)
  - Substantial Comparability Placement Extension Fee (\$1,800)

Current Comparability Candidate Applications:

- Extension of Comparability Status (\$1,746)
- Extension of Comparability Status and Area of Need (\$1,812)
- Renewal of expired Comparability Status (\$1,812)
- Review of Comparability Status (from Partial to Substantial) (\$2,650)

Area of need Applications – New Area of Need position for current Comparability Candidates:

- Administrative Fee (\$406)
- Incomplete Application Fee (\$203)
- Assessment Fee (\$2,302)
- Extension to current Area of Need position (\$797)

Training Endorsements:

- Specialist Specified Training (\$1,015)
- SIMG Preparation workshop (\$2,182)

However, the SIMG fee schedule does not include all fees that may be payable by SIMGs, such as examination fees (Observed Structured Clinical Examination \$2,538 and essay style written examination \$1,726) which are published on a separate part of the college website (22).

The reconsideration fee is \$1,000 and the appeals fee is \$4,000. The fees are listed separately in the *Reconsideration and Appeal Policy* (18). The Policy states that if Appeal is upheld, the Appeals Committee may recommend to General Council to up to 50% of the fee (one half of the fee is non-refundable to cover the direct administrative costs of the Appeal).

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## Analysis

In line with the *Good Practice Guidelines*, RANZCP documents the fees involved in the assessment process and only charges fees for the allowed activities.

The fees schedule is located on the webpage with the forms and documents for overseas specialists and is relatively easy to find. While the college publishes a fee schedule for SIMGs, the fee schedule does not list all the fees applicable to SIMGs to complete the specialist pathway. It may not be clear to applicants that they may also be required to pay other fees (e.g. for examinations) in addition to the SIMG specific fees.

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## 17.10 Medical Board of Australia benchmarks and compliance measures

Table 17.1: Medical Board of Australia benchmarks

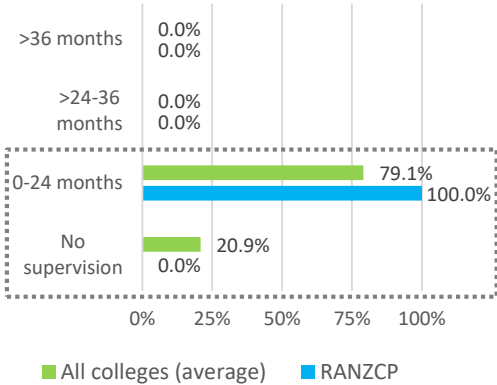
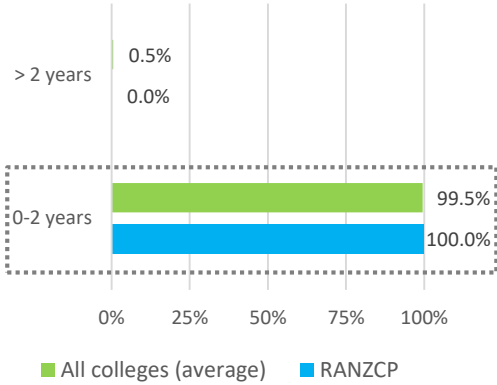
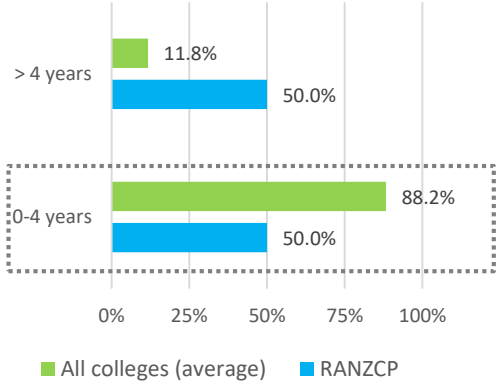
Benchmark <i>all data is for 2016</i>	Description	Comments															
<p><b>Time to first available interview</b></p> <table border="1"> <thead> <tr> <th>Time frame</th> <th>All colleges (average)</th> <th>RANZCP</th> </tr> </thead> <tbody> <tr> <td>&gt;9 months</td> <td>0.8%</td> <td>0.0%</td> </tr> <tr> <td>&gt;6-9 months</td> <td>0.8%</td> <td>0.0%</td> </tr> <tr> <td>&gt;3-6 months</td> <td>16.2%</td> <td>2.7%</td> </tr> <tr> <td>0-3 months</td> <td>82.1%</td> <td>97.3%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ RANZCP</p>	Time frame	All colleges (average)	RANZCP	>9 months	0.8%	0.0%	>6-9 months	0.8%	0.0%	>3-6 months	16.2%	2.7%	0-3 months	82.1%	97.3%	<p><b>Start date:</b> date complete application received</p> <p><b>End date:</b> date of first available interview that is offered</p> <p><b>Benchmark:</b> interview available within 3 months</p>	<p>Two applicants did not meet this benchmark in 2016. RANZCP noted that this was because the completed application was received after the final round of interviews in 2015 had closed. These applicants were offered interviews in the first round of interviews for 2016.</p>
Time frame	All colleges (average)	RANZCP															
>9 months	0.8%	0.0%															
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<p><b>Time from interview to interim assessment decision</b></p> <table border="1"> <thead> <tr> <th>Time frame</th> <th>All colleges (average)</th> <th>RANZCP</th> </tr> </thead> <tbody> <tr> <td>&gt;28 days</td> <td>42.5%</td> <td>9.6%</td> </tr> <tr> <td>15-28 days</td> <td>17.5%</td> <td>9.6%</td> </tr> <tr> <td>0-14 days</td> <td>40.1%</td> <td>80.8%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ RANZCP</p>	Time frame	All colleges (average)	RANZCP	>28 days	42.5%	9.6%	15-28 days	17.5%	9.6%	0-14 days	40.1%	80.8%	<p><b>Start date:</b> date of interview</p> <p><b>End date:</b> date decision of interim assessment is made by the college (Report 1)</p> <p><b>Benchmark:</b> interim assessment completed within 14 days from the interview</p>	<p>Seven applicants did not meet this benchmark in 2016. This was usually because additional reviews were required to determine final comparability. Further, some applications did not meet this benchmark due to reviews or confirmations of not comparable outcomes being required from a higher committee.</p>			
Time frame	All colleges (average)	RANZCP															
>28 days	42.5%	9.6%															
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Time frame	All colleges (average)	RANZCP															
9 months +	2.5%	0.0%															
7-9 months	10.8%	0.0%															
3 months, 15 days - 6 months	34.6%	5.5%															
0 - 3 months, 14 days	52.1%	94.5%															

Benchmark <i>all data is for 2016</i>	Description	Comments
<p><b>Time for area of need assessment</b></p> <p>■ All colleges (average) ■ RANZCP</p>	<p><b>Start date:</b> date complete application is received</p> <p><b>End date:</b> date decision of assessment is made by college</p> <p><b>Benchmark:</b> area of need assessment completed within 2 months</p>	<p>There were no applications for area of need assessment only in 2016.</p>
<p><b>Time for final assessment decision</b></p> <p>■ All colleges (average) ■ RANZCP</p>	<p><b>Start date:</b> date college notified that SIMG has completed all requirements</p> <p><b>End date:</b> date decision of final assessment is made (Report 2)</p> <p><b>Benchmark:</b> decision completed within 2 months</p>	<p>Eleven applicants did not meet this benchmark in 2016. The college noted missing the committee ratification deadline and delays in primary source verification as the reasons.</p>

Source: MBA data, 2017.

Table 17.2: Medical Board of Australia compliance measures

Compliance measure <i>all data is for 2016</i>	Description	Comments
<p><b>Period of peer review – substantially comparable IMGs</b></p> <p>■ All colleges (average) ■ RANZCP</p>	<p><b>Compliance measure:</b> up to 12 months FTE of peer review</p>	<p>No substantially comparable SIMGs were required to do more than 12 months of peer review in 2016, as per the <i>Good Practice Guidelines</i>.</p>

Compliance measure <i>all data is for 2016</i>	Description	Comments															
<p><b>Period of supervision – partially comparable IMGs</b></p>  <table border="1"> <thead> <tr> <th>Supervision Period</th> <th>All colleges (average)</th> <th>RANZCP</th> </tr> </thead> <tbody> <tr> <td>&gt;36 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>&gt;24-36 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>0-24 months</td> <td>79.1%</td> <td>100.0%</td> </tr> <tr> <td>No supervision</td> <td>20.9%</td> <td>0.0%</td> </tr> </tbody> </table>	Supervision Period	All colleges (average)	RANZCP	>36 months	0.0%	0.0%	>24-36 months	0.0%	0.0%	0-24 months	79.1%	100.0%	No supervision	20.9%	0.0%	<p><b>Compliance measure:</b> up to 24 months FTE of supervised practice</p>	<p>No partially comparable SIMGs were required to undertake more than 24 months of supervised practice in 2016, as per the <i>Good Practice Guidelines</i>.</p>
Supervision Period	All colleges (average)	RANZCP															
>36 months	0.0%	0.0%															
>24-36 months	0.0%	0.0%															
0-24 months	79.1%	100.0%															
No supervision	20.9%	0.0%															
<p><b>Timeframes to complete requirements – substantially comparable IMGs</b></p>  <table border="1"> <thead> <tr> <th>Timeframe</th> <th>All colleges (average)</th> <th>RANZCP</th> </tr> </thead> <tbody> <tr> <td>&gt; 2 years</td> <td>0.5%</td> <td>0.0%</td> </tr> <tr> <td>0-2 years</td> <td>99.5%</td> <td>100.0%</td> </tr> </tbody> </table>	Timeframe	All colleges (average)	RANZCP	> 2 years	0.5%	0.0%	0-2 years	99.5%	100.0%	<p><b>Compliance measure:</b> up to two years to complete 12 months FTE peer review</p>	<p>All substantially comparable SIMGs who completed the requirements in 2016 did so within two years, as per the <i>Good Practice Guidelines</i>.</p> <p>Substantially comparable SIMGs are not required to undertake a period of peer review.</p>						
Timeframe	All colleges (average)	RANZCP															
> 2 years	0.5%	0.0%															
0-2 years	99.5%	100.0%															
<p><b>Timeframes to complete requirements – partially comparable IMGs</b></p>  <table border="1"> <thead> <tr> <th>Timeframe</th> <th>All colleges (average)</th> <th>RANZCP</th> </tr> </thead> <tbody> <tr> <td>&gt; 4 years</td> <td>11.8%</td> <td>50.0%</td> </tr> <tr> <td>0-4 years</td> <td>88.2%</td> <td>50.0%</td> </tr> </tbody> </table>	Timeframe	All colleges (average)	RANZCP	> 4 years	11.8%	50.0%	0-4 years	88.2%	50.0%	<p><b>Compliance measure:</b> up to four years to complete 24 months FTE supervision</p>	<p>Two SIMGs fell outside of this compliance measure in 2016. These represent SIMGs who applied under the college's previous assessment program. Prior to RANZCP implementing the new assessment program from 1 January 2016, SIMGs were allowed more than four years to complete college requirements.</p>						
Timeframe	All colleges (average)	RANZCP															
> 4 years	11.8%	50.0%															
0-4 years	88.2%	50.0%															
<p><b>Formal examinations for substantially comparable IMGs</b></p> <p><i>No colleges required substantially comparable IMGs to sit exams in 2016</i></p>	<p><b>Compliance measure:</b> substantially comparable IMGs should not be required to undertake a formal examination</p>	<p>The college did not require any substantially comparable SIMGs to undertake formal examinations in 2016, as per the <i>Good Practice Guidelines</i>.</p>															

Source: MBA data, 2017.

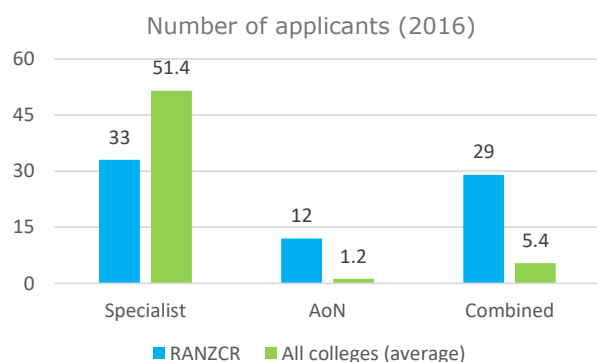
**Documents reviewed and information sources**

- (1) Regulations – Committee for Specialist International Medical Graduate Education
- (2) Guideline – Declaring and Managing Conflict of Interest
- (3) RANZCP Reconsideration and Appeal Policy
- (4) Specialist Pathway Handbook – Revised September 2016
- (5) 2017 Specialist Assessment Application Form
- (6) RANZCP SIMG Comparability Assessment Criteria Checklist
- (7) Discussion with college and review of de-identified file notes
- (8) State Assessment Panel Handbook – Revised July 2016 (*internal document*)
- (9) Substantial Comparability Requirements for RANZCP Fellowship
- (10) Partial Comparability Requirements for RANZCP Fellowship
- (11) 'Overseas specialists' webpage. Available at: <https://www.ranzcp.org/Pre-Fellowship/Overseas-specialists.aspx>, accessed September 2017
- (12) CSIMGE Supervisor Guide for Partial and Substantial SIMG Candidates
- (13) Maintenance of Comparability Status on the Specialist Pathway
- (14) RANZCP Comparability Assessment Form (*internal document*)
- (15) Preliminary Advice – Summary of Recommendations Form (*internal document*)
- (16) State Assessment Panel Final Recommendation Form
- (17) Area of Need Assessment Form
- (18) RANZCP Reconsideration and Appeal Policy. Available at: [https://www.ranzcp.org/Files/About\\_Us/Governance/RANZCP\\_Appeals\\_Process/Reconsideration\\_and\\_Appeal\\_Policy\\_Feb\\_2012-pdf.aspx](https://www.ranzcp.org/Files/About_Us/Governance/RANZCP_Appeals_Process/Reconsideration_and_Appeal_Policy_Feb_2012-pdf.aspx), accessed September 2017
- (19) RANZCP Report to the Medical Board of Australia (2014, 2015, 2016)
- (20) RANZCP Policy on Bullying and Harassment in Relation to Trainees and International Medical Graduates
- (21) Specialist International Medical Graduate – 2017 Fee Schedule
- (22) RANZCP Member and Trainee Fee 2017. Available at: <https://www.ranzcp.org/Files/Fellowship/RANZCP-2017-Fees-Website.aspx>, accessed December 2017

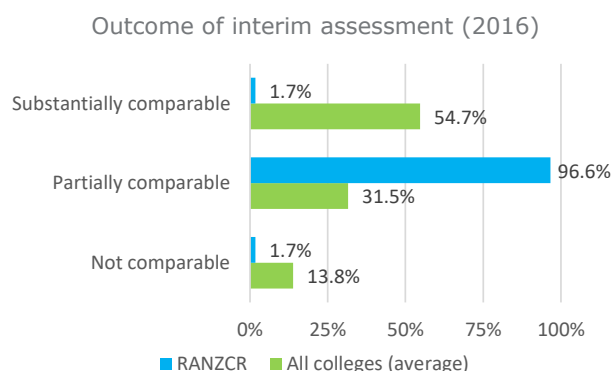
## 18 The Royal Australian and New Zealand College of Radiologists

### Overview of college assessment process

The Royal Australian and New Zealand College of Radiologists (RANZCR) specialist pathway assesses the training, qualifications and experience of SIMGs to determine their comparability to an Australian-trained specialist.

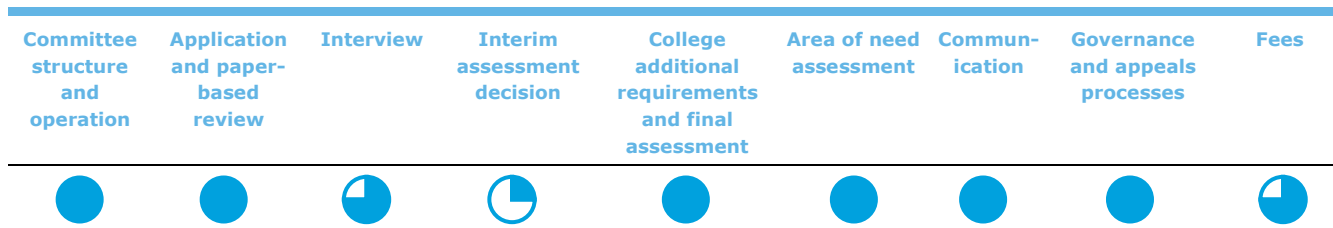


Source: MBA data, 2017.



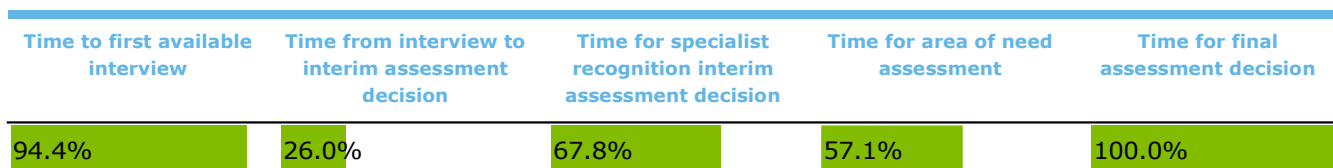
Source: MBA data, 2017. "Not comparable" includes SIMGs who were found to be not comparable at the paper-based assessment.

### Compliance with the *Good Practice Guidelines*



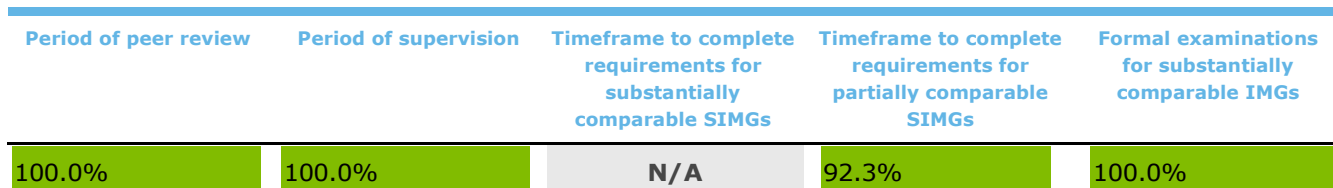
In order to fully comply with the *Good Practice Guidelines*, we recommend that RANZCR: does not ask clinical questions in the interview; defines maximum timeframes for peer review and supervised practice; and specifies the maximum appeal fee that may be incurred. RANZCR should also ensure it is applying the MBA's definitions of comparability in relation to examinations correctly and not requiring applicants with many years' experience to complete examinations.

### Performance against benchmarks



Delays with meeting the interim assessment decision benchmarks were due to applicants pushing interview times back, delays with securing referee reports, which are requested once a complete application has been submitted, and RANZCR's internal process to ensure due diligence. The delays in the area of need assessment occurred where the applicant submitted documentation just after an assessment date, with the next assessment date scheduled up to two months later.

### Performance against compliance measures



Applicants that took longer than the required four years were delayed due to failed attempts at passing prescribed examinations.



## Overview

The RANZCR specialist pathway assesses the training, qualifications and experience of SIMGs to determine their comparability to an Australian-trained specialist. The college's SIMG Committee oversees the process for both Radiation Oncology and Clinical Radiology in Australia and New Zealand. Members of the IMG Committee are elected on to the committee based on their suitability for the role. Members who are involved in SIMG interviews, which includes the Branch Education Officer and SIMG assessors, undergo RANZCR SIMG assessor training.

Before applying, applicants are encouraged to review their own education and training against the provided Radiology Training or Radiation Oncology Curriculums. This step is highlighted at the beginning of the assessment process given the college does not undertake a formal paper-based review. However, when applications are received, college staff still check that the correct documents have been submitted.

The interview is conducted face-to-face and aims to clarify the experience and training of the applicant. Based on the interview, applicants are assessed as substantially, partially or not comparable. The assessment panel will then make a recommendation to the IMG Committee. Substantially comparable applicants are required to undertake peer review of up to 12 months in a RANZCR accredited academic radiology department. Partially comparable applicants may be required to undertake up to two years of supervised training in an accredited training site prior to being eligible to sit and pass the College Part/Phase 2 examinations. Applicants who require more than 24 months of further training prior to being eligible to sit the Part 2 examinations are considered not comparable. The majority of applicants are assessed as partially comparable (57 of the 59 applicants in 2016).

The college also has a concurrent area of need assessment process which assesses SIMGs suitability for a specified position in a designated area of need with limited or provisional registration. In the dual area of need and Specialist Assessment, the interview not only seeks to clarify the applicants training and experience, but also to determine the level of supervision required in the position.

In order to assist the assessors determine the level of supervision required in the area of need position, the assessors ask questions involving clinical case scenarios relating to specific situations in the clinical radiology workplace. In addition, applicants are shown a number of imaging studies relating to diagnostic imaging the modalities specific to the described position and are required to interpret them correctly. The clinical assessments in this setting are not intended by the college to serve as an examination, but rather an information-gathering tool to further determine the applicant's suitability and level of supervision requirements specific to the position.

SIMGs are eligible for Fellowship if they are recommended for specialist recognition although SIMGs are not required to obtain Fellowship as part of this process.

The RANZCR process for assessing Australian and New Zealand medical graduates with overseas specialist qualifications is the same as the RANZCR SIMG assessment process.



## 18.1 Committee structure and operation

### Overall finding



*RANZCR complies with the Good Practice Guidelines in relation to the committee structure and operation.*

*RANZCR could consider including a community member on the committee.*

### Key features of process

The college has an internal IMG Committee, which oversees the process for both Radiation Oncology and Clinical Radiology (1). The committee has at least seven members that includes the Dean and a Chief Censor from both faculties, in addition to a New Zealand Fellow as the committee covers both Australia and New Zealand (1).

Members of the IMG Committee are elected on to the committee based on their suitability for the role (1). Expressions of interest are called from the Faculties of Clinical Radiology and Radiation Oncology Fellowship, with nominees required to

submit their curriculum vitae and an application on the official form outlining their interest and fit for the position (1).

The committee consists of members from a range of areas to ensure adequate coverage of opinions (2). Those involved in SIMG assessments, which includes the Branch Education Officer and an IMG assessor, undergo RANZCR IMG assessor training (1). A number of other areas are also represented on the IMG Committee, including; regional / rural, public practice, private practice, radiation oncology IMG assessors both AUS and NZ, and consumer representative (1). Committee members are able to serve for a term of three years and may be re-elected to serve for a maximum of three consecutive terms (1).

The committee includes five members who have completed their specialist training overseas, have been through the college assessment process and have completed the RANZCR Part 2 examinations as an SIMG (2). These members also have been a Fellow of the college for at least five years, which a requirement in being a member of the IMG Committee (2). The committee does not currently include a community member (2).

The committee has a Terms of Reference document, which outlines the objectives, scope, reporting arrangements, links, membership, terms of membership, meetings, recruitment and responsibilities of committee members (1). Members are required to complete a statement of conflicts of interest and declare any further potential conflicts that may arise (1). In addition, a code of ethics defines the values and principles of the committee.

## Analysis

As per the requirements in the *Good Practice Guidelines*, RANZCR has established a committee for the SIMG assessment process with a documented governance framework and associated requirements.

The *Good Practice Guidelines* require that the committee includes one SIMG who has been through the process and one community member, if possible. The SIMG Committee includes five representatives who have completed the SIMG pathway but no community member.

The *Good Practice Guidelines* require that committee members have the necessary attributes, knowledge and skills in the assessment of college trainees and understand the college's training requirements and standards. RANZCR has sought to meet this requirement through an application process, where Fellows who are interested in joining the committee are required to submit their curriculum vitae and outline their interest and fit for the position.



## 18.2 Application and paper based review

### Overall finding



*RANZCR complies with the Good Practice Guidelines in relation to the application and paper-based review.*

*As part of the de-identified file review, it was confirmed that, for the files shown, the paper-based assessment was undertaken using the template and requirements specified by the college.*

### Key features of process

An initial check of the application is undertaken by RANZCR staff. Included in this review is that the relevant documents have been submitted, the applicant has undergone at least three years training and is at least somewhat comparable to an Australian college Fellow (2). If the training appears to be three years or less, prior to processing the application fee RANZCR staff:

- Request the applicant to check their training against the RANZCR curriculum on the website; and,
- Confirm that the applicant is aware that if more than 24 months upskilling is determined to be required then the applicant will be found not comparable (2).

The college requires applicants to compare their qualifications against the relevant curriculum prior to submitting an application, which are provided on the website (3). The college curriculum provide a basis for the assessment standards and criteria of which the applicants are assessed against. In addition, the college publishes four assessment areas as a basis for comparison to RANZCR trained specialists (4). These include: specialist training, training assessments/examinations, recent specialist practice and CPD.

The application to be assessed for recognition as a specialist includes:

- A list of the documents required to be submitted with the application, including evidence of English Language requirements no higher than that required by the Board's English language skills registration standard; and,
- The requirement for the applicant to apply to have their medical qualifications verified by the AMC.

## Analysis

The *Good Practice Guidelines* require colleges to document and publish the requirements and procedures for the paper based assessment. The college does not undertake a paper based assessment, although RANZCR staff undertake a preliminary check to ensure the application is 'reasonable'. The college clearly publishes the documents that need to be submitted at this stage alongside the requirement for applicants to review the relevant curriculum.

The *Good Practice Guidelines* require a clear statement of the assessment standards and criteria against which applicants will be assessed. The college provides four assessment areas as a basis for comparison to RANZCR trained specialists. Applicants are also provided access to relevant curriculums, which form the basis of college assessment.

The *Good Practice Guidelines* require colleges to publish a policy on the requirements for recency of practice for the purposes of assessing a SIMG's comparability or assessing a SIMG's suitability for an area of need position. The college requires applicants to have recent experience in specialist practice, although does not specify exactly how recent this experience has to be (4).

RANZCR meets other *Good Practice Guidelines* requirements including primary source verification, publishing the required documentary evidence, and English language requirements.



## 18.3 Interview

### Overall finding



*RANZCR substantially complies with the Good Practice Guidelines with respect to the interview for the interim assessment. In order to comply with the guidelines, the college should not ask clinical questions in the interview. RANZCR should include a community member on the interview panel.*

*As part of the de-identified file review, we confirmed that, for the files shown, the interview was undertaken using the template and requirements specified by the college.*

### Key features of process

The college conducts an interview to clarify the applicant's suitability for the position, by confirming details of the training and experience provided in the written documentation (5). All applicants are interviewed face-to-face as the college does not permit any telephone or video interviews (6). Interviewers ask questions based on a checklist with the aim of collecting information on the applicant to clarify and confirm the accuracy of qualifications and training and written documentation (7). Cultural sensitivities are covered in area of need assessments in the clinical case scenario part of the assessment (2).

The interview also includes a clinical competency assessment is to assist the assessment panel in determining the applicant's basic radiological competence and level of supervision required in the position (5). It includes the applicant being shown

a number of imaging studies relating to basic radiology, with emphasis on the modalities in the job description for which the SIMG is being considered (5). Clinical assessments are not intended to serve as an examination but to give an indication of the applicant's basic competence, suitability and level of supervision required for the position which they have applied (5). At the conclusion of the interview, applicants are offered the opportunity to ask questions or add anything further to their responses (2).

The interview is conducted by two Fellows of the College, both of whom are trained assessors (6). The college runs IMG assessor trainings which are between three and four hours in length (2). Following an initial assessor training, SIMG assessors are expected to attend any further assessor training as required by the Chair of the IMG Committee and attend at least one IMG assessment every two years (2). Similar to the requirement for being a part of the IMG Committee, assessors must have at least five years' experience as a Fellow of the college (2). The college ensures that most IMG assessors have previously been through the process and therefore possess an understanding of both the Australian and overseas training systems (2). The college does not include a community member on the interview panel (2).

The assessors are provided with the application forms, CVs, referee reports and, if required, log books approximately two weeks prior to the assessment date (2).

De-identified file notes provided by RANZCR show that the college keeps documentation for the assessment process including administrative emails; interview-based assessment checklists (for each assessor); SIMG assessor notes; interview assessment decisions and final recommendations; and decision letters to applicants (including additional requirements).

## Analysis

RANZCR meets many of the requirements in the *Good Practice Guidelines* for the interview based on the information provided by the college and associated documents. The Interview Checklist covers the aspects required by the *Good Practice Guidelines*, with the exception of cultural sensitivities. However, cultural sensitivities are covered in area of need assessments in the clinical case scenario part of the assessment (2).

The *Good Practice Guidelines* require the college to clearly communicate the interview process to applicants. The college publishes this detail as a part of the college guide to the application and assessment process for specialist recognition of SIMGs in Radiology and Radiation Oncology (6).

The *Good Practice Guidelines* require no clinical testing to be undertaken for the basis of an interim assessment decision. The college does not comply with this requirement, with dual area of need and specialist recognition application interviews including a clinical competency assessment.

RANZCR does not include a community member on the interview panel, which is recommended by the *Good Practice Guidelines*.

RANZCR meets other aspects of the *Good Practice Guidelines* in relation to interviews. This includes having trained assessors on the interview panel; assessors reviewing documentation; use of structured questions addressing relevant topics; assessment in accordance with the college's published assessment criteria; avoiding unnecessary questions; and providing the SIMG an opportunity to ask questions.



### 18.4 Interim assessment decision (comparability)

#### Overall finding



RANZCR somewhat complies with the *Good Practice Guidelines* in relation to the interim assessment decision. The college should define the maximum timeframes for completing the additional requirements. The college's assessment in some cases appears inconsistent with the application of the MBA's definitions of comparability.

## Key features of process

RANZCR assesses SIMGs as substantially, partially and not comparable (4). Substantially comparable applicants are expected to be able to undertake the intended scope of practice, and take full responsibility for individual patients with available oversight of their practice by a supervisor (4). Partially comparable applicants are considered suitable to undertake a defined scope of practice and may require a period of additional training and/or upskilling prior to being eligible to sit the Part/Phase 2 examinations (4). The college assesses the majority of its applicants as partially comparable. Not comparable applicants are unable to meet the requirements of RANZCR in regard to previous training, training assessments, recent specialist practice and CPD, and/or reach comparability within 24 months of FTE training or practice (4).

The college identifies any gaps/deficiencies compared with Australian specialist training by assessing applicants directly against the relevant college curriculum (5).

RANZCR does not have a specific pathway for assessing IMGs in a limited scope of practice (2). However, SIMGs working in a subspecialty may be found substantially comparable and eligible for the pathway to specialist recognition (2).

The college does not publish maximum timeframes for completing college requirements. However, the college was still mostly compliant, with 24 of the 26 applicants determined partially comparable completing their requirements within the prescribed maximum of four years.

Instead of maximum timeframes for completion, the college publishes maximum times required for applicants to commence their requirements following their interim assessment decision (4). Applicants assessed as partially comparable and eligible to sit RANZCR Part/Phase 2 examinations directly must commence sitting within three years of the date of the outcome report (4). Similarly, if an applicant is required to undertake training/upskilling before being eligible to sit the Part/Phase 2 examinations, then the training must be commenced within two years of the date of the outcome report (4).

## Analysis

The *Good Practice Guidelines* require colleges to assess OTS applicants in accordance with the MBA's approved definitions for assessment of comparability. The *guidelines* also require that the college identifies any gaps/deficiencies compared with Australian specialist training. This fundamentally relates to the similarity of what is learnt from the training program compared to the qualifications, training and experience of the applicant. Instead, the college appears to focus on the similarities of the OTS applicant's training program compared to theirs when making the initial comparability determination, notably the exam requirements. RANZCR assessed 57 of the 59 applicants at the interim assessment stage as partially comparable (8).

RANZCR applies the approved definitions for assessment of comparability for applicants determined substantially comparable and not comparable. However, the *Good Practice Guidelines* require partially comparable applicants to undertake a period of upskilling and supervised practice to assist with the transition, of up to 24 months (FTE). RANZCR does not require all partially comparable applicants to undertake this requirement, with 45 of the 58 assessed as partially comparable in 2016 not given any supervised practice requirements, and only required to undertake an exam (8).

The *Good Practice Guidelines* require maximum timeframes to be established for completion of college requirements by partially and substantially comparable applicants. The college does not publish maximum timeframes for applicants but the college enforces requirements for applicants to commence requirements following their interim assessment decision within set timeframes (4). Of those who progressed to the final assessment and were determined partially comparable in 2016, 24 of the 26 applicants completed their requirements within the maximum timeframe of four years (8).

The college does not have a policy for assessing IMGs who are practicing at a similar standard as an Australian trained specialist practicing in a limited scope of practice, as required by the *Good Practice Guidelines*.

The college assesses applicants against the relevant college curriculum to identify any gaps/deficiencies when compared with Australian specialist training, as required by the *Good Practice Guidelines*.



## 18.5 College additional requirements and final assessment

### Overall finding



*RANZCR complies with the Good Practice Guidelines in relation to college additional requirements and final assessment.*

### Key features of process

Applicants determined substantially comparable to an Australian-trained specialist, are required to undergo a period of peer review in an RANZCR accredited training site for up to 12 months and undertake a peer-assessment in the work place (6). Substantially comparable IMGs are not required to sit any form of formal examination.

Most applicants are assessed as partially comparable, with only one applicant assessed as substantially comparable in each of 2015 and 2016 (8). Applicants determined partially comparable are required to sit and pass the college Part/ Phase 2 examinations. In addition, partially comparable applicants may be required to undertake a period of supervised training in an accredited training site of up to two years (6). The college publishes a list of accredited training sites on their website (9). Applicants are advised that accredited training positions are highly competitive, as SIMGs compete alongside Australian/New Zealand trained graduates for trainee positions (6). The college advises applicants that it is their responsibility to contact departments directly to discuss obtaining a position (6).

These requirements align with Australian trainees who are also required to sit and pass the College Part 2 / Phase 2 examinations and undergo a period of supervised practice while completing their training (6).

The college provides SIMGs access to online learning resources to assist with preparation for the exam (6). These resources include general Part 2 Examination information, past exam papers, the RANZCR Radiodiagnosis Training Program Curriculum and information on the radiology textbook (6).

The college monitors applicants as they progress through the supervised practice / peer review period with assessment reports from the nominated supervisor (5). These are required at three months and 12 months after commencement in the position, and every 12 months thereafter whilst in an area of need position (5). These assessment reports are used to monitor IMGs during their supervised practice and determine whether they are satisfactory fulfilling college requirements (5). In addition, the reports allow supervisors to formally address issues arising during the supervision / peer review period. If a report received from the supervisor is unsatisfactory, the college can arrange for an on-site visit in the practice setting environment (5). Where further difficulties with satisfying the college's requirements arise, the IMG committee have the ability to reassess the candidate's comparability decision and associated requirements (2). SIMGs who do not meet college requirements at the time of final assessment are advised to contact AHPRA for further guidance (2).

The college has guidelines which define the roles and responsibilities of supervisors (10). The college applies the same levels of supervision as required by the MBA guidelines of supervision (5). The appropriate level of supervision for a SIMG's level of training and experience is conditional on their assessment of comparability (5).

The college does not have a policy for remote supervision as a RANZCR accredited teaching site requires on-site supervision (2).

SIMGs who are working in an area of need are requested to become educational affiliates of the College so they are eligible to access RANZCR's CPD program (2).



## Analysis

RANZCR documents and publishes the requirements and procedures for supervision and examinations, as required by the *Good Practice Guidelines*.

The *Good Practice Guidelines* require colleges to publish the requirements for remote supervision. RANZCR does not support remote practice as the college requires an onsite supervisor to become accredited and suitable for a period of supervised practice / peer review.

The *Good Practice Guidelines* require colleges to inform SIMG applicants about the requirement for prospective approval of supervisors or positions. RANZCR advises IMGs of the requirement to contact departments directly to obtain a position at an accredited training site, which includes onsite supervision. The college publishes a list of accredited training sites on their website to assist with this process.

RANZCR meets other *Good Practice Guidelines* requirements including not requiring substantially comparable SIMG applicants to sit formal written examinations; aligning IMG clinical experience and assessment requirements to what is required of Australian trainees; documenting the process for monitoring IMG applicants (i.e. through assessment reports); defining the roles and responsibilities of supervisors and IMG applicants; establishing processes for addressing issues arising during the supervision / peer review period; defining the appropriate level of supervision for an IMG's level of training and experience; and advising applicants who do not meet college requirements to contact AHPRA.



## 18.6 Area of need assessment

### Overall finding



*RANZCR complies with the Good Practice Guidelines in relation to area of need assessment.*

### Key features of process

RANZCR has documented the process for area of need assessment, which includes the assessment, location/date, fees, changing area of need positions, short term positions, attendance at assessments and stakeholder support applications (10).

If an IMG applies to RANZCR for the first time for an area of need position, they are also assessed for comparability to the skills, qualifications and experience of an Australian trained specialist, for the purposes of specialist recognition and pathway to fellowship. If an applicant wishes to change location and reapplies for another area of need position, they are only assessed for suitability to the new area of need position (13).

The interview follows the same format as the specialist pathway interviews, including general clarification and clinical questions. One difference, however, is that cultural sensitivities are covered in area of need assessments in the clinical case scenario part of the assessment, which is not covered in the specialist pathway interviews (2).

The outcome of the assessment will provide a recommendation regarding the suitability of the applicant for the specified position ('suitable to practice under supervision' or 'unsuitable' along with the level of supervision required, and the comparability to an Australian specialist (substantially, partially or not comparable) (13).

## Analysis

The *Good Practice Guidelines* require that colleges have a process for assessing applicants for an area of need. RANZCR has a published process for area of need assessment. Applicants are also assessed on comparability to an Australian trained specialist.





## 18.7 Communication

### Overall finding



*RANZCR complies with the Good Practice Guidelines in relation to communication with the MBA and AHPRA, and SIMGs.*

### Key features of process

The process for assessment is clearly laid out and accessible from the website (6). This guide provides details on initial steps, document verification, fees, the interview, recommendations of the interview panel, further training and learning, peer review assessment, eligibility for Fellowship, and details on access to Medicare benefits (6). In addition to this 6-page summary of the process, the college provides a detailed SIMG Assessment Policy, which provides an overview of all college policies that cover the assessment of IMG (4).

The *Good Practice Guidelines* require that colleges notify the MBA of any information received by the college for the purposes of the interim assessment decision that raises concerns about a SIMG applicant's suitability for registration. Any information received by the college for the interim assessment decision that raises concerns about an IMG applicant's suitability for registration would be discussed with AHPRA. The college also noted that if an applicant was assessed to be "not suitable" or not comparable this would be communicated using Report 1 and details provided in the free text field.

Report 1 is used by the college to communicate to the AMC, AHPRA and the applicant, the interim assessment decision of the college and any additional requirements for the applicant (4). Following successful completion of the assessment, the SIMG is recommended for specialist recognition to the MBA using Report 2 (5).

### Analysis

The *Good Practice Guidelines* require that colleges have a clear process for assessment in the specialist pathway. The college achieves this through the SIMG assessment guide published on the website and IMG Assessment Policy.

The college meets other aspects of the *Good Practice Guidelines* relating to communication, including informing the SIMG of the interim assessment outcome and additional requirements; and uploading its decisions using Report 1 and Report 2.



## 18.8 Governance and appeals processes

### Overall finding



*RANZCR complies with the Good Practice Guidelines in relation to governance and appeals processes.*

### Key features of process

RANZCR has a reconsideration, review and appeal of decisions policy which documents the decisions able to be reconsidered, reviewed and appealed (14). The college had one applicant apply for review/reconsideration and no appeal applications in 2016 (8).

The college has a number of email templates, which are used for communication with the SIMGs throughout the process (11). An internal customer service guideline document outlines the principles and goals, which provide a basis for timely responses (12).

De-identified file notes provided by RANZCR show that the college keeps documentation for the assessment process including administrative emails; interview-based assessment checklists (for each assessor); SIMG assessor notes; interview assessment decisions and final recommendations; and decision letters to applicants (including additional requirements) (2).

Any deviations from published procedures are dealt with by the college on a case-by-case basis (2). However, the college does not document the policy of documenting deviations.

The college has only had one case where publically provided or externally available information was provided on an applicant (2). In that case, the college obtained legal advice on how to proceed (2). The college would consult legal advice if this occurred again, although this approach is not documented (2).

SIMGs may apply for reassessment if:

- more than three years have passed since the previous specialist recognition assessment and the IMG has not attempted the Part 2 or Phase 2 examinations; or
- the SIMG has made up to three attempts of the Part 2 exams or up to two attempts of the Phase 2 examinations and not successfully completed all components and they can demonstrate considerable training has been undertaken in the interim in an accredited training department.

If the SIMG has not successfully completed the Part 2 or Phase 2 examinations within the maximum number of attempts, they are not eligible to be re-assessed for specialist recognition (4).

The college *Grievance Policy* outlines the responsibilities of the college in relation to bullying, discrimination and harassment and the process for raising a grievance related to these behaviours (14).

## Analysis

The *Good Practice Guidelines* require a process for monitoring an application to ensure it progresses in a timely manner. The college meets this requirement through email template and set reply times to communication with IMGs throughout the process.

The *Good Practice Guidelines* require colleges to document any deviations from published procedures. The colleges deals with these deviations on a case-by-case basis and does not formally document these deviations.

The college meets other aspects of the *Good Practice Guidelines* relating to a process for monitoring an application to ensure it progresses in a timely manner; documenting each stage of the process; ensuring procedural fairness in externally provided or available information; a policy for managing reconsideration, review and appeal; and a re-assessment policy for SIMGs.



## 18.9 Fees

### Overall finding



*RANZCR substantially complies with the Good Practice Guidelines in relation to fees. The college should specify the maximum appeal fee that may be incurred.*

### Key features of process

RANZCR's IMG assessment fees are outlined on the Fees webpage, with a separate section listing all fees applicable to SIMGs (15). Fees cover all aspects of the assessment process including:

- Specialist Recognition Assessment (\$6,130)
- Clinical Radiology (Part 2) Full Sitting (\$3,760)
- Radiation Oncology (Phase 2) Full Sitting (\$3,760)

The college charges an assessment fee, which is the same regardless of the outcome of the assessment. SIMGs found to be partially comparable are required to sit the Part 2 examinations, which incurs a fee. The examination fee is the same fee as trainees pay to sit the Part 2 examinations.

The appeals fee is not published as a part of the RANZCR Fees webpage (16). It is noted in the Reconsideration, Review and Appeal of Decisions policy that no fee is payable on request for reconsideration or for review. However, the college may require that the applicant pay an application fee before an Appeals Committee is convened (13). The application fee for an appeal is \$5,150 or "such other amount as

the Board may determine from time to time". The college will refund any application fee paid by the applicant for the appeal, if the appeal is successful (14).

## Analysis

In line with the *Good Practice Guidelines*, RANZCR documents the fees involved in the assessment process and only charges fees for allowed activities. The fees are easily found on the college's website, and there is a separate section for SIMGs that lists all fees that may be incurred to complete the specialist pathway.

The fee for the application for appeal is listed separately in the Reconsideration, Review and Appeals Policy. The Policy gives the RANZCR Board discretion to vary the fee for the application for appeal. It is not clear from the policy if \$5,150 is the maximum the appeal fee can be, or if the appeal fee could be greater than \$5,150.

## 18.10 Medical Board of Australia benchmarks and compliance measures

Table 18.1: Medical Board of Australia benchmarks

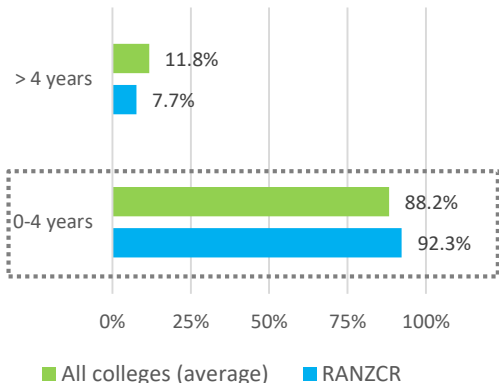
Benchmark <i>all data is for 2016</i>	Description	Comments															
<b>Time to first available interview</b> <table border="1"> <thead> <tr> <th>Timeframe</th> <th>All colleges (average)</th> <th>RANZCR</th> </tr> </thead> <tbody> <tr> <td>&gt;9 months</td> <td>0.8%</td> <td>0.0%</td> </tr> <tr> <td>&gt;6-9 months</td> <td>0.8%</td> <td>0.0%</td> </tr> <tr> <td>&gt;3-6 months</td> <td>16.2%</td> <td>5.6%</td> </tr> <tr> <td>0-3 months</td> <td>82.1%</td> <td>94.4%</td> </tr> </tbody> </table>	Timeframe	All colleges (average)	RANZCR	>9 months	0.8%	0.0%	>6-9 months	0.8%	0.0%	>3-6 months	16.2%	5.6%	0-3 months	82.1%	94.4%	<p><b>Start date:</b> date complete application received</p> <p><b>End date:</b> date of first available interview that is offered</p> <p><b>Benchmark:</b> interview available within 3 months</p>	<p>The college explained in the report to the MBA that in 2016 some applications did not meet this benchmark due to reasons outside the college's control. These include the applicants pushing interview times back and delays with securing referee reports, which are requested once a complete application has been submitted (8).</p>
Timeframe	All colleges (average)	RANZCR															
>9 months	0.8%	0.0%															
>6-9 months	0.8%	0.0%															
>3-6 months	16.2%	5.6%															
0-3 months	82.1%	94.4%															
<b>Time from interview to interim assessment decision</b> <table border="1"> <thead> <tr> <th>Timeframe</th> <th>All colleges (average)</th> <th>RANZCR</th> </tr> </thead> <tbody> <tr> <td>&gt;28 days</td> <td>42.5%</td> <td>13.7%</td> </tr> <tr> <td>15-28 days</td> <td>17.5%</td> <td>60.3%</td> </tr> <tr> <td>0-14 days</td> <td>40.1%</td> <td>26.0%</td> </tr> </tbody> </table>	Timeframe	All colleges (average)	RANZCR	>28 days	42.5%	13.7%	15-28 days	17.5%	60.3%	0-14 days	40.1%	26.0%	<p><b>Start date:</b> date of interview</p> <p><b>End date:</b> date decision of interim assessment is made by the college (Report 1)</p> <p><b>Benchmark:</b> interim assessment completed within 14 days from the interview</p>	<p>Only 19 of the 73 applicants interviewed were assessed within the benchmark timeframes. RANZCR's internal process to ensure due diligence was the reason for these delays. These steps include:</p> <ul style="list-style-type: none"> <li>SIMG is assessed by two assessors</li> <li>RANZCR staff complete internal report</li> <li>internal report checked by both assessors</li> <li>internal report signed off by the Chair</li> <li>RANZCR staff finalising all appropriate documentation including AMC/AHPRA reports.</li> </ul> <p>Other delays were due to the college requesting further documentation from the applicant (8).</p>			
Timeframe	All colleges (average)	RANZCR															
>28 days	42.5%	13.7%															
15-28 days	17.5%	60.3%															
0-14 days	40.1%	26.0%															

Benchmark <i>all data is for 2016</i>	Description	Comments															
<p><b>Time for specialist recognition interim assessment</b></p> <table border="1"> <thead> <tr> <th>Time Category</th> <th>All colleges (average)</th> <th>RANZCR</th> </tr> </thead> <tbody> <tr> <td>0 - 3 months, 14 days</td> <td>52.1%</td> <td>67.8%</td> </tr> <tr> <td>3 months, 15 days - 6 months</td> <td>34.6%</td> <td>23.7%</td> </tr> <tr> <td>7-9 months</td> <td>10.8%</td> <td>8.5%</td> </tr> <tr> <td>9 months +</td> <td>2.5%</td> <td>0.0%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ RANZCR</p>	Time Category	All colleges (average)	RANZCR	0 - 3 months, 14 days	52.1%	67.8%	3 months, 15 days - 6 months	34.6%	23.7%	7-9 months	10.8%	8.5%	9 months +	2.5%	0.0%	<p><b>Start date:</b> date complete application is received</p> <p><b>End date:</b> date decision of interim assessment is made by the college (Report 1)</p> <p><b>Benchmark:</b> interim assessment completed within 3 months and 14 days</p>	<p>19 of the 69 applicants were assessed outside the benchmark of three months and 14 days. Delays were experienced due to delays in collecting the necessary documentation and the fact that Radiation Oncology assessments are organised on an as needed basis and can take some time to organise (8).</p>
Time Category	All colleges (average)	RANZCR															
0 - 3 months, 14 days	52.1%	67.8%															
3 months, 15 days - 6 months	34.6%	23.7%															
7-9 months	10.8%	8.5%															
9 months +	2.5%	0.0%															
<p><b>Time for area of need assessment</b></p> <table border="1"> <thead> <tr> <th>Time Category</th> <th>All colleges (average)</th> <th>RANZCR</th> </tr> </thead> <tbody> <tr> <td>0-2 months</td> <td>66.7%</td> <td>57.1%</td> </tr> <tr> <td>&gt;2-6 months</td> <td>33.3%</td> <td>42.9%</td> </tr> <tr> <td>&gt;6-9 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>&gt;9 months</td> <td>0.0%</td> <td>0.0%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ RANZCR</p>	Time Category	All colleges (average)	RANZCR	0-2 months	66.7%	57.1%	>2-6 months	33.3%	42.9%	>6-9 months	0.0%	0.0%	>9 months	0.0%	0.0%	<p><b>Start date:</b> date complete application is received</p> <p><b>End date:</b> date decision of assessment is made by college</p> <p><b>Benchmark:</b> area of need assessment completed within 2 months</p>	<p>Six of the 14 applicants were assessed outside the benchmark of two months. Often delays occurred where the applicant submitted documentation just after an assessment date, with the next assessment date scheduled up to two months later. Assessment dates are set 12 months in advance (8).</p>
Time Category	All colleges (average)	RANZCR															
0-2 months	66.7%	57.1%															
>2-6 months	33.3%	42.9%															
>6-9 months	0.0%	0.0%															
>9 months	0.0%	0.0%															
<p><b>Time for final assessment decision</b></p> <table border="1"> <thead> <tr> <th>Time Category</th> <th>All colleges (average)</th> <th>RANZCR</th> </tr> </thead> <tbody> <tr> <td>0-2 months</td> <td>93.1%</td> <td>100.0%</td> </tr> <tr> <td>&gt;2-6 months</td> <td>6.3%</td> <td>0.0%</td> </tr> <tr> <td>&gt;6-9 months</td> <td>0.6%</td> <td>0.0%</td> </tr> <tr> <td>&gt;9 months</td> <td>0.0%</td> <td>0.0%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ RANZCR</p>	Time Category	All colleges (average)	RANZCR	0-2 months	93.1%	100.0%	>2-6 months	6.3%	0.0%	>6-9 months	0.6%	0.0%	>9 months	0.0%	0.0%	<p><b>Start date:</b> date college notified that IMG has completed all requirements</p> <p><b>End date:</b> date decision of final assessment is made (Report 2)</p> <p><b>Benchmark:</b> decision completed within 2 months</p>	<p>The college met this benchmark for all applicants in 2016.</p>
Time Category	All colleges (average)	RANZCR															
0-2 months	93.1%	100.0%															
>2-6 months	6.3%	0.0%															
>6-9 months	0.6%	0.0%															
>9 months	0.0%	0.0%															

Source: MBA data, 2017.

Table 18.2: Medical Board of Australia compliance measures

Compliance measure <i>all data is for 2016</i>	Description	Comments															
<p><b>Period of peer review – substantially comparable IMGs</b></p> <table border="1"> <thead> <tr> <th>Period</th> <th>All colleges (average)</th> <th>RANZCR</th> </tr> </thead> <tbody> <tr> <td>&gt;18 months</td> <td>0.4%</td> <td>0.0%</td> </tr> <tr> <td>&gt;12-18 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>0-12 months</td> <td>49.5%</td> <td>100.0%</td> </tr> <tr> <td>No peer review</td> <td>50.1%</td> <td>0.0%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ RANZCR</p>	Period	All colleges (average)	RANZCR	>18 months	0.4%	0.0%	>12-18 months	0.0%	0.0%	0-12 months	49.5%	100.0%	No peer review	50.1%	0.0%	<p><b>Compliance measure:</b> up to 12 months FTE of peer review</p>	<p>No substantially comparable SIMGs were required to do more than 12 months of peer review in 2016, as per the <i>Good Practice Guidelines</i>.</p>
Period	All colleges (average)	RANZCR															
>18 months	0.4%	0.0%															
>12-18 months	0.0%	0.0%															
0-12 months	49.5%	100.0%															
No peer review	50.1%	0.0%															
<p><b>Period of supervision – partially comparable IMGs</b></p> <table border="1"> <thead> <tr> <th>Period</th> <th>All colleges (average)</th> <th>RANZCR</th> </tr> </thead> <tbody> <tr> <td>&gt;36 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>&gt;24-36 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>0-24 months</td> <td>79.1%</td> <td>22.4%</td> </tr> <tr> <td>No supervision</td> <td>20.9%</td> <td>77.6%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ RANZCR</p>	Period	All colleges (average)	RANZCR	>36 months	0.0%	0.0%	>24-36 months	0.0%	0.0%	0-24 months	79.1%	22.4%	No supervision	20.9%	77.6%	<p><b>Compliance measure:</b> up to 24 months FTE of supervised practice</p>	<p>No partially comparable SIMGs were required to undertake more than 24 months of supervised practice in 2016, as per the <i>Good Practice Guidelines</i>.</p> <p>The majority of applicants were not required to undertake any supervised practice in 2016.</p>
Period	All colleges (average)	RANZCR															
>36 months	0.0%	0.0%															
>24-36 months	0.0%	0.0%															
0-24 months	79.1%	22.4%															
No supervision	20.9%	77.6%															
<p><b>Timeframes to complete requirements – substantially comparable IMGs</b></p> <table border="1"> <thead> <tr> <th>Timeframe</th> <th>All colleges (average)</th> <th>RANZCR</th> </tr> </thead> <tbody> <tr> <td>&gt; 2 years</td> <td>0.5%</td> <td>0.0%</td> </tr> <tr> <td>0-2 years</td> <td>99.5%</td> <td>0.0%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ RANZCR</p>	Timeframe	All colleges (average)	RANZCR	> 2 years	0.5%	0.0%	0-2 years	99.5%	0.0%	<p><b>Compliance measure:</b> up to two years to complete 12 months FTE peer review</p>	<p>In 2016, RANZCR did not have any substantially comparable SIMGs complete the college requirements.</p>						
Timeframe	All colleges (average)	RANZCR															
> 2 years	0.5%	0.0%															
0-2 years	99.5%	0.0%															

Compliance measure <i>all data is for 2016</i>	Description	Comments									
<p><b>Timeframes to complete requirements – partially comparable IMGs</b></p>  <table border="1"> <caption>Timeframes to complete requirements – partially comparable IMGs</caption> <thead> <tr> <th>Timeframe</th> <th>All colleges (average)</th> <th>RANZCR</th> </tr> </thead> <tbody> <tr> <td>&gt; 4 years</td> <td>11.8%</td> <td>7.7%</td> </tr> <tr> <td>0-4 years</td> <td>88.2%</td> <td>92.3%</td> </tr> </tbody> </table>	Timeframe	All colleges (average)	RANZCR	> 4 years	11.8%	7.7%	0-4 years	88.2%	92.3%	<p><b>Compliance measure:</b> up to four years to complete 24 months FTE supervision</p>	<p>The majority of applications met the compliance measure. Applicants that took longer than the required four years were delayed due to failed attempts at passing prescribed examinations (8).</p>
Timeframe	All colleges (average)	RANZCR									
> 4 years	11.8%	7.7%									
0-4 years	88.2%	92.3%									
<p><b>Formal examinations for substantially comparable IMGs</b></p> <p><i>No colleges required substantially comparable IMGs to sit exams in 2016</i></p>	<p><b>Compliance measure:</b> substantially comparable IMGs should not be required to undertake a formal examinations</p>	<p>The college did not require any substantially comparable IMGs to undertake formal examinations in 2016, as per the <i>Good Practice Guidelines</i>.</p>									

Source: MBA data, 2017.

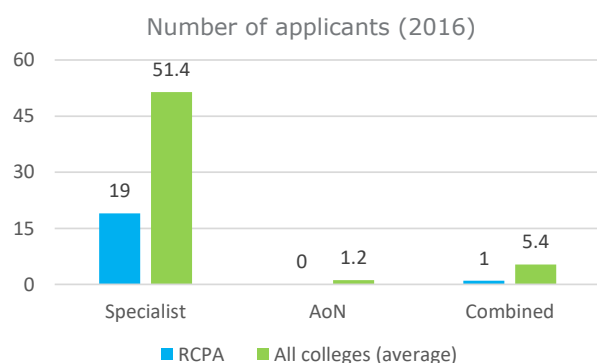
#### Documents reviewed and information sources

- (1) International Medical Graduate Committee Terms of Reference, 2015 (*internal document*)
- (2) Discussions with college and review of de-identified files, 2017
- (3) 'Clinical Radiology Curriculum' webpage. Available at: <https://www.ranzcr.com/trainees/clinical-radiology/curriculum>, accessed October 2017
- (4) International Medical Graduate Assessment Policy (AUS), 2010
- (5) Specialist Recognition Assessment and Pathway to Fellowship 2017 (*internal document*)
- (6) Guide to the application and assessment process for specialist recognition of IMGs in Radiology and Radiation Oncology, 2017
- (7) IMG Assessor Preliminary Report 2017 (*internal document*)
- (8) RANZCR Report to the Medical Board of Australia (2014, 2015, 2016)
- (9) 'Training sites and networks' webpage. Available at: <https://www.ranzcr.com/trainees/general/training-sites-and-networks>, accessed October 2017
- (10) Area of Need Assessment Process 2017 (*internal document*)
- (11) Example Email templates provided by college 2017 (*internal document*)
- (12) RANZCR Staff Customer Service Statement 2017 (*internal document*)
- (13) RANZCR Dual Area of Need and Specialist Assessment Process v.3.5, 2017
- (14) RANZCR Reconsideration, Review and Appeal of Decisions policy, 2017
- (15) RANZCR Grievance Policy, 2017
- (16) 'Fees' webpage. Available at: <https://www.ranzcr.com/college/membership/fees>, accessed October 2017

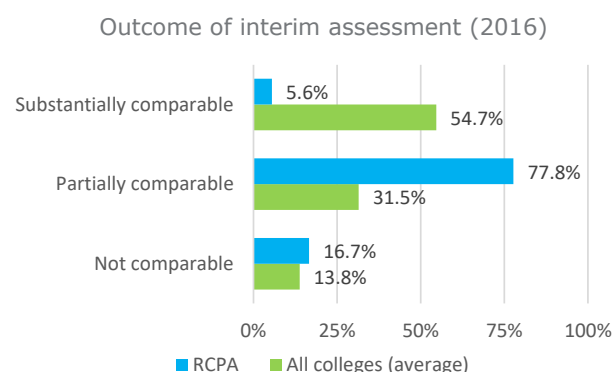
# 19 The Royal College of Pathologists of Australasia

## Overview of college assessment process

The Royal College of Pathologists of Australasia (RCPA) assesses the comparability of OTS applicants wishing to practise in the Australian environment with the standard required of an Australasian trained Pathologist.



Source: MBA data, 2017.



Source: MBA data, 2017. "Not comparable" includes SIMGs who were found to be not comparable at the paper-based assessment.

## Compliance with the *Good Practice Guidelines*

Committee structure and operation	Application and paper-based review	Interview	Interim assessment decision	College additional requirements and final assessment	Area of need assessment	Communication	Governance and appeals processes	Fees

In order to fully comply with the *Good Practice Guidelines*, we recommend that RCPA: includes a community member on the interview panel; provides further clarity regarding the requirements and procedures for supervision and examinations; develops a policy and process for re-assessment; clearly documents the requirements and procedures for appeals, reviews and reconsiderations for OTS applicants; clearly displays in one location on its website, an estimate of the total fee that a SIMG is likely to incur to complete the requirements for the specialist pathway; and publishes the appeals fee. RCPA should also ensure it is applying the MBA's definitions of comparability in relation to examinations correctly and not requiring applicants with many years' experience to complete examinations.

## Performance against benchmarks

Time to first available interview	Time from interview to interim assessment decision	Time for specialist recognition interim assessment decision	Time for area of need assessment	Time for final assessment decision
69.2%	15.4%	25.0%	N/A	87.5%

The main reason for applications exceeding the interim assessment decision benchmarks was an extra step in the decision making process. The interview panel makes a recommendation on the applicant's comparability to the Chief Examiner, who makes the final decision. As Chief Examiners are volunteers, other professional commitments can lead to delays.

## Performance against compliance measures

Period of peer review	Period of supervision	Timeframe to complete requirements for substantially comparable SIMGs	Timeframe to complete requirements for partially comparable SIMGs	Formal examinations for substantially comparable IMGs
100.0%	100.0%	100.0%	83.3%	100.0%

The colleges did not meeting the compliance measure for the time for partially comparable SIMGs to complete the additional requirements due to examination failures and the time between when applicants can sit examinations.



## Overview

The Overseas Trained Specialist (OTS) pathway is overseen by the Overseas Trained Specialist Assessment Subcommittee, which is a Subcommittee of the college's Board of Education and Assessment. The subcommittee consists of representatives from each discipline and a Fellow who has been awarded Fellowship under the OTS pathway. The subcommittee is responsible for overseeing the assessment process as well as conducting the paper-based review and applicant interview.

The OTS Subcommittee conducts a paper-based assessment which is used as a screening process to identify unsuitable applicants. Those who are considered suitable, progress to the interview stage. The interview allows the committee to clarify experience and training of the applicant while providing the applicant a chance to ask questions. To ensure the interview is run effectively, the college uses a standardised template outlining the categories of information they wish to collect and clarify. A decision is made by the assessment panel which is provided to the relevant Chief Examiner for a final decision on the applicant's comparability. The college applies the AHPRA definitions of comparability, where applicants are considered substantially comparable if their training and experience align with that of an Australian pathologist in the same discipline. Partially comparable applicants are those that require less than two years of upskilling to be considered comparable to an Australian pathologist, and not comparable applicants are those who require two or more years of further training.

Further assessment and training requirements are communicated to applicants through Report 1. Partially comparable applicants are required to undertake a period of supervised training of a maximum of two years, and complete any necessary formal examinations. The exact time of supervised practice depends on the discipline of the applicant and the laboratory where the supervised practice takes place. Substantially comparable applicants may be required to undertake a period of up to twelve months practice under peer review, including the completion of any relevant work place assessments. During the period of peer review and supervised practice, OTS applicants are treated the same way as trainees of the college.

The college expects applicants to obtain Fellowship within four years from the date of Report 1.

RCPA also accepts applications from OTS applicants seeking an area of need assessment. Applicants may apply for through the area of need pathway separately or concurrently with the specialist pathway.

The RCPA process for assessing Australian and New Zealand medical graduates with overseas specialist qualifications is the same as the RCPA OTS assessment process.

### 19.1 Committee structure and operation

#### Overall finding



*RCPA complies with the Good Practice Guidelines in relation to the committee structure and operation.*

*RCPA could consider including a community member on the OTS Assessment Committee.*

#### Key features of process

The OTS Assessment Subcommittee is a Subcommittee of the Board of Education and Assessment with responsibility for the assessment of OTS applicants (1).

The Chairman of the Subcommittee is ex officio a Member of the Board of Education and Assessment (1). One member of the committee has been through the process themselves, and other members are voted on in two year terms by the Subcommittee (1).

The OTS Assessment Subcommittee includes one representative who has completed the OTS pathway (1). There is no community member on the committee, although the college's Lay Committee is a separate committee, which provides advice and support to the College on pathology issues which impact on the general community (2).

The OTS Assessment Subcommittee has Terms of Reference, which outlines individual responsibilities, assessment, membership and appointment process for the subcommittee (1). There is a separate conflicts of interest policy, which applies across all committees that provides a basis for ensuring procedural fairness (3).

## Analysis

As per the requirements in the *Good Practice Guidelines*, RCPA has established a committee for the OTS assessment process with a documented governance framework with the associated requirements.

The *Good Practice Guidelines* require that the committee includes one OTS who has been through the process and one community member, if possible. The OTS Assessment Subcommittee includes one representative who has completed the OTS pathway but no community member.

The *Good Practice Guidelines* require that committee members have the necessary attributes, knowledge and skills in the assessment of college trainees and understand the college's training requirements and standards. RCPA has sought to meet this requirement by including a member on the committee who has been through the OTS process themselves. In addition, the subcommittee is responsible for voting on members in two year terms based on their experience and knowledge of the process.



## 19.2 Application and paper based review

### Overall finding



*RCPA complies with the Good Practice Guidelines in relation to the application and paper-based review.*

*As part of the de-identified file review, we confirmed that, for the files shown, the paper-based review was undertaken using the template and requirements specified by the college.*

### Key features of process

The OTS Subcommittee conducts a paper based assessment to determine whether applicants are eligible to proceed to the interview stage (4). Applicants are considered eligible where they require no more than two years of further training / supervised practice to reach a level consistent with an Australian Fellow (4).

The college provides discipline-specific handbooks as an overview of the curriculum in which applicants are assessed against for comparability (6). These include information on learning outcomes, activities and assessment.

The college publishes a document outlining general information to assist with completion of the application form (5). This document is accessible from the website and includes the requirement to apply for primary source verification of their primary and specialist medical qualifications by the AMC. In addition, the English Language requirements are noted and no higher than that required by the MBA's English language skills registration standard. The guidelines on recency of practice are also noted and the college requires recent practice in the discipline for which they are applying to ensure individuals are able to practise competently and safely. The specific requirements for recency depend on the field of practice, level of experience and where applicable the length of absence from working within the discipline (5). A full list of the required documents is published as part of the application form (7).

Conditional on the applicant's submission, the OTS Subcommittee will choose whether to grant an interview and progress the applicant through the process (4).

## Analysis

RCPA has taken steps to make the application process as clear as possible for applicants through the specialist pathway. A separate document provided on the website provides an overview of each stage of the process paired with a high-level process flowchart (4). This is complemented by a separate document that provides general information and guidance for completion of the application form (5).

The *Good Practice Guidelines* require a clear statement of the assessment standards and criteria against which applicants will be assessed. RCPA has sought to meet this requirement by providing applicants an overview of the curriculum for each discipline

in which applicants are assessed against for comparability. RCPA does not publish a summarised statement of the assessment standards and criteria to assist applicants.

The website provides details on each of the elements required by the *Good Practice Guidelines* – required documentary evidence, recency of practice, English language requirements and primary source verification. The English Language requirements are no higher than that required by the MBA's English language skills registration standard.



### 19.3 Interview

#### Overall finding



*RCPA substantially complies with the Good Practice Guidelines in relation to the interview. RCPA should include a community member on the interview panel.*

*As part of the de-identified file review, we confirmed that, for the file shown, the interview was undertaken using the template and requirements specified by the college.*

#### Key features of process

The interview panel consists of at least three people, including the Chairman of the Subcommittee or a Fellow nominated by him/her, and the Subcommittee member representing the discipline of the applicant's choice (8). The interview panel does not contain a community member, however, as with the OTS Assessment Subcommittee, the college can consult The Lay Committee of the College if appropriate (2).

The college interviews at least five times each year for applicants on the specialist and area of need pathways (2). Members of the subcommittee undergo training provided by an external provider once every two years (2). Members of the Subcommittee on initial review of the documentation, may advise the Chair of the Subcommittee of any specific areas for clarification (8). Questions asked during the interview vary based on the discipline of the interview (8).

The college uses an interview checklist to ensure all information that is required is collected (9). Questions are structured to assess and clarify the training, qualifications and assessment of the applicant in addition to exploring the recency of practice, CPD and other aspects of training such as teaching, research and publications. Clinical testing is not undertaken by the college and therefore does not form part of the interview checklist. SIMGs are given the opportunity to ask questions during the interview. An interview protocol document lists all these areas and provides a consistent mechanism for the college to assess candidates (10).

Following the interview, the committee prepares a Report 1 that includes the training and/or assessments that are required to be completed to obtain Fellowship. This report is reviewed by the Chief Examiners and is presented to the Registrar/Deputy Registrar, Board of Education and Assessment (BEA) to be checked and signed (4).

#### Analysis

RCPA meets many of the requirements in the *Good Practice Guidelines* for the interview based on the information provided by the college and associated documents. The Interview Checklist does not cover all aspects required by the *Good Practice Guidelines*, such as cultural sensitivities. However, the college requires all OTS candidates to complete cultural competence education modules including elements specific to Indigenous communities while on the pathway (11).

The *Good Practice Guidelines* require the college to clearly communicate the interview process to applicants. Information for applicants is located on various webpages. One document provides details on interviews for OTS and area of need applicants, however, only refers to assessing applicants for designated positions (8). Another document refers to guidelines on interviews for OTS applicants, located on the policy section of the website (4). However, no such guidelines exist on this webpage (12).

The *Good Practice Guidelines* require colleges to include a community member on the interview panel. RCPA does not include a community member, although has the option to consult The Lay Committee of the College if they believe it is appropriate.

RCPA meets other aspects of the *Good Practice Guidelines* in relation to interviews. This includes having trained assessors on the interview panel; assessors reviewing documentation; use of structured questions addressing relevant topics; assessment in accordance with the college's published assessment criteria; avoiding unnecessary questions; and no clinical testing.



## 19.4 Interim assessment decision (assessment of comparability)

### Overall finding



*RCPA partially complies with the Good Practice Guidelines in relation to the interim assessment decision. The college's assessment in some cases appears inconsistent with the application of the MBA's definitions of comparability.*

### Key features of process

In assessing applicants' comparability, the interview panel may make one of four assessments. Applicants are determined not comparable, where they would have been required to undertake more than two years additional assessment to be considered comparable to that of a Fellow of the RCPA (8). Applicants are assessed as substantially comparable where they hold certain qualifications in pathology, as determined by the Board of Education and Assessment. The college generally finds applicants with UK degrees are assessed as substantially comparable (2). These applicants are required to undertake a period of peer review of either three, six or twelve months (8).

Applicants can be determined partially comparable where they have suitable postgraduate qualifications and have successfully completed a period of supervised training. These applicants are required to undertake necessary assessments determined by the Board of Education and Assessment to confirm comparability and for attainment of Fellowship of the College (8). Partially comparable candidates will always be required to do some formal examinations and the final oral examination (2). Applicants may also be determined partially comparable where the applicant has substantial training, qualifications and experience in pathology, but has only demonstrated partial comparability to that which is expected of RCPA trainee. In this scenario, the applicant is required to undertake a period of "top up" knowledge of up to two years leading to assessment for Fellowship (8).

The college identifies any gaps/deficiencies compared with Australian specialist training by assessing applicants directly against the RCPA curricula (2). In addition, an initial determination of comparability can be undertaken by the college based on the applicant's qualifications only (4). The college does not assess applicants in a limited scope of practice (2).

The college does not enforce maximum timeframes directly although acknowledge that they can be enforced by AHPRA (2). However, this is not strictly true as AHPRA cannot enforce maximum timeframes for completing college requirements although the MBA can act through registration (i.e. to renew their registration an applicant must show progress). Failing exams is the primary cause of applicants determined partially comparable falling outside the required maximum of four years in completing their requirements (2). Often it is the case that there is only one sitting of the exam each year which can significantly delay completion (2).

### Analysis

RCPA's published material uses the definitions and requirements for substantially comparable, partially comparable and not comparable as set out in the *Good Practice Guidelines*. However, the *Good Practice Guidelines* require partially comparable applicants to undertake upskilling with associated supervised practice, of up to 24 months (FTE). Where applicants have suitable postgraduate qualifications and have successfully completed a period of supervised training, the college policy indicates that

they are only required to complete necessary assessments, rather than a period of supervised practice.

The *Good Practice Guidelines* require that the college identifies any gaps/deficiencies compared with Australian specialist training. The college has sought to meet this requirement by assessing applicants against the relevant college curricula although don't publish the assessment standards or criteria which applicants are assessed against. In 2016, the majority of applicants who received an interim assessment decision were assessed as partially comparable (13).

The *Good Practice Guidelines* require maximum timeframes to be established for completion of college requirements by partially and substantially comparable applicants. The college does not enforce maximum timeframes, acknowledging that failed exam attempts can significantly delay completion of the process (2).

The college does not have a policy for assessing OTS applicants who are practicing at a similar standard as an Australian trained specialist practicing in a limited scope of practice as required by the *Good Practice Guidelines*.



## 19.5 College additional requirements and final assessment

### Overall finding



*RCPA substantially complies with the Good Practice Guidelines in relation to college additional requirements and final assessment. To fully meet the Guidelines, RCPA should provide further clarity regarding the requirements and procedures for supervision and examinations.*

### Key features of process

Additional requirements are communicated to the applicant through Report 1 and depend on the applicants training, qualifications and experience (8). Applicants determined to be substantially comparable are required to undertake a period of peer review of either three, six or twelve months (2). Applicants determined to be partially comparable may be required to undertake a period of "top up" training and complete relevant assessments, including at least one formal written examination as well as the final oral examination (8). As soon as applicants are deemed eligible for interview, they are provided with log in details to the website (2). This provides them information on the exams run by the college, including the exams required by the applicant to undertake, as outlined in Report 1 (2). Substantially comparable applicants are not required to undertake formal examinations (4).

Applicants follow exactly the same processes as Australian trainees (2). Nearly all pathology disciplines have a network appointment process and OTSs are required to apply for positions through these channels (2). RCPA training positions are only in accredited laboratories (2). It can be difficult for non-permanent residents/citizens to secure these positions although the college does not have any influence over this (2). In looking for a position, OTS applicants are directed to a searchable spreadsheet on the college's website which contains all accredited laboratories, years of accreditation and details of the main contact (2). Part of the accreditation process is assuring that there are suitable pathologists on site to take on the responsibility of supervision (2).

During supervision, supervisor reports are completed by the approved supervisor and discussed with the applicant (2). The applicant has the opportunity to provide additional comments before the forms are sent to the College for review (2). OTS applicants who do not meet college requirements are advised to contact AHPRA for further guidance (4).

The college has a policy which outlines the roles and responsibilities of supervisors, however, does not clearly distinguish the differences between supervisors and peer reviewers (14). The appropriate level of supervision varies based on the level of experience of the applicant and the areas of the curricula where additional experience/work is required (2). New supervisors undergo training to become accredited and undergo further training every five years (14). The college does not allow remote supervision by supervisors or peer reviewers (2). In addition, during this

stage of the process it is not a requirement to participate in the College CPD program, although the program is open to OTS applicants (2).

Once the applicant has completed five years training (including any prior training undertaken for which the applicant may be retrospectively accredited), submitted the required supervisor reports or peer review reports and have passed (or been exempted) all of the required assessments, they may apply for Fellowship (4). The college expects applicants to obtain Fellowship within four years from the date of Report 1 (4). Area of need applicants are not required to obtain Fellowship of the RCPA to practise, although it is often the case that area of need applicants fulfil the requirements in order to obtain Fellowship (2).

## Analysis

RCPA documents and publishes the requirements and procedures for supervision and examinations as required by the *Good Practice Guidelines*. Whilst RCPA publishes this information, they do not clearly distinguish what "top up" training and relevant assessments are required by applicants determined partially comparable.

The *Good Practice Guidelines* require colleges to publish the appropriate level of supervision for an OTS applicant's level of training and experience. The college does not promote this but takes this into account in the initial comparability assessment based on the level of experience of the applicant and the areas of the curricula where additional experience/work is required (2).

The *Good Practice Guidelines* require colleges to inform OTS applicants about the requirement for prospective approval of supervisors or positions. RCPA has sought to meet this requirement by advising applicants that part of the process in finding an accredited position is assuring that there are suitable pathologists on site to take on the responsibility of supervision. The *Good Practice Guidelines* require colleges to publish the requirements for remote supervision. RCPA does not support remote practice (2). This is reiterated through the requirement of having an appropriate supervisor on site when getting a position approved.

The *Good Practice Guidelines* require the college to publish guidelines on processes for addressing issues arising during periods of supervision / peer review. The college has sought to meet this requirement by advising supervisors and OTS applicants to contact the college and these issues are dealt with the same as other trainees, on a case-by-case basis.

RCPA meets other *Good Practice Guidelines* requirements including not requiring substantially comparable OTS applicants to sit formal written examinations; aligning OTS applicants clinical experience and assessment requirements to what is required of Australian trainees; documenting the process for monitoring OTS applicants (i.e. through supervision / peer review reports); defining the roles and responsibilities of supervisors and OTS applicants; and advising applicants who do not meet college requirements to contact AHPRA.



## 19.6 Area of need assessment

### Overall finding



*RCPA complies with the Good Practice Guidelines in relation to area of need assessment.*

### Key features of process

RCPA publishes a document outlining variations between the requirements for specialist recognition and area of need assessments. For area of need, applications are usually made in conjunction with the employer who is sponsoring the position (8). The college publishes the objectives of the area of need assessment, how an area of need post is defined and the criteria for its definition.

Area of need applicants are required to submit additional documentation, which is listed in the college's assessment guide (8). The paper based review and interview process is the same as for the specialist recognition pathway, but aims to also explore



the applicant's suitability for the requested position, alongside exploring the applicant's training, qualifications and experience (8).

If the area of need applicant is assessed as having had comparable training, experience and similar examinations to a fellow, the applicant is provided with a training and examination determination for progressing to Fellowship. This progression on the specialist pathway is encouraged, but not mandatory (8). An applicant holding area of need registration may also apply directly to the College pathway for specialist recognition.

## Analysis

The *Good Practice Guidelines* require that colleges have a process for assessing applicants for an area of need. RCPA has a published process for area of need assessment. After the interview applicants are also given an assessment of training or examination requirements to progress on the specialist pathway, which is encouraged but not mandatory.



## 19.7 Communication

### Overall finding



*RCPA complies with the Good Practice Guidelines in relation to communication with the MBA and AHPRA, and SIMGs.*

### Key features of process

The College has developed a series of step guides that explain in detail the process required by the RCPA, and the MBA when applying for Assessment and Registration (15). There are separate step guides for assessment under the specialist recognition and area of need pathways (15). Both guides also include flowcharts of the RCPA interview and Fellowship process.

A separate document provides applicants with an overview of the college's policy surrounding the assessment of an OTS (8). This provides further details on the purpose of the interview.

Any information received by the college for the interim assessment decision that raises concerns about an OTS applicant's suitability for registration is passed onto the MBA. The college does not have a documented policy outlining this process. Report 1 is used to communicate to the AMC, AHPRA and the applicant, the interim assessment decision of the college and any additional requirements for the applicant (4).

Following successful completion of the assessment, the OTS is recommended for specialist recognition to the MBA using Report 2 (2).

## Analysis

The *Good Practice Guidelines* require that colleges have a clear process for assessment in the specialist pathway. The college achieves this through the information published on the website.

The *Good Practice Guidelines* require that colleges notify the MBA of any information received by the college for the purposes of the interim assessment decision that raises concerns about an OTS applicant's suitability for registration. The college has a process for communicating issues to the MBA, although this is not documented.

The college meets other aspects of the *Good Practice Guidelines* relating to communication, including informing the OTS of the interim assessment outcome and additional requirements; and uploading its decisions using Reports 1 and 2.





## 19.8 Governance and appeals processes

### Overall finding



*RCPA partially complies with the Good Practice Guidelines in relation to governance and appeals processes. The college does not currently offer re-assessment of comparability. RCPC should document the policy and process for SIMGs with material changes in their training and experience to apply for re-assessment. The college should clearly document the requirements and procedures of appeals, reviews and reconsiderations to OTS applicants.*

### Key features of process

The college has a policy for the *Regulations Governing Process for Review of Certain Decisions of the Company*, which includes the appeals process for applicants (16). This policy is available in the College Policies section of the website but is not linked directly from the OTS webpage (12). In addition, applicants who are not satisfied are able to seek a review (4). The request must be sent in writing with the supporting documentation and is forwarded to the Chief Examiner (4). The college had no applicants or OTS trainees apply for appeal or review/reconsideration in 2016, and two applicants apply for appeal in 2015 after being assessed as not comparable (11).

The college has a small amount of OTS applications each year, which are managed by the Coordinator of Operations who ensures they progress in a timely manner with Outlook reminders and notes (2).

The college documents each stage of the process by using checklists during the document review stage and interview in addition to a final report, which summarises all detail and is presented to the Chief Examiner (2).

Deviations from published procedures are documented in individual files. However, the college does not document the policy of documenting deviations (2). Information is communicated to applicants via email and officially through Report 1 and Report 2 (2).

The college has not had a case where publically provided or externally available information is provided about an applicant. If such a case occurred, the information would be passed on to the CEO of the college and depending on the severity and relevance of the information, it would be considered and the applicant would be given the right of response (2). This process is not documented.

The college does not document a policy for re-assessment, in the case of a material change to an OTS applicant's training and experience since they were initially assessed by the college. The college explained that applicants who would like to apply for reassessment are able to apply through the same pathway (2).

The college has a documented bullying, discrimination and harassment policy which outlines processes for addressing these issues across all training pathways (17).

### Analysis

The *Good Practice Guidelines* require a process for monitoring an application to ensure it progresses in a timely manner. The college has sought to meet this with a Coordinator of Operations employee, who ensures applications progress in a timely manner with Outlook reminders and notes. This may be sufficient given the low number of applications received by the college.

The *Good Practice Guidelines* require clearly and publishing the requirements and procedures for appeals, reviews and reconsiderations. The college has a documented policy which includes appeals although it is not easily accessible from the OTS webpage. Limited information exists for reviews and reconsiderations, with the process document noting that applicants may request a review, which must be sent in writing with the supporting documentation to the Chief Examiner.

The *Good Practice Guidelines* require colleges to have a policy for how to apply for re-assessment of comparability and the circumstances under which the college will consider these applications. Re-assessment relates to a material change to an OTS's

training and experience since they were initially assessed. RCPA does not have a policy which documents this process.

The college meets other aspects of the *Good Practice Guidelines* relating to documenting each stage of the process and deviations from the published policy, ensuring procedural fairness in externally provided/available information and a policy for managing an appeal/review/reconsideration.



## 19.9 Fees

### Overall finding



*RCPA partially complies with the Good Practice Guidelines in relation to fees. However, the college should clearly display in one location on its website, an estimate of the total fee that a SIMG is likely to incur to complete the requirements for the specialist pathway. The college should also publish the appeals fee.*

### Key features of process

RCPA's OTS assessment fees are outlined in the RCPA Fee Schedule (16). The current fees are the OTS and/or area of need assessment are:

- OTS/ Area of Need Training Determination (\$4,400)
- OTS/ Area of Need Training Determination Application Fee (\$330)
- OTS/ Area of Need Training Determination Incomplete Application Fee (\$165)

The total fee for the OTS to progress through the specialist pathway process is not documented on the website, meaning it is possible that the applicant may also be required to pay for assessment or training fees.

The appeals fee is not published as a part of the RCPA Fee Schedule or explicitly in the appeals process document. Noted in the appeals process document is that the college may require an applicant to pay a fee of an amount equivalent to the subscription payable by a Fellow for the current year (16). Where the appeal is successful, all fees paid by the applicant are refunded (10).

### Analysis

In line with the *Good Practice Guidelines*, RCPA documents the fees involved in the assessment process and only charges fees for the allowed activities.

The RCPA Fee Schedule for OTS applicants and trainees is found on the 'Training with RCPA' webpage. It requires some searching and a link is not provided directly from the 'Overseas Trained Specialists' webpage, although it is noted in the guidance notes for OTS applicants that they will be required to pay a fee.

RCPA refers to OTS applicants directly in the Training Determination fee and associated application fee but it is not clear which other fees apply to OTS applicants. The appeal fee is not listed on the RCPA fee schedule or the OTS step guides.

RCPA also does not publish the appeals fee on its website, the *Good Practice Guidelines* require the costs of each element of the process to be published.

## 19.10 Medical Board of Australia benchmarks and compliance measures

Table 19.1: Medical Board of Australia benchmarks

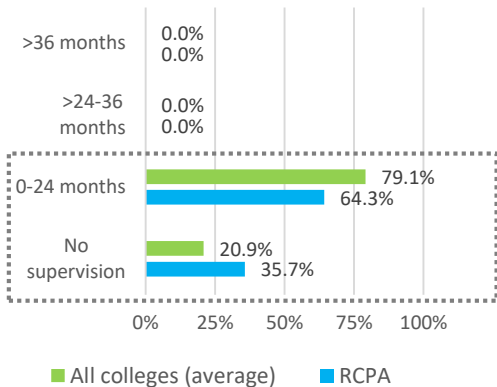
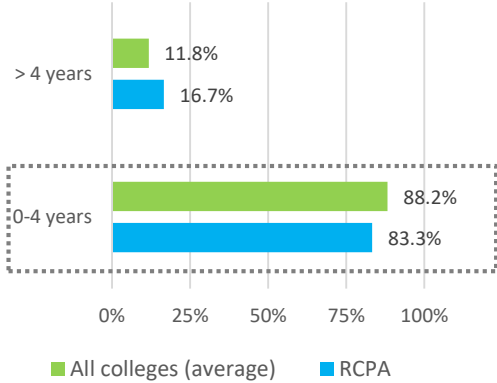
Benchmark <i>all data is for 2016</i>	Description	Comments															
<p><b>Time to first available interview</b></p> <table border="1"> <thead> <tr> <th>Time Interval</th> <th>All colleges (average)</th> <th>RCPA</th> </tr> </thead> <tbody> <tr> <td>&gt;9 months</td> <td>0.8%</td> <td>0.0%</td> </tr> <tr> <td>&gt;6-9 months</td> <td>0.8%</td> <td>7.7%</td> </tr> <tr> <td>&gt;3-6 months</td> <td>16.2%</td> <td>23.1%</td> </tr> <tr> <td>0-3 months</td> <td>82.1%</td> <td>69.2%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ RCPA</p>	Time Interval	All colleges (average)	RCPA	>9 months	0.8%	0.0%	>6-9 months	0.8%	7.7%	>3-6 months	16.2%	23.1%	0-3 months	82.1%	69.2%	<p><b>Start date:</b> date complete application received</p> <p><b>End date:</b> date of first available interview that is offered</p> <p><b>Benchmark:</b> interview available within 3 months</p>	<p>The college explained in the report to the MBA that in 2016 some applications did not meet this benchmark due to difficulties in obtaining the correct information from applicants and on the standard of training from particular countries, or in some cases, institutions. One candidate requested a later interview date (11).</p>
Time Interval	All colleges (average)	RCPA															
>9 months	0.8%	0.0%															
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<p><b>Time from interview to interim assessment decision</b></p> <table border="1"> <thead> <tr> <th>Time Interval</th> <th>All colleges (average)</th> <th>RCPA</th> </tr> </thead> <tbody> <tr> <td>&gt;28 days</td> <td>42.5%</td> <td>38.5%</td> </tr> <tr> <td>15-28 days</td> <td>17.5%</td> <td>46.2%</td> </tr> <tr> <td>0-14 days</td> <td>40.1%</td> <td>15.4%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ RCPA</p>	Time Interval	All colleges (average)	RCPA	>28 days	42.5%	38.5%	15-28 days	17.5%	46.2%	0-14 days	40.1%	15.4%	<p><b>Start date:</b> date of interview</p> <p><b>End date:</b> date decision of interim assessment is made by the college (Report 1)</p> <p><b>Benchmark:</b> interim assessment completed within 14 days from the interview</p>	<p>The primary reason for applications exceeding the benchmark was an extra step in the decision making process. With the current process, the interview panel is required to make a recommendation of the applicant's comparability to the Chief Examiner, who makes the final decision. As Chief Examiners are volunteers, other professional commitments can often lead to delays (2, 11).</p>			
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<p><b>Time for specialist recognition interim assessment</b></p> <table border="1"> <thead> <tr> <th>Time Interval</th> <th>All colleges (average)</th> <th>RCPA</th> </tr> </thead> <tbody> <tr> <td>9 months +</td> <td>2.5%</td> <td>0.0%</td> </tr> <tr> <td>7-9 months</td> <td>10.8%</td> <td>0.0%</td> </tr> <tr> <td>3 months, 15 days - 6 months</td> <td>34.6%</td> <td>75.0%</td> </tr> <tr> <td>0 - 3 months, 14 days</td> <td>52.1%</td> <td>25.0%</td> </tr> </tbody> </table> <p>■ All colleges (average) ■ RCPA</p>	Time Interval	All colleges (average)	RCPA	9 months +	2.5%	0.0%	7-9 months	10.8%	0.0%	3 months, 15 days - 6 months	34.6%	75.0%	0 - 3 months, 14 days	52.1%	25.0%	<p><b>Start date:</b> date complete application is received</p> <p><b>End date:</b> date that decision of interim assessment is made by the college (Report 1)</p> <p><b>Benchmark:</b> interim assessment completed within 3 months and 14 days</p>	<p>As with the previous benchmark, an extra step in the decision making process for the college causes this delay. With the current process, the interview panel is required to make a recommendation of the applicant's comparability to the Chief Examiner, who makes the final decision. As Chief Examiners are volunteers, other professional commitments can often lead to delays. One candidate requested a later interview date (2, 11).</p>
Time Interval	All colleges (average)	RCPA															
9 months +	2.5%	0.0%															
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0 - 3 months, 14 days	52.1%	25.0%															

Benchmark <i>all data is for 2016</i>	Description	Comments
<p><b>Time for area of need assessment</b></p> <p>0% 25% 50% 75% 100%</p> <p>■ All colleges (average) ■ RCPA</p>	<p><b>Start date:</b> date complete application is received</p> <p><b>End date:</b> date that decision of assessment is made by college</p> <p><b>Benchmark:</b> Area of need assessment completed within 2 months</p>	<p>There were no applications for area of need assessment only in 2016.</p>
<p><b>Time for final assessment decision</b></p> <p>0% 25% 50% 75% 100%</p> <p>■ All colleges (average) ■ RCPA</p>	<p><b>Start date:</b> date college notified that IMG has completed all requirements</p> <p><b>End date:</b> date that decision of final assessment is made (Report 2)</p> <p><b>Benchmark:</b> decision completed within 2 months</p>	<p>The majority of applications were assessed within the benchmark of time for final assessment decision in 2016. The college had one applicant who was outside the required two months by two days which the college explained was due to internal processes (11).</p>

Source: MBA data, 2017.

Table 19.2: Medical Board of Australia compliance measures

Compliance measure <i>all data is for 2016</i>	Description	Comments
<p><b>Period of peer review – substantially comparable IMGs</b></p> <p>0% 25% 50% 75% 100%</p> <p>■ All colleges (average) ■ RCPA</p>	<p><b>Compliance measure:</b> up to 12 months FTE of peer review</p>	<p>No substantially comparable SIMGs were required to do more than 12 months of peer review in 2016, as per the <i>Good Practice Guidelines</i>.</p>

Compliance measure <i>all data is for 2016</i>	Description	Comments															
<p><b>Period of supervision – partially comparable IMGs</b></p>  <table border="1"> <thead> <tr> <th>Supervision Period</th> <th>All colleges (average)</th> <th>RCPA</th> </tr> </thead> <tbody> <tr> <td>&gt;36 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>&gt;24-36 months</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>0-24 months</td> <td>79.1%</td> <td>64.3%</td> </tr> <tr> <td>No supervision</td> <td>20.9%</td> <td>35.7%</td> </tr> </tbody> </table>	Supervision Period	All colleges (average)	RCPA	>36 months	0.0%	0.0%	>24-36 months	0.0%	0.0%	0-24 months	79.1%	64.3%	No supervision	20.9%	35.7%	<p><b>Compliance measure:</b> up to 24 months FTE of supervised practice</p>	<p>No partially comparable SIMGs were required to undertake more than 24 months of supervised practice in 2016, as per the <i>Good Practice Guidelines</i>.</p> <p>Five applicants were not required to undertake supervised practice in 2016.</p>
Supervision Period	All colleges (average)	RCPA															
>36 months	0.0%	0.0%															
>24-36 months	0.0%	0.0%															
0-24 months	79.1%	64.3%															
No supervision	20.9%	35.7%															
<p><b>Timeframes to complete requirements – substantially comparable IMGs</b></p>  <table border="1"> <thead> <tr> <th>Timeframe</th> <th>All colleges (average)</th> <th>RCPA</th> </tr> </thead> <tbody> <tr> <td>&gt; 2 years</td> <td>0.5%</td> <td>0.0%</td> </tr> <tr> <td>0-2 years</td> <td>99.5%</td> <td>100.0%</td> </tr> </tbody> </table>	Timeframe	All colleges (average)	RCPA	> 2 years	0.5%	0.0%	0-2 years	99.5%	100.0%	<p><b>Compliance measure:</b> up to two years to complete 12 months FTE peer review</p>	<p>All substantially comparable SIMGs who completed the requirements in 2016 did so within two years, as per the <i>Good Practice Guidelines</i>.</p>						
Timeframe	All colleges (average)	RCPA															
> 2 years	0.5%	0.0%															
0-2 years	99.5%	100.0%															
<p><b>Timeframes to complete requirements – partially comparable IMGs</b></p>  <table border="1"> <thead> <tr> <th>Timeframe</th> <th>All colleges (average)</th> <th>RCPA</th> </tr> </thead> <tbody> <tr> <td>&gt; 4 years</td> <td>11.8%</td> <td>16.7%</td> </tr> <tr> <td>0-4 years</td> <td>88.2%</td> <td>83.3%</td> </tr> </tbody> </table>	Timeframe	All colleges (average)	RCPA	> 4 years	11.8%	16.7%	0-4 years	88.2%	83.3%	<p><b>Compliance measure:</b> up to four years to complete 24 months FTE supervision</p>	<p>The majority of applications met the compliance measure. One OTS took longer than four years due to multiple failed attempts at passing discipline examinations (11).</p>						
Timeframe	All colleges (average)	RCPA															
> 4 years	11.8%	16.7%															
0-4 years	88.2%	83.3%															
<p><b>Formal examinations for substantially comparable IMGs</b></p> <p><i>No colleges required substantially comparable IMGs to sit exams in 2016</i></p>	<p><b>Compliance measure:</b> substantially comparable IMGs should not be required to undertake a formal examination</p>	<p>The college did not require any substantially comparable SIMGs to undertake formal examinations in 2016, as per the <i>Good Practice Guidelines</i>.</p>															

Source: MBA data, 2017.

**Documents reviewed and information sources**

- (1) Overseas Trained Specialist Subcommittee, 2015 (*internal document*)
- (2) Discussions with college and review of de-identified files, 2017
- (3) Conflicts of Interest policy, 2017 (draft)
- (4) Assessment of OTSs who wish to practise in Australia and obtain Fellowship, 2015
- (5) Information and Guidance Notes for Completion of the Application Form
- (6) 'Trainee Curriculum' webpage. Available at: <http://www.rcpa.edu.au/Trainees/Curriculum>, accessed October 2017
- (7) Application for Training Determination
- (8) Assessment of OTDs and OTSs in Australia and New Zealand, 2017
- (9) Interview Checklist – OTS and Area of Need, 2005 (*internal document*)
- (10) Interview Protocol for Overseas Trained Specialists and Area of Need Applicants (*internal document*)
- (11) AMC accreditation report – RCPA, 2017
- (12) 'College Policies' webpage. Available at: <http://www.rcpa.edu.au/Library/College-Policies>, accessed October 2017
- (13) RCPA Report to the Medical Board of Australia (2014, 2015, 2016)
- (14) Supervision of Training and Accreditation of Supervisors, 2016 (*internal document*)
- (15) Overseas Trained Specialist 'Step Guides' webpage. Available at: <http://www.rcpa.edu.au/Trainees/Overseas-Trained-Specialists/Step-Guides>, accessed October 2017
- (16) Regulations Governing Process for Review of Certain Decisions of the Company, 2013
- (17) Anti-Discrimination, Harassment and Bullying, 2016
- (18) 'RCPA Schedule of Fees' webpage. Available at: [https://www.rcpa.edu.au/getattachment/9f126cd6-2e7a-40c7-bd51-ac6ee55c96cd/RCPA-Schedule-of-Fees-\(1\).aspx](https://www.rcpa.edu.au/getattachment/9f126cd6-2e7a-40c7-bd51-ac6ee55c96cd/RCPA-Schedule-of-Fees-(1).aspx), accessed October 2017

## 20 Written submissions

This chapter presents findings from written submissions received from SIMGs, employers of SIMGs, and other relevant stakeholders. The information contained in this chapter reflects the perspectives shared by stakeholders, and Deloitte Access Economics has not undertaken any additional research or analysis of the information provided. For scope reasons, Deloitte Access Economics has also not reviewed the quality or validity of information contained in written submissions, nor investigated any of the claims made by stakeholders.

It is also noted that a relatively small number of written submissions were received, and these may not be representative of the experiences and perspectives of all SIMGs, employers and other relevant stakeholders. It is the nature of such stakeholder analysis that those most affected will often be the most motivated to provide submissions. This chapter needs to be read in that light.

### 20.1 SIMG submissions

SIMGs who were both successful and unsuccessful in obtaining registration were invited to contribute to the review process. In June 2017, AHPRA invited a randomly selected sample of 692 doctors who had undertaken SIMG assessment and were successful in obtaining registration to participate. This comprised approximately 50% of SIMGs who hold current specialist, limited or provisional registration. The colleges were asked to contact unsuccessful SIMGs to invite them to participate in the review to ensure an adequate representation of opinions.

SIMGs contacted for the review were sent a discussion paper, which introduced the review, and included suggested topics for comment (see Appendix C). SIMGs were invited to provide comment on various aspects of the assessment process, including:

- Accessibility of information about SIMG assessment;
- Experiences of peer review, supervised practice, assessment and examinations required by colleges;
- Reasonableness of fees;
- Experiences of appeals process;
- Any issues encountered during the assessment process;
- The extent to which the assessment process was perceived to be fair, transparent and efficient; and
- Any other relevant aspects that SIMGs wished to comment on.

All SIMG submissions were treated confidentially and were not shared with the specialist medical college or AHPRA. Feedback from submissions was collected and presented in an aggregated format to ensure that no person could be individually identified.

We received 41 written submissions from SIMGs. A number of general themes were identified based on the SIMG responses. These include:

- The appropriateness of an interview as a tool to confirm submitted documentation;
- The transparency of the process through published policy and reliable communication with the college;
- The length of the process, including the time required to collect certified documents;
- The appropriateness of an exam for SIMGs with many years' experience;
- The high fees associated with stages of the process, particularly appeals;
- The inadequate assessment of qualifications, training and experience; and
- Bullying and harassment of SIMGs.

Stakeholders also commented on a range of other topics, outside the scope of the review, which are not detailed here. These include the supply of specialists in Australia and concerns with the process prior to 2014.

### Interview

A number of SIMG candidates raised concerns with the appropriateness of interviews used as a mechanism to confirm details of the applicant, which are already provided in the applicant's paperwork. In addition, submissions indicated a lack of information published on the interview process, causing SIMGs to arrive unprepared for the interview, where ultimately they felt it affected their comparability assessment. At least one



SIMG indicated that the college indicated in their policy that no clinical or theoretical questions were included in the interview, only to be asked a number of clinical and theoretical questions during the interview.

Colleges often require applicants to attend an interview in person, causing the SIMG to incur numerous costs associated with travel and time away from work. There has been at least one case of a SIMG flying to Sydney for an interview (incurring flight costs and hotel expenses, as well as having to take time off work) where none of the examiners were present and the interview was done by teleconference. In addition, the interviewers had not adequately prepared for the interview by reading the SIMG's application in advance, and the interviewers simply asked the SIMG to recite their CV over the phone. Many submissions indicated the belief that a skype interview would have been sufficient given the types of questions that were asked.

Multiple submissions suggested that the interview process ignored many years of experience, training and academic accomplishments, and instead placing emphasis on how the SIMG performed in the one-hour interview. One submission stated their belief that undergoing coaching prior to the interview with the college was significantly beneficial in achieving a favourable outcome.

### **Process transparency**

A lack of transparency in the application process was reported by many applicants. The issues applicants had with transparency ranged from the process itself to the interactions between the applicants, the colleges, and the required medical bodies. An improvement in transparency would also assist in addressing another issue that was frequently raised in submissions, the issue of consistency of assessments.

Transparency issues around the application process include the ease of access to information on the application process and communication of the process requirements. Many SIMGs reported that accessing information was convoluted with information and documentation located in a number of different places. It was reported that on multiple occasions the colleges made changes to both the process and the presentation of information on their websites without making these changes clear to SIMGs who were already on the pathway. This led to discrepancies between the requirements and process published at the beginning of some SIMGs applications, and the requirements that some SIMGs were eventually required to undertake.

Many submissions reported that it was confusing to interact with multiple medical bodies, for example, the MBA, AMC and the colleges, with some commenting that the medical bodies were poorly coordinated with each other. The second main communication issue centred on the colleges being unclear about how requirements were not met or which requirements the applicant was being assessed on. Further, in a number of instances, applicants reported that the assessment criteria themselves were not clearly communicated and it was not clear where to seek assistance.

Another major theme that arose from submissions was an inadequate explanation for the comparability assessment decision by the college. There has been at least one case where an applicant was assessed as not comparable, despite over 15 years working within the specialty in their home country, without a proper explanation why. At least two submissions argued for the use of detailed feedback reports that clearly identified deficiencies based on well-defined criteria. Multiple submissions also highlighted the need to receive clear feedback after failed examination attempts while on the pathway. There has also been at least one case where a SIMG requested a review, which was initially successful, before being overturned at the request of the head of the subspecialty committee without adequate explanation.

A small number of submissions spoke quite positively about the transparency and reliability of published information and communication with the college while on the assessment pathway.

### **Length of Process**

A number of SIMGs had issues with the time required to gather all the required information and documentation. SIMGs who had many years of experience, up to 20 years in one case, indicated that they felt the process was very bureaucratic with unreasonable requests for past documents given their level of experience in the specialty. For example, in the initial application stage SIMGs are required to provide original copies of supervision reports and evidence of the training undertaken during their original training. Given the level of experience of these SIMGs, they felt as though these documents were irrelevant in their assessment decision, and an unnecessary burden when applying to the college.

At least one submission highlighted some of the more tedious aspects of the process, including instances where the applicant was required to submit CVs to multiple medical bodies in a specific format that differed between bodies.

### **Exam**

A number of submissions highlighted the belief that the required exams were inappropriate, particularly for those with many years' experience in their specialty. At least four submissions to the review were from SIMGs with at least 15 years' experience, who were displeased with the requirement to sit an exam "intended for graduates" given their experience.

Multiple submissions by SIMGs who trained in the UK indicated that they felt as though the exams were unnecessary given the similarities between the Australian and UK training and processes. At least one applicant from the UK was required to sit the college exam despite completing a six year UK degree, longer than the Australian equivalent.

### **Fees**

The issue that was most frequently raised in submissions by SIMGs was the issue of high fees throughout the assessment process, notably the general SIMG application and appeals fees, which were reported as being two of the more unreasonable. At least one applicant was required to pay a fee of at least \$4,500 and dedicate many hours' worth of time preparing an application, to be provided with a three-page PDF stating their assessment of not comparable with no feedback or explanation of how the decision was reached. Multiple submissions suggest that the fees are exorbitant enough to discourage many SIMGs from submitting an application.

### **Appeals**

Another major issue that is frequently discussed is the appeals process at the colleges. Many submissions by SIMGs argued that the high appeals fees provided a significant deterrent to lodging an appeal. In addition, the fact that the appeal is done internally created a perception of a lack of independence and general distrust in the process, creating a further deterrence in appealing any decisions done by the colleges. At least one SIMG felt as though, following their successful appeal to the college, they were targeted by those on the committee and their peers. This result has continued to prevent this SIMG's progression through the process and completion of the specialist pathway.

### **Pre-determined assessment outcomes**

A number of submissions from SIMGs indicated the belief that the interim assessment outcome was predetermined, and that much of the process was pointless. One SIMG indicated in their submission that the college put little emphasis on important aspects of their application, basing the decision solely on the qualifications held by the applicant and their country of training. Another SIMG indicated in their submission that from their six-year UK degree, the college only appeared to review their last two years during the assessment process. In addition, the college was unable to accommodate the request to practise in subspecialties or a limited scope of practice.

### **Bullying and harassment**

A number of SIMGs submissions recounted their experience of being bullied or harassed by assessors, peer reviewers and supervisors throughout the process. One SIMG indicated in their submission that they were receiving positive supervisor reports up to the point they put in a bullying complaint; from that point onward, the reports became very negative. When it became evident that the bullying was not going to stop, the SIMG requested to swap hospitals, which was unsuccessful given the bad reference provided to the other hospital, causing them to not accommodate the SIMG's request to move. There has also been at least one case of SIMGs feeling discriminated against / harassed during the interview process.

## **20.2 Submissions from employers of SIMGs and other stakeholders**

The review received eleven submissions from employers of SIMGs and other stakeholders, including SIMG supervisors, medical recruitment organisations, and insurance providers. The discussion below provides a summary of the views and feedback provided through the written submission process.

### **Quality of SIMGs**

Employers of SIMGs generally perceived that SIMGs had high levels of skill and clinical competency. SIMGs from the UK, Canada, USA, South Africa, New Zealand, Switzerland, France, and Israel were generally found to

have qualifications and experiences that compared most favourably to Australian trainees. It was noted that substantially comparable SIMGs, in particular, generally required minimal supervision and received positive feedback from employers. In some cases, employers considered that the SIMG's training was superior to that of Australian training programs. Organisations that employ SIMGs did not perceive significant differences in the quality of candidates across colleges.

A smaller number of employers reported seeing large variation in the quality of SIMGs, and noted that substantial effort was required in the induction and orientation of some specialist pathway candidates. In a small number of cases, SIMG attitudes and behaviours have not met professional standards. In such cases, Australian Fellows were rated higher in terms of their professional and clinical skills.

It was noted that the period of adaptation to the Australian health system can be challenging for some SIMGs, particularly in the context of settling in their new life in Australia and managing immigration requirements. This can mean that SIMGs have a lower productivity during their initial settlement period since they lack confidence in the Australian health system and can be overly cautious of making mistakes. However, in most cases, SIMGs showed a strong and genuine commitment to learning and gaining experience.

### **Provision of supervision and peer review**

Employers generally provided positive feedback about their experiences providing peer review and supervision to SIMGs. Most employers believed that the requirements set by colleges were clearly explained, and many noted that the requirements could be accommodated without significant time or resource commitments by staff in the employer organisation. Assessment requirements and standards were generally seen as consistent across colleges, although a small number of stakeholders reported inconsistencies in requirements and standards both within and between colleges.

However, a number of employers in regional locations reported that there is inadequate assistance provided to employers to enable them to undertake the required supervision and peer review. Some employers recommended that financial or staffing assistance be provided to enable employers to meet college requirements. Meeting college requirements was especially challenging for SIMGs who were required to undertake supervision at Level 1 or Level 2. This requires a substantial resource commitment which may not be available in remote locations where workforce shortages are highest. It was noted that the level of supervision required for SIMGs is sometimes higher than the requirement for Australian residents and interns.

Further, the size and complexity of the employer, including the range of medical staff employed, can significantly affect the organisation's ability to provide peer review, supervised practice and workplace based assessments. Larger organisations are often better placed to provide supervision, while some smaller facilities often need to seek external peer review.

Some stakeholders commented that SIMG assessments take too long, and that SIMGs should be assessed based on their competencies rather than the period of time they are under supervision or peer review. It was suggested that SIMGs with experience in comparable health systems, such as the UK, could be permitted to undertake a shorter period of peer review.

Most colleges were seen as very transparent and approachable during the period of peer review or supervision, including clarifying assessment requirements, and providing assistance in the event of any issues.

### **Workforce challenges**

Employers in regional locations noted that SIMGs were a critical element of the medical workforce. This was most important in areas where employment needs could not be filled locally. SIMGs were also more likely to accept full time work and sign contracts compared to local staff who often preferred part time work without contractual commitments.

A small number of employers raised concerns that the specialist medical colleges were employing practices and assessment policies that restricted the supply of trained specialists, including SIMGs. There were some reports of colleges preventing SIMGs from obtaining registration in Australia, despite considerable efforts by employers to find local candidates for area of need roles. Stakeholders expressed concern that artificial restrictions to the supply of SIMGs could give rise to staffing and patient safety issues in regional locations.

Employing SIMGs can be a significant challenge for employers, requiring substantial resources to provide induction into the Australian health system and support adapting to the Australian professional and cultural context. However, employers were concerned that, despite the sizeable training and recruitments costs, many SIMGs move to different jobs as soon as their supervision or peer review is complete. This is particularly problematic and disruptive for regional locations with staffing shortages. It was suggested that SIMGs could be bonded to regional employers for a certain period (for example, 2-3 years) to better incentivise peer review and supervision.

More generally, it was suggested that SIMG assessment could be better aligned to workforce planning across specialities, including considering mandatory rural rotations for all SIMGs.

### **Issues arising during supervision**

A small number of submissions were received from individuals involved in providing supervision and workplace based assessments to SIMGs.

One SIMG supervisor reported being subject to professional pressure from the relevant college to make negative assessments in relation to a particular SIMG. The supervisor believed that, despite the SIMG being highly qualified and trained, the college was influencing supervisors to downgrade their assessments and withdraw their support for the candidate as part of the college exercising control over the supply of the specialist workforce. This supervisor also described instances where college assessment requirements were changed during the period of supervision, which they believed was designed to reduce the likelihood of the SIMG's success. It is understood that these concerns were the subject of a formal investigation.

SIMG supervisors also described the significant variation in the skills, experience and training of SIMGs. It was believed that some colleges did not adequately account for these differences in their assessment requirements. One SIMG supervisor noted that SIMG consultants with deep experience working in similar health systems (such as in the UK), were required to complete minor procedures and assessments that were not appropriate given their level of skill and experience.

### **Appeals and dispute resolution processes**

A number of submissions covered disputes between SIMGs, colleges and supervisors. It was noted that many disputes arise in situations where there has been poor communication of roles, responsibilities and expectations between SIMGs, supervisors, and colleges. In some instances, SIMGs have a poor understanding of the purpose of the assessment process, and the standards against which they are being assessed. Contributing to this, is a perceived lack of clarity of standards for "satisfactory" and "not-satisfactory" performance during supervision and peer review. It was also submitted that some SIMGs do not fully understand the reasons for their comparability assessment outcome, and these reasons could be better communicated. Stakeholders observed that in some cases SIMG assessments have placed more emphasis on the form of a SIMG's qualifications, rather than the substance of past training and experience.

The submissions noted that SIMG assessment can be a complex process, and involves a number of inter-related bodies including AHPRA, the AMC, the College, and employers. It was suggested that improved coordination of processes and communications across these bodies could increase clarity in the assessment process and reduce the number of disputes.

Stakeholders reported that some issues arise in Area of Need positions, when there are changes to the scope of practice or supervisor availability, which can be common in rural settings. It was suggested that colleges should have flexible mechanisms for addressing these situations to ensure, wherever possible, that SIMGs can continue working in the position. Stakeholders were also welcoming of opportunities for informal dispute resolution mechanisms, which avoid the cost and time commitment of a formal appeals process.

## 21 Other consultations

For the review, we consulted the AMC, representatives from each of the State and Territory Medical Boards, AHPRA registration staff, members of the Health Workforce Principal Committee and the Australian Medical Association.

Consistent messages from our consultations were that:

- The revised process of SIMGs applying directly to the colleges is much simpler and more efficient.
- The introduction of the *Good Practice Guidelines* has provided useful clarity on the process for the colleges, and because the Guidelines provide guidance which can accommodate differences between the colleges rather than prescriptive rules.
- The definitions of comparability are sometimes not consistent, both within and across colleges.

The discussion below provides a summary of the key themes provided through the consultation process.

### 21.1 Comparability assessment

Most stakeholders commented that assessing comparability is complex, especially when comparing SIMGs from countries where specialist training is very different. Some systems are very similar to ours and it is straightforward to assess whether training is comparable. However, in other parts of the world, for example, in Europe and America there is a large variation in specialist training compared to Australia. This is further complicated when trying to assess culture and fit.

A number of stakeholders raised concerns about the consistency of the definition of comparability across and within colleges, and we heard a number of anecdotal stories about inconsistencies. A few stakeholders raised concerns that the colleges may not be correctly interpreting how area of need should be assessed and are requiring SIMGs to be substantially comparable for area of need, which is not how the *Good Practice Guidelines* are written.

A smaller number of stakeholders said that they thought there was a robust and solid framework for assessing SIMGs and there were only some small issues with streamlining processes. They considered that it was a fair and open process and had no concerns in terms of decisions.

Stakeholders also mentioned that a key difference between some overseas training programs and Australia's is the breadth of scope. The scope of practice in Australia tends to be broader, so a SIMG may be comparable for a part of the speciality but not cover other aspects. Stakeholders thought there was a greater opportunity to register SIMGs with a limited scope of practice rather than assessing them as partially or not comparable.

Stakeholders noted that 'comparability' is deliberately different from 'equivalence', and that colleges should not be trying to exactly match the requirements for an Australian trainee with the training of the SIMG. For example, decisions should not be made solely on whether an applicant sat a certain type of exam.

### 21.2 Process inefficiency

Some stakeholders raised concerns about the cost, the length of time and the application requirements for the assessment process. For example, the requirement for applicants to attend a face-to-face interview was considered unnecessarily burdensome and they were of the opinion that the initial screening could be done by teleconference or video conference. This would save both the applicant and the college time and money, and would still allow colleges to undertake the interim assessment of comparability.

Other examples included the length of time the process takes and the amount of paperwork, which has deterred candidates from applying; and the high cost that can be associated with remote supervision, with the example given of an applicant in North Queensland who had to fly to another location to be supervised.

### 21.3 Peer review and supervised practice

Stakeholders raised some concerns about the requirements the colleges set for supervision and peer review, and the purpose of peer review for substantially comparable applicants.

Some stakeholders thought that the colleges were not applying the requirements for peer review and supervision consistently, and some examples were given of substantially comparable applicants being required to do two years for supervised practice. Other stakeholders thought that the time set for peer review and supervised training seemed arbitrary and that the colleges could better explain why applicants need to do their allocated amount of supervised practice or peer review.

There were mixed views about requiring substantially comparable SIMGs to undertake a period of peer review. Some stakeholders considered that it was appropriate and in line with the requirements for Australian-trained specialists. Other stakeholders thought that it was unnecessary and had created confusion, as substantially comparable should have the right level of technical skills and thus may require a brief period of orientation rather than formal peer review.

#### **21.4 Communication with SIMGs**

Stakeholders considered that communication with SIMGs could be improved in relation to explaining the decision, creating a more supportive environment for SIMGs and setting more realistic expectations about the prospects of finding work in Australia. A key message from the consultations was that more transparency about why the college had made a particular decision would be useful. It was suggested that colleges could provide the criteria against which someone has been assessed and clearly show why the applicant has or has not met the criteria. This would demonstrate to SIMGs that the decision was evidence based, which would lead to greater trust in the process and help to address concerns that the colleges are closed shops. As noted above, it was also suggested that colleges should be required to provide greater justification for why the period of peer review or supervised practice is needed.

A few stakeholders also raised concerns about the manner of communication. It was perceived that many communications were very dry and put in a negative and legalistic tone, even when it was positive. It was recommended that the colleges could adopt a more positive and supportive manner for engaging with SIMGs.

Another concern raised was that SIMGs are given false expectations about their prospects of finding employment in Australia as a specialist, once they have been assessed as comparable. Stakeholders acknowledged it was not the responsibility of the colleges to find a position for applicants, but thought that the current employment situation for the specialty could be communicated to SIMGs prior to applying.

#### **21.5 Benchmarks and compliance measures**

Stakeholders considered that the benchmarks and compliance measures are useful from a process point of view, which was of a concern previously, but observed that it is harder with measures related to comparability. Some stakeholders noted that it has aligned outcomes but not necessarily the decision. That is, colleges have downgraded decision outcomes to meet the Medical Board measures (e.g. assessing SIMGs as partially comparable so they can be asked to sit the exam). It was suggested the MBA should focus more on outcomes than the process measures.

The benchmarks and compliance measures are not well known, and some stakeholders, who are involved in the process, were not aware of them. It was also not clear to some stakeholders how the MBA monitors the process and ensures consistency.

#### **21.6 Fees**

A number of stakeholders commented that the fees are very high, and that this can be a barrier to SIMGs applying through the process. The upfront costs can be prohibitive for SIMGs from poorer countries or refugees, even though if successful they will likely receive a good salary.

Stakeholders thought that the colleges should be able to collect fees and noted that the time of a Fellow has a high opportunity cost and they are entitled to some compensation for their time. Most thought that setting the fees at the level of cost recovery was reasonable.

Most stakeholders thought the fees should be more transparent and the colleges should provide a better justification of what the costs of the process are.

## 22 Review findings

This chapter provides a summary of the findings of the review. It shows the extent to which the colleges are complying with the *Good Practice Guidelines*. It also provides an overview of the colleges' performance against the benchmarks and compliance measures, and our assessment of whether the benchmarks and compliance measures are reasonable and an effective measure of college performance.

### 22.1 Alignment with the *Good Practice Guidelines*

Figure 22.1 summarises the colleges' compliance with the *Good Practice Guidelines* drawn from the analysis presented in Chapters 4 to 19, using the rating scale summarised in Table 3.2.

Figure 22.1: Colleges' compliance with the *Good Practice Guidelines*

College	Committee structure and operation	Application and paper-based review	Interview	Interim assessment decision	College additional requirements and final assessment	Area of need assessment	Communication	Governance and appeals processes	Fees
ACD									
ACEM									
ACRRM									
ACSEP									
ANZCA									
CICM									
RACDS									
RACGP									
RACMA									
RACP									
RACS									
RANZCO									
RANZCOG									
RANZCP									
RANZCR									
RCPA									



Overall, our review found that the colleges mostly comply with the *Good Practice Guidelines* and that the assessments and additional requirements for SIMGs are mostly consistent across colleges. The four assessment areas where we found the lowest levels of compliance across colleges were the interim assessment decision, college additional requirements, area of need and fees.

In relation to the interim assessment decision, our main concern was the use of formal examinations. This is one area where we consider that colleges may not be applying a standard assessment. While no colleges are requiring SIMGs assessed as substantially comparable to sit formal examinations, in some cases partially comparable SIMGs are only being required to sit formal examinations and are not required to undertake any upskilling or supervised practice. This is discussed in more detail in Section 22.2 in relation to the compliance measures.

In relation to the college additional requirements, we found that for some colleges there was a lack of specific detail provided to applicants on the college website or in the college's policies about what would be required to complete the specialist pathway. Some colleges are not complying with the timeframes set by the MBA in relation to peer review and supervised practice. Colleges are not always directing unsuccessful applicants to AHPRA. Rather in some cases the colleges are directing SIMGs to the AMC or the college training program, which does not allow unsuccessful applicants to explore the full range of options available to them.

In relation to area of need, colleges are assessed as compliant if the college has an area of need process and non-compliant if the college does not have a process. The *Good Practice Guidelines* require that colleges should have a process for assessing area of need. ACD is partially compliant because while the college has a process the college does not allow area of need applicants to apply for specialist recognition at the same time. We consider this contrary to the *Good Practice Guidelines*, which say that SIMGs may apply for area of need and specialist recognition at the same time.

In relation to fees, we found that most colleges list all of the fees on the website but these can be located in different parts of the website – for example, a college will have a list of SIMG specific fees but it will not include the fees for examinations or other requirements that the SIMG will be required to pay. To ensure that SIMGs have a clear understanding of the total fee they are likely to incur, we have recommended that each college clearly display – in one location on their website – an estimate of the total fee that a SIMG is likely to incur to complete the requirements for the specialist pathway.

The smaller colleges, in particular ACSEP, RACDS and RACMA, which only receive a few applications per year, find it more difficult to comply with the *Good Practice Guidelines* due to staffing and resource constraints. For example, some colleges are not able to have a dedicated staff member to take sole responsibility for managing the IMG assessment process. For RACGP, being in a state of transition, the interaction with Medicare rebates and the more different system have together meant it has taken longer to change their process to comply with the *Good Practice Guidelines*.

## 22.2 Benchmarks and compliance measures

The benchmarks and compliance measures were finalised in May 2016. The colleges are expected to provide a report to the MBA with the data on all benchmarks and compliance measures for each calendar year in February of the next year. There is one year of full data available for 2016. Some data are available for the second-half of 2014 and for the whole of 2015, but this does not include all of the benchmarks and compliance measures. For each application where the college does not meet the benchmark or compliance measure, the college is required to provide the reason the benchmark or compliance measure was not met in their report to the MBA.

The review was asked to consider whether the benchmarks and compliance measures set by the MBA are reasonable and an effective measure of college performance. To do this, we looked at the purpose of the benchmarks and compliance measures, how they are operating in practice and any unintended consequences. We also considered whether there were other data that the MBA could collect to provide more information on the performance of the colleges.

### Benchmarks

There are five benchmarks for the time taken by the colleges to assess applications, schedule interviews and decide the interim assessment, area of need assessment and the final assessment. The benchmarks are intended to ensure the colleges' process applications in a timely manner. The benchmarks that relate to the

time to interview are not solely within the control of the college, as SIMGs may choose not to take the first available interview. Figure 22.2 provides a summary of the colleges' performance against the benchmarks.

Figure 22.2: Colleges' performance against benchmarks (% of applications that met benchmark)

Benchmark	Time to first available interview	Time from interview to interim assessment decision	Time for specialist recognition interim assessment decision	Time for area of need assessment	Time for final assessment decision
Metric	Within 3 months	Within 14 days	Within 3 months and 14 days	Within 2 months	Within 2 months
Control	College/SIMG	College	College/SIMG	College	College
ACD	100.0%	100.0%	100.0%	50.0%	100.0%
ACEM	100.0%	0.0%	61.5%	N/A	100.0%
ACRRM	50.0%	62.5%	50.0%	N/A	100.0%
ACSEP	N/A	N/A	100.0%	N/A	N/A
ANZCA	61.1%	100.0%	61.1%	100.0%	100.0%
CICM	40.0%	100.0%	43.8%	N/A	100.0%
RACDS	50.0%	50.0%	50.0%	N/A	100.0%
RACGP	N/A	N/A	10.5%	N/A	100.0%
RACMA	66.7%	0.0%	0.0%	N/A	N/A
RACP	90.8%	0.5%	25.4%	100.0%	100.0%
RACS	72.5%	51.0%	75.9%	100.0%	65.7%
RANZCO	58.3%	100.0%	50.0%	N/A	100.0%
RANZCOG	50.0%	66.7%	44.7%	N/A	91.7%
RANZCP	97.3%	80.8%	94.5%	N/A	60.7%
RANZCR	94.4%	26.0%	67.8%	57.1%	100.0%
RCPA	69.2%	15.4%	25.0%	N/A	87.5%
Average	82.1%	40.1%	52.1%	66.70%	93.1%

Source: MBA 2017. Note: The average percentage of applications that met the benchmark is calculated from the total number of applications that met the benchmark.

There are three factors that the benchmark timeframes need to balance:

1. Allowing sufficient time for the colleges to assess applications thoroughly;
2. Processing of applications in a timely manner, so that SIMGs are not waiting unreasonable times for their applications to be processed; and
3. Setting benchmarks that the colleges are able to meet.

For each benchmark, we have considered these three factors drawing on information from the stakeholder consultations and the benchmark data.

#### Time to first available interview

This benchmark was met for 82.1% of applicants in 2016. It provides colleges with sufficient time to assess applications, given that the assessments are done by specialists, often on a voluntary basis, while not requiring the SIMGs to wait too long. We consider that the three month timeframe is an appropriate benchmark.

In some cases the timing of when the applications were received and the timing of the interviews, which some colleges set in advance to align with college Board meetings, mean that the benchmark is not met. Publishing the interview dates in advance and when applications need to be received by may help with providing additional certainty to SIMGs about the time needed to process their applications.

We also note that achieving this benchmark is not completely within the colleges' control, and in some cases the SIMGs choose not to accept the first available interview. We have recommended that AHPRA introduce a more detailed data collection process that allows colleges to record where the delay is due to the SIMG (see Section 23.2), which would allow for a more accurate representation of why the benchmarks are not being met.

#### **Time from interview to interim assessment decision**

This benchmark was the most difficult for some colleges to meet. Many colleges require the college's Board to approve the decisions from the assessment committee. In the case of RACP, the benchmark from time of interview to interim assessment for RACP does not align with the college's current processes. RACP's process includes up to two weeks to finalise the interview report, and up to three weeks for SIMGs to respond to the report and provide any additional information. Assessment decisions are determined at monthly subcommittee meetings once the SIMG's response is received.

We also appreciate that SIMGs find the length of the process frustrating. At this stage, we do not recommend increasing the time allowed from interview to interim assessment decision, as colleges are still adjusting to the benchmarks. Some colleges have processes for approving decisions out of session, which could be considered by other colleges for deciding on the interim assessment decision. As discussed above, we also recommend collecting more detailed information so that where the benchmark is not met due to the college asking the SIMG for further information, this is captured.

#### **Time for specialist recognition interim assessment decision**

This benchmark is a combination of the two preceding benchmarks, and should remain consistent with these ones. In some cases colleges are able to meet the overarching benchmark by meeting the other benchmarks in less time.

#### **Time for area of need assessment**

There are five colleges that conduct area of need assessments separately from specialist recognition. The other colleges either require applicants to apply for concurrent assessment with specialist recognition and so do not report data on the time for area of need assessment separately, or do not have an area of need process. The two colleges that did not meet the timeframes for area of need assessments, explained that this was because of the timing of scheduled interviews, which are held at regular intervals during the year and the timing of the applications meant the two month benchmark was not met. We consider this benchmark to be reasonable; colleges should ensure that applicants are aware of the meeting dates when they apply through the area of need pathway so they understand the likely decision making timeframes.

#### **Time for final assessment decision**

This benchmark was met for 93.1% of applicants in 2016. It provides colleges with sufficient time to confirm the requirements have been met, and have the decision approved by the college's Board, while not requiring the SIMGs to wait too long. We consider that this is an appropriate benchmark.

#### **Compliance measures**

There are five compliance measures, which are intended to ensure that the colleges are consistently applying the comparability definitions in the *Good Practice Guidelines*. Figure 22.3 provides a summary of the colleges' performance against the compliance measures.

Figure 22.3: Colleges' performance against compliance measures (% of applications that met compliance measures)

Compliance measure	Period of peer review	Period of supervision	Timeframe to complete requirements for substantially comparable SIMGs	Timeframe to complete requirements for partially comparable SIMGs	Formal examinations for substantially comparable IMGs
Metric	Up to 12 months FTE	Up to 24 months FTE	Up to two years for 12 months FTE	Up to four years for 24 months FTE	Not required
Control	College	College	College/SIMG	College	College
ACD	100.0%	100.0%	100.0%	100.0%	100.0%
ACEM	100.0%	100.0%	100.0%	100.0%	100.0%
ACRRM	100.0%	100.0%	N/A	75.0%	100.0%
ACSEP	N/A	100.0%	N/A	N/A	N/A
ANZCA	100.0%	100.0%	96.2%	87.5%	100.0%
CICM	N/A	100.0%	N/A	100.0%	N/A
RACDS	100.0%	N/A	100.0%	N/A	100.0%
RACGP	100.0%	100.0%	100.0%	100.0%	100.0%
RACMA	N/A	100.0%	N/A	N/A	N/A
RACP	100.0%	100.0%	100.0%	100.0%	100.0%
RACS	83.3%	100.0%	94.7%	76.7%	100.0%
RANZCO	100.0%	100.0%	100.0%	100.0%	100.0%
RANZCOG	100.0%	100.0%	100.0%	100.0%	100.0%
RANZCP	100.0%	100.0%	100.0%	50.0%	100.0%
RANZCR	100.0%	100.0%	N/A	92.3%	100.0%
RCPA	100.0%	100.0%	100.0%	83.3%	100.0%
Average	99.6%	100.0%	99.5%	88.20%	100.0%

Source: MBA 2017. Note: The average percentage of applications that met the benchmark is calculated from the total number of applications that met the benchmark.

### Period of peer review and supervision

These compliance measures ensure that the colleges are not asking the SIMG to spend longer than the *Good Practice Guidelines* require. We consider this a useful check to have on the colleges.

For partially comparable SIMGs, the compliance measure is that colleges cannot ask SIMGs to undertake more than 24 months FTE of supervised practice. There is no minimum timeframe set. In 2016, 20.9% of partially comparable SIMGs were not required to undertake any supervised practice. The definition of partially comparable in the *Good Practice Guidelines* is "Partially comparable applicants have been assessed as suitable to undertake a defined scope of practice in a supervised capacity" (emphasis added). We consider that a minimum time requirement for partially comparable applicants should be introduced, to ensure that the distinction between substantially and partially comparable applicants is clearer.

### Timeframe to complete requirements

These timeframes accord with the periods for peer review and supervision that can be set by the colleges. We consider this a useful measure to check whether the timeframes are also being adhered to in practice. We think

that it would be useful to track this information in real time, so if an applicant is spending longer than the set timeframe this can be considered at the time (see Section 23.2 for further discussion).

### Formal examinations

The *Lost in the Labyrinth* report recommended that formal examinations “should only be used as an assessment tool where specialist IMGs are recent graduates, or where deficiencies or concerns have been identified during the workplace-based assessment (WBA)”. This recommendation was adopted by the MBA and the *Good Practice Guidelines* set out that colleges should not ask substantially comparable SIMGs to undertake formal examinations.

All colleges met this compliance measure for 2016. However, in some cases it appears that colleges may be assessing SIMGs as partially comparable and requiring that they undertake the formal examinations. This is particularly the case where the SIMGs are not required to undertake a period of supervised practice.

We have recommended that a minimum timeframe for supervised practice be set, which would partly resolve this issue. It may also be useful to have a more specific compliance measure for formal examinations, which reflects not only that substantially comparable applicants should not have to sit examinations, but also that SIMGs with a number of years of experience (for example greater than five years), should not be required to sit examinations that are more appropriately targeted at recent graduates, as set out in the recommendations from the *Lost in the Labyrinth* report.

### Other measures

The review also considered whether there were other data that should be collected on the college performance in relation to SIMGs. The two options we considered were whether there were outcome measures that could be reported and whether ongoing information should be collected from SIMGs.

### Outcomes

In the stakeholder consultations, some stakeholders raised the idea of monitoring the outcomes of the process, for example, checking the safety record of SIMGs. We do not consider that this is an appropriate measure for this process as the SIMG assessment process is intended to be a point in time assessment of the skills and experience of the SIMG, and thus while a SIMG may be assessed as not comparable and then in few years successfully be recommended for specialist recognition, collecting information on the SIMG later will not provide a useful measure of whether the interim assessment of not comparable was incorrect. We are also concerned that it will create an ongoing division between Australian and overseas trained specialists.

### SIMG perspective

The *Good Practice Guidelines* contain a number of requirements on colleges to clearly document and publish the process so that applicants understand what is required to undertake the process. The *Good Practice Guidelines* also required that SIMGs are given the opportunity to ask questions of the college and that the college informs them of the assessment decisions. The MBA could consider introducing a survey of SIMGs once Report 1 and Report 2 have been submitted to confirm whether the SIMGs were able to access clear information on the process, and the colleges provided them with clear information on the assessment decision and the requirements that the SIMG needs to complete.

Some example questions that could be asked, based on the requirements of the *Good Practice Guidelines* are:

- Were the requirements and procedures for the assessment clearly published and easy to understand?
- Was the information and evidence that the college required clear?
- Were the assessment standards and criteria against which you were assessed clear?
- Did you have a clear understanding of the total fee for the process when you applied?

SIMGs could be asked to respond against a scale. The data from the survey could be used to identify good approaches to presenting information to SIMGs. This information could be shared between colleges to provide examples of good practice in relation to providing information to SIMGs.

## 23 Discussion and recommendations

This chapter presents the key findings from the review and outlines recommendations for streamlining and improving the assessment of SIMGs. The recommendations are based on findings from consultations with colleges and other stakeholders, reviews of college documentation, and written submissions from SIMGs, employers of SIMGs, and other stakeholders.

### 23.1 The Good Practice Guidelines

The *Good Practice Guidelines* were introduced in 2015 and are intended to support the colleges in undertaking assessments of SIMGs. They provide guidance on good practice for governance structure, the procedures for assessment, fees, timeframes and appeals processes. Through the consultations, colleges and other stakeholders commented that the guidelines are generally helpful and informative, particularly in establishing standardised principles and processes for the assessment of SIMGs.

However, there remains some ambiguity about which parts of the guidelines are requirements that must be implemented by all colleges, and whether other aspects can be implemented according to individual college circumstances. The guidelines are necessarily a comprehensive document designed to set out the principles for SIMG assessment across all sixteen colleges, which vary in their size and speciality requirements. This has meant that, at times, the precise requirements and recommended practice for each stage of the assessment process are not clear.

For example, the guidelines set out that it is good practice in the assessment of SIMGs to have a documented policy and process for assessing SIMGs for specialist recognition in a limited scope of practice. However, with the exception of RACS and RACP, none of the other colleges has a clear process for assessing SIMGs for a limited scope of practice and most said that for their college it is not possible to be a registered specialist with a limited scope of practice.

The structure of the *Good Practice Guidelines* could be revised to ensure standardised assessment across all colleges, and to assist colleges with implementation. This includes ensuring that the structure and content of the guidelines clearly and succinctly communicates the requirements and recommendations for all stages of the assessment process.

#### Recommendation 1

It is recommended that the *Good Practice Guidelines* are reviewed and streamlined to ensure they provide clear guidance to colleges on the precise requirements for each stage of the assessment process. This includes clearly distinguishing between aspects of the *Good Practice Guidelines* that are requirements, and those that are recommendations where discretion can be exercised.

To further assist colleges with implementation, the guidelines could include a detailed checklist of requirements and recommendations against each aspect of the assessment process.

In addition, the guidelines could provide examples or case studies related to good practice for key aspects of the assessment process. This may be particularly helpful for smaller colleges that have limited internal resources available to support implementation.

### 23.2 MBA data collection and reporting

Commencing 1 July 2014, each specialist medical college is required to report its specialist pathway activity to the MBA. Reporting is annual by calendar year. Colleges report a large volume of data to the MBA, including the number of applications, outcomes of interim and final assessments, the countries in which SIMGs have obtained their qualifications, and the number of reviews, reconsiderations and appeals. Colleges also report their performance against the MBA compliance measures and explanations of any deviations.

However, collecting and reporting data to the MBA can involve substantial effort, and many colleges do not understand why specific information is being collected and how it is being used by the MBA. In particular, colleges must complete detailed data templates to separately report a large number of data items. While the templates have been designed to capture detailed and comprehensive data, in many cases, colleges must report

similar data in different forms across a large number of categories. For example, the number of applications is separately reported by subspecialty, specialist recognition pathway, area of need pathway, and SIMG country of training (for primary and specialist qualifications). This increases the effort required by colleges, and creates the risk of errors (including situations where totals may not be consistent across different data categories).

It is understood that AHPRA and the MBA spends significant time each year checking college data for consistency, and seeking clarification in relation to any discrepancies.

Furthermore, the usefulness of the data is significantly limited by the fact that activity is reported on an annual basis, with limited visibility of SIMG assessments that occur across a number of years. There is no clear method for tracking applications across years, and reconciling differences in totals across different data items. For example, the total number of interim assessment outcomes in a given year is different from the number of applications, since interim assessment outcomes include SIMGs who applied in previous years. In addition, reconciliation would provide visibility of the time that SIMGs have spent between the interim assessment and the final assessment. Currently the time is only recorded when the college does the final assessment of the SIMG.

Moving to an individual (unit) record based system could help improve the quality of the data, and reduce the effort required by colleges in reporting. This would involve colleges recording each SIMG application as a separate data line and, for each SIMG, recording key data for the entire assessment process. For example, data could including:

- date of application;
- country of qualification;
- outcome of paper-based review and date;
- date of interview;
- interim assessment outcome and date;
- outcomes from college requirements and assessment (e.g. exams and peer review reports); and
- final assessment outcome and date.

Such a system would also enable robust data analytics, including cohort analysis to determine if outcomes differ for certain groups of SIMGs. Findings from data could be used to inform the design of the assessment process to better tailor the assessment process and college requirements to different types of SIMGs. An individual record system would also remove the need to separately report against time-based compliance measures, since such data could be extracted from the recorded dates for applications, outcomes and assessments.

The *Good Practice Guidelines* require that colleges have in place systems for monitoring applications to ensure they progress in a timely manner. Many colleges have already implemented spreadsheet based application tracking systems that record key milestones for SIMG applicants. MBA data collection could be aligned to existing college data systems to reduce the effort required in reporting and lower the risk of data errors. The MBA could provide colleges a template spreadsheet which could be used to track applications and record key data items. This may be particularly helpful for smaller colleges that currently rely on manual or paper-based systems to track applications.

## **Recommendation 2**

It is recommended that MBA data collection and reporting be based on an individual record system. Under such a system, each SIMG application would be recorded by colleges as a separate data line, with key data collected throughout the entire assessment process (including dates and assessment outcomes). Many of these data are already collected in existing college systems for monitoring applications.

Moving to an individual record system would enable robust data analysis, including analysis by cohorts, and tracking of applications across years. It could also improve data quality and potentially reduce the effort required by some colleges in reporting data to the MBA.

Colleges could be provided with a template spreadsheet to help track SIMG applications and record key data items. This may particularly assist smaller colleges without existing systems for monitoring applications.



### 23.3 Fees

The *Good Practice Guidelines* require that each college publish a schedule of fees on its website, including the cost of each element of the assessment process. Fees should be reasonable in the context of the effective and efficient operation of the assessment process.

The extent to which fees are clearly reported varies significantly by college. Some colleges provide SIMG applicants with detailed guidance on each fee, including the activities covered by the fee, and when it is payable. A small number of colleges publish an indicative fee for the entire assessment process. Many other colleges include SIMG fees as part of the broader schedule of fees charged by the college, where it is not clear if and when particular fees would apply to SIMG applicants as distinct to other college trainees and Fellows (for example, in relation to training and assessments).

A significant proportion of written submissions from SIMGs, as well as the other stakeholders we consulted with, have commented on the perceived excessiveness of SIMG fees. While most colleges reported that fees are determined on a cost-recovery basis, in many cases, SIMGs believe the fees to be prohibitive and do not understand how fees are set.

Many colleges could increase the transparency of SIMG assessment fees by publishing a separate fee schedule specifically for SIMGs. The fee schedule could provide detailed guidance on the activities covered by each fee, and when the fee is payable. Colleges could also publish an indicative total fee for the entire assessment process, based on whether the SIMG is found to be partially or substantially comparable. The *Good Practice Guidelines* may need to be revised to codify this requirement.

#### Recommendation 3

It is recommended that the *Good Practice Guidelines* require colleges to publish a separate fee schedule specific for SIMGs, which provides detailed descriptions of the activities covered by each fee, and when the fee is payable. Colleges could also be required to publish an indicative total fee, or range of fees, for the entire assessment process, based on whether the SIMG is found to be partially or substantially comparable.

### 23.4 Appeals

The *Good Practice Guidelines* require that colleges have a documented and published appeals process that is consistent with the AMC's accreditation standards. The majority of colleges have a published appeals policy, and other mechanisms for addressing disputes during SIMG assessment, peer review and supervision.

However, a significant number of SIMG submissions reported concerns about college appeals processes. Many SIMGs felt that appeals fees were excessive and that appeals were prohibitive from a cost and time perspective. SIMGs also reported a low levels of confidence in the appeals process, including a lack of external accountability by the colleges. Submissions from SIMGs also discussed the potential conflict of interest that can arise when appeals against colleges are decided by colleges. In some instances, members of the appeals panel include close colleagues of individuals against whom the appeal is lodged.

Most appeals can be categorised into two categories:

- 1) appeals relating to clinical assessment made by college appointed assessors, supervisors and peer reviewers. These include judgements by trained specialists (typically college Fellows) about a SIMG's clinical skills, experience and qualifications as part of the interim assessment or period of supervision / peer review.
- 2) appeals relating to administrative matters, such as whether assessments have been carried out in accordance with college processes and the *Good Practice Guidelines*. These could also include appeals relating to errors of a jurisdictional character, including the scope of decision-making, disregarding relevant material, relying on irrelevant material, or breaches of natural justice.

In relation to appeals of a clinical assessments, colleges are likely to be the most appropriate appeals body since these appeals require the specific clinical expertise of specialists in a given field of practice.

However, for appeals relating to administrative matters, consideration could be given to having appeals heard and decided by an independent third party, such as a designated panel of the MBA. This could improve confidence and accountability in the appeals process, and encourage applicants to pursue appeals where they

would otherwise perceive a conflict of interest if appeals were heard by the college. Establishing a central, independent appeals body across all colleges could also potentially reduce the costs of appeals by sharing overheads and operational costs across a larger number of appeals than in any single college.

Previous reviews have also recommended introducing external review and appeal processes. An external independent appeals body was also recommended by the House of Representatives Standing Committee on Health and Ageing in the *Lost in the Labyrinth* report. The Accreditation Systems Review has also recommended that the decisions of the colleges should be subject to the same requirements as other decisions made by bodies under the *Health Practitioner Regulation National Law*.

#### **Recommendation 4**

It is recommended that consideration be given to establishing a central, independent appeals body (e.g. within the MBA) to hear appeals relating to administrative matters. These include appeals relating to college processes, the *Good Practice Guidelines*, appropriate decision making, and procedural fairness. Establishing an independent appeals body across all colleges could increase confidence and accountability in appeals decisions, and reduce the costs of appeals.

### **23.5 Specific assessment process improvements**

The findings in this section relate to specific process improvements that could be implemented in relation to SIMG assessment. These findings are based on feedback from written submissions and consultations with colleges. Some of the recommendations are drawn from particular examples of good practice identified across the sixteen specialist medical colleges.

#### **Improved provision of information to SIMGs**

The *Good Practice Guidelines* require colleges to clearly document and publish the requirements for and procedures for all phases of the assessment process. Colleges have typically met this requirement by publishing guidance on their websites providing an overview of the assessment process, instructions on how to apply for SIMG assessment, and college eligibility criteria. The requirements and eligibility criteria are often complex, and some SIMGs have reported that the process was difficult to understand despite guidance published on college websites.

To assist SIMGs, some colleges have published a list of questions on their website allowing SIMGs to self-assess their eligibility or their likely comparability outcome. For example, this can take the form of an online self-assessment quiz with multiple choice questions which can be completed by a candidate. Self-assessment by SIMGs can improve certainty and transparency in the application process. It can also reduce the number of applications that are incomplete or likely to be unsuccessful.

#### **Recommendation 5**

Colleges could consider implementing online self-assessment quizzes or checklists, allowing SIMGs to determine their eligibility for assessment, and/or their likely comparability outcome.

Some colleges receive only a small number of applications each year, and due to the size of the speciality may have very limited opportunities for peer review and supervised practice. In some colleges, only a very small number of applicants are able to find appropriate training and supervision opportunities to successfully complete SIMG assessment. This information is not always clear to SIMG applicants when they apply to a college. Many applicants apply from overseas and have limited visibility of the size of their speciality in Australia, and the opportunities to complete training and obtain registration.

Colleges could publish key statistics on their website relating to the number of applications received in the latest year, the number of SIMGs assessed as not/partially/substantially comparable, and the number of SIMGs who are successful in the specialist recognition and area of need pathways. Colleges could also publish statistics about the workforce in their field of speciality, including where specialists typically work (for example, private, public, rural or metropolitan practice). This can help to ensure that SIMGs have appropriate expectations when they apply to the college.

#### **Recommendation 6**

To ensure SIMGs have the appropriate information and expectations when they apply for assessment, colleges could consider publishing key statistics about the SIMG process. These could include the number of applications received in the last year, and the distribution of assessment outcomes. Colleges could also publish statistics about the size and location of the workforce in their field of speciality.

#### **Application documentation**

In line with the *Good Practice Guidelines*, all colleges publish a statement of the documentary evidence that applicants are required to submit under the specialist recognition and area of need pathways. However, a number of SIMG submissions have commented that the documentation requirements can be excessive and inappropriate to their individual circumstances. For example, some applicants with many years' clinical experience had difficulty locating and providing training or supervisor reports from early in their careers. It was also reported that, where these documents were provided, they were often disregarded by the college because they were not important in establishing the SIMG's comparability.

Colleges could ensure that documentary evidence requirements are reasonable and not excessive given a SIMG's background and circumstances. This requirement could be codified in the *Good Practice Guidelines*. Colleges could implement this by providing greater detail in the application forms of the circumstances in which certain documentation is required. For example, this could involve noting that supervisor reports from internships are only required for SIMGs with limited clinical experience.

#### **Recommendation 7**

The *Good Practice Guidelines* could be revised to require that colleges ensure the documentary evidence required from SIMGs is reasonable, not excessive and relevant to a given SIMG's application.

#### **Interview format**

According to the *Good Practice Guidelines*, the purpose of interviews is to explore in greater detail the SIMG's qualifications, training, experience, recency of practice, CPD, and non-technical professional attributes. Interviews should involve structured questions based on the documentation previously submitted by the SIMG, and clinical testing must not be undertaken.

While a small number of colleges allow interviews to be conducted via teleconference or videoconference, in most cases interviews are required to be in-person, typically at the college's offices in Sydney or Melbourne. In their submissions to the review, a number of SIMGs commented on the time and cost required to attend interviews in person. Some SIMGs travel to Australia from overseas. Some submissions noted that there were few benefits to holding interviews in person given that the purpose of interviews is to confirm matters of qualifications, training and experience. In a number of cases, applicants travelled significant distances to attend a short interview which was used to confirm matters set out in their resume. In one case, an applicant attended in person to be connected to a phone conference at the location (with no others physically attending).

To minimise the cost to SIMGs, colleges could provide the option to complete an interview via teleconference or videoconference. Colleges could publish relevant rules for the conduct of these interviews, including for example the requirement for a high-speed internet connection and quiet interview environment.

#### **Recommendation 8**

The *Good Practice Guidelines* could be revised to require that colleges provide SIMGs with an option to complete an interview via teleconference or videoconference. This can help avoid the cost and time associated with attending interviews in person.

#### **Interim and area of need assessment decisions**

At many colleges, interim and area of need assessment decisions are made on a consensus basis after discussion by members of the interview panel and/or assessment committee. Panel and committee members will typically review the SIMG's application together with notes from the interview, and make an overall finding of the SIMG's comparability or suitability for an area of need position. The SIMG is then notified of the outcome, including the reasons for the decision, and any additional college requirements.

However, a number of submissions from SIMGs expressed concern that they did not understand college assessment standards, or they perceived a lack of objectivity in how assessment decisions were made. Some SIMGs noted a lack of transparency in decision-making and the additional supervision or assessment requirements set by colleges. This also made it difficult for SIMGs to build a case when they wanted to challenge or appeal a college decision. The written submissions also commented that some colleges were not applying a standard assessment, with reports of applicants with similar qualifications and experiences receiving different assessment outcomes.

In order to increase objectivity in assessments, several colleges assess SIMGs using detailed templates, with pro-forma questions and rating scales against key competency areas. College assessors provide SIMGs with scores (for example, a score out of five) against each of the college's requirements, and make notes of the reasons for the score and any gaps or deficiencies. In some colleges, the total score received by the SIMG is used to determine their level of comparability according to pre-defined criteria. This provides an objective and transparent mechanism for decision making in the assessment of SIMGs, and a similar system could be implemented by all colleges.

#### **Recommendation 9**

Colleges could consider implementing an objective scoring system for paper-based assessments and interviews. Under such a system, assessors give applicants numerical scores against key competency areas, and document the reasons for the rating and any gaps or deficiencies. Colleges could further consider using the total score to determine the assessment outcome. The scoring system could be published or made available to applicants in advance, to increase transparency and confidence in college assessment decisions.

Through the review, it was identified that some college provide SIMGs with a copy of the findings from the interview or paper-based assessment before the assessment decision is made. Applicants are given a period of time to review the findings, and provide any clarification or additional information. This means that applicants can better understand how decisions are made, the reasons for their assessment outcome, and areas for improvement. It also provides applicants with an open and transparent opportunity to dispute college findings by providing additional evidence or information, without the need to initiate an appeal. The *Good Practice Guidelines* could be used to implement similar practices in other colleges.

#### **Recommendation 10**

The *Good Practice Guidelines* could be amended to require that colleges provide SIMGs with a summary of findings from the paper-based assessment and interview for review and confirmation. Applications could be given the opportunity to provide clarification or submit further evidence where they believe a college has made findings which are incomplete or inaccurate.

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# Appendix A: Recommendations from *Lost in the Labyrinth*

## Recommendation 7

The Committee recommends that the Australian Government Department of Health and Ageing and Australian Medical Council, in consultation with the Joint Standing Committee on Overseas Trained Specialists and the specialist medical colleges:

- publish agreed definitions of levels of comparability on their websites, for the information of international medical graduates (IMGs) applying for specialist recognition;
- develop and publish objective guidelines clarifying how overseas qualifications, skills and experience are used to determine level of comparability;
- develop and publish objective guidelines clarifying how overseas qualifications, skills and experience are taken into account when determining the length of time an IMG needs to spend under peer review; and
- develop and maintain a public dataset detailing the country of origin of specialist pathway IMGs' professional qualifications and rates of success.

## Recommendation 8

The Committee recommends that specialist medical colleges adopt the practise of using workplace-based assessment (WBA) during the period of peer review to assess the clinical competence of specialist international medical graduates (IMGs) in cases where applicants can demonstrate that they have accumulated substantial prior specialist experience overseas. As part of the WBA process the specialist medical colleges should make available the criteria used to select WBA assessors.

Specialist medical college examinations should only be used as an assessment tool where specialist IMGs are recent graduates, or where deficiencies or concerns have been identified during WBA.

## Recommendation 9

The Committee recommends that all specialist medical colleges consult with the Australian Medical Council to ensure each college undertakes a consistent three-stage appeals process, incorporating the following:

- an automatic right for an international medical graduate (IMG) to undertake the next stage of appeal, following completion of each preceding appeal;
- the option for the IMG to retain an advocate for the duration of any appeal process to an Appeals Committee, including permission for that advocate to appear on the IMG's behalf at the appeal itself; and
- the capacity to expand membership of the Appeals Committee to include an IMG who holds full membership of the relevant specialist college, but has no involvement with the decision under review.

## Recommendation 10

The Committee recommends that the specialist medical colleges undertake the following steps to ensure international medical graduates (IMGs) are aware of their right of appeal regarding their application for specialisation:

- publish information regarding their appeals process in a prominent place on their website, including information regarding each stage of the appeals process, timelines for lodging appeals and the composition of Appeals Committee membership; and
- ensure that IMGs are informed of their right to appeal when any decision is made regarding their application, with information regarding their right to appeal a particular decision provided in writing on the same document advising the IMG of the decision made regarding their application.

## Recommendation 11

The Committee recommends that the Australian Health Ministers Advisory Council, in conjunction with the Australian Government Department of Health and Ageing and the National Health Practitioner Ombudsman,

develop and institute an overarching, independent appeals mechanism to review decisions relating to the assessment of clinical competence to be constituted following an unsuccessful appeal by an international medical graduate to the Appeals Committee of a specialist medical college.

### **Recommendation 12**

The Committee recommends that Health Workforce Australia, in consultation with state and territory health departments, the Medical Board of Australia, specialist medical colleges and other key stakeholders, investigate options to ensure equitable and fair access to clinical supervision places for international medical graduates. Consideration should include establishing designated supervised placements for international medical graduates in teaching hospitals or similar settings.

### **Recommendation 28**

The Committee recommends that the Medical Board of Australia/Australian Health Practitioner Registration Agency, Australian Medical Council and specialist medical colleges, publish data against established benchmarks on their websites and in their annual reports, on the average length of time taken for international medical graduates to progress through key milestones of the accreditation and registration processes. Information published on websites should be updated on a quarterly basis.

### **Recommendation 29**

The Committee recommends that AHPRA's annual report, with respect to the functions carried out by the MBA must also include a number of other key performance indicators providing further information to IMGs. In the Committee's view, these indicators must include (but should not be limited to):

- the country of initial qualification for each IMG applying for Limited Registration;
- the number of complaints and appeals which are made, investigated and resolved by IMGs to AHPRA, the AMC and specialist medical colleges; and
- the number and percentage of IMGs undertaking each registration pathway (including workplace-based assessment) and their respective pass and failure rates for:
  - Australian Medical Council Multiple Choice Question Examination;
  - Australian Medical Council Structured Clinical Examination;
  - AHPRA's Pre-Employment Structured Clinical Interview (PESCI);
  - the MBA's English Language Skills Registration Standard;
  - other MBA Registration Standards including Criminal History Registration Standard; and
  - processes of specialist medical colleges including college interviews, examinations and peer review assessments.

### **Recommendation 31**

The Committee recommends that the Australian Medical Council and the Medical Board of Australia/Australian Health Practitioner Regulation Agency ensure that computer-based information management systems contain up-to-date information regarding requirements and progress of individual international medical graduate's assessment, accreditation and registration status to enable timely provision of advice.

### **Recommendation 33**

The Committee recommends that the Medical Board of Australia, in conjunction with the Australian Medical Council and specialist medical colleges, develop a centralised repository of documentation supplied by international medical graduates (IMGs) for the purposes of medical accreditation and registration.

The central document repository should have the capacity to:

- be accessed by relevant organisations to view certified copies of documentation provided by IMGs;
- be accessed by relevant organisations to fulfil any future documentary needs for IMGs without the need for them to resubmit non time-limited documentation multiple times;
- form a permanent record of supporting documentation provided by IMGs; and
- comply with the Australian Government's Information Privacy Principles and *Privacy Act 1988* (Cth).

### **Recommendation 34**

The Committee recommends that the Medical Board of Australia/Australian Health Practitioner Registration Agency, the Australian Medical Council, and specialist medical colleges consult to develop consistent



requirements for supporting documentation wherever possible. These requirements should be developed with a view to further reducing duplication by preventing the need for international medical graduates (IMGs) to lodge the information more than once and in different forms and formats.

This documentation should form part of an IMG's permanent record on a central document repository.

#### **Recommendation 36**

The Committee recommends that specialist medical colleges should consult with one another to establish a uniform approach to the fee structure applied to international medical graduates (IMGs) seeking specialist accreditation in Australia. This fee structure should be justified by the provision of clear and succinct fee information published on the Australian Medical Council and relevant college's websites, itemising the costs involved in each stage of the process. IMGs should be informed about possible penalties, which may be applied throughout the assessment process.

#### **Recommendation 37**

The Committee recommends that the Medical Board of Australia/ Australian Health Practitioner Registration Agency, the Australian Medical Council and specialist medical colleges review the administrative fees and penalties applied throughout the accreditation and assessment processes to ensure that these fees can be fully justified in a cost recovery based system.

#### **Recommendation 38**

The Committee recommends that the Australian Medical Council and the Medical Board of Australia/Australian Health Practitioner Regulation Agency increase awareness of administrative complaints handling and appeal processes available to international medical graduates (IMGs) by:

- prominently displaying on their websites information on complaints handling, policies, appeals processes and associated costs; and
- ensuring when IMGs are advised of adverse outcomes of any review, that the advice contains information on the next step in the appeal process.

# Appendix B: College consultation brief

June 2017

## Consultation Brief: assessment of specialist international medical graduates

Deloitte Access Economics has been commissioned by the Australian Health Practitioner Regulation Agency (AHPRA) on behalf of the Medical Board of Australia to review and report on the performance of the specialist medical colleges ("the colleges") in relation to the assessment of IMGs.

### 1. Key lines of enquiry for the review

The scope of the review is to explore the following lines of enquiry:

- 1) The extent to which each college's processes and procedures comply with the guidance in the *Good practice guidelines for the specialist international medical graduate assessment process* (the 'Good practice guidelines');
- 2) The extent to which each college complies with specified compliance measures in the *Good practice guidelines*;
- 3) Each college's performance against the Medical Board's benchmarks for time measures relating to assessments;
- 4) Whether each college is applying standard assessment of specialist IMGs; and
- 5) Each college's assessment process for Australian and New Zealand medical graduates with overseas specialist qualifications.

### 2. Stakeholder consultation

As part of this review, Deloitte Access Economics is holding consultations with a number of stakeholders including each college, the state and territory medical boards, the Australian Medical Council, and the Health Workforce Principal Committee. We are also engaging with specialist IMGs and their employers.

We are particularly interested in understanding the extent to which colleges meet the guidance in the *Good practice guidelines*, the advantages and disadvantages of the current model, and where there are opportunities to improve assessment of IMGs and monitoring of college performance. Please note that the scope of this review is limited to the *current* assessment process (in effect from 1 July 2014), under which IMGs apply directly to the relevant colleges for assessment of comparability and/or area of need.

### 3. Discussion topics

Below are some indicative discussion topics; however, these are not necessarily prescriptive, and we would welcome the opportunity to discuss any additional areas you believe may be relevant.

#### **Broader strategic issues**

- i. The introduction of the *Good practice guidelines* and Medical Board benchmarks, how these have been implemented by your college, and any issues encountered.
- ii. The appropriateness of the *Good practice guidelines*, including the extent to which they are clear, helpful, and feasible for your college.
- iii. The extent to which the Medical Board benchmarks are a reasonable and appropriate measure of your college's performance in the assessment of IMGs.

### ***The assessment process***

- iv. The assessment process and your college's implementation of the guidance and compliance measures in the *Good practice guidelines*, including:
  - a) Applications, document submission and verification, including initial paper-based reviews of IMGs.
  - b) Interim assessments under the specialist pathway, including assessments of comparability and interview processes.
  - c) Additional college requirements for IMGs assessed as partially or substantially comparable under the specialist pathway (e.g. peer review, supervised practice, assessments, and examinations).
  - d) Final decisions under the specialist pathway (including limited scope of practice).
  - e) Options for IMGs who do not meet college requirements, including further training and re-assessments of comparability.
  - f) Assessments under the area of need pathway.
- v. Composition and governance of the assessment committee.
- vi. Processes for appeals, complaints and dispute resolution in the assessment process.
- vii. Fees charged by the college for each element of the assessment process, and the extent to which the fees cover the costs of undertaking the activities.
- viii. Differences in IMG cohorts (e.g. comparisons between IMGs from different countries), their outcomes, and how these influence assessment processes. Is comparability easier/harder to establish for certain cohorts of IMGs?

### ***College structure and resourcing***

- ix. Internal controls and governance arrangements for the oversight of IMG assessments, including any guidelines or rules.
- x. The resources available within the college to undertake and manage the assessment of IMGs (including financial resources, people, systems, etc).
- xi. Any other topics for discussion.

## **4. Contact details**

If you have any questions regarding this review, or would like to provide any additional information in relation to the discussion topics, please contact the Deloitte Access Economics team on [imgreview@deloitte.com.au](mailto:imgreview@deloitte.com.au)

# Appendix C: SIMG discussion paper

September 2017

## Discussion paper: assessment of specialist international medical graduates

Deloitte Access Economics had been commissioned by the Australian Health Practitioner Regulation Agency (AHPRA) on behalf of the Medical Board of Australia to review and report on the performance of the specialist medical colleges (the colleges) in Australia in relation to their assessment of specialist international medical graduates (IMGs).

As part of this review, Deloitte Access Economics is seeking input from a number of stakeholders including the colleges, specialist IMGs, and their employers. A key aspect of the review is understanding the experiences of specialist IMGs who have undergone assessments by the colleges, and the extent to which the current assessment processes have met their needs.

As someone with experience of the specialist IMG assessment process, you are invited to make a written submission to the review and provide comment on your experiences. This discussion paper outlines the questions on which we are seeking input, and instructions on how to lodge a submission. Submissions for this review must be received by **Friday, 15 September 2017**.

### 5. Questions for comment

Below are some suggested questions on which we are seeking comment. **You are not required to answer all questions**, and these are provided only as suggestions. Please feel free to provide comment on any other, relevant matters beyond these questions; however, please note that this review is limited to the current assessment processes for specialist IMGs, where specialist IMGs apply directly to the relevant colleges for specialist recognition (in effect from 1 July 2014).

- i. How easy was it to access information about the assessment process for the college(s) to which you applied? Was the process clear and easy to understand?
- ii. How much time and effort did you spend in meeting the requirements of the assessment process, including attending interviews, preparing and submitting documentation, and other requirements imposed by the college(s)?
- iii. What were your experiences of any peer review, supervised practice, assessments or examinations you needed to undertake as part of the assessment processes?
- iv. Do you believe that the requirements imposed by the college(s) were appropriate given your circumstances, experiences, skills and qualifications? Do you feel that your qualifications and experience were appropriately taken into account during the review?
- v. Did you have sufficient opportunity to provide input into the assessment process, including asking questions, providing additional information, or making any other representations?
- vi. What fees were you charged by the college(s), and do you believe these to be reasonable?
- vii. If you were assessed as "not comparable", did the college provide you information on other options, such as seeking further training or applying for re-assessment? If you applied for re-assessment, what were your experiences of the process?
- viii. Did you make use of any appeals processes as part of your assessment? What were your experiences of this?
- ix. Did you encounter any other issues during your assessment by the college(s)?
- x. Overall, did you find the assessment process to be fair, transparent, and efficient?

- xi. Would you like to provide any other information as part of this review?

## 6. Submission details

Please provide your written response by email to [imgreview@deloitte.com.au](mailto:imgreview@deloitte.com.au) before **Friday, 15 September 2017**. Submissions received after this date may not be considered.

To assist with our review, we would appreciate if you could include the following details with your submission:

- 1) which college(s) did you apply for?
- 2) which pathway(s) did you apply for? (i.e. specialist recognition or area of need)
- 3) what was the outcome of your assessment?
- 4) in which country or countries did you obtain your medical qualifications / training?

Please note, your individual responses **will not** be shared with the colleges or AHPRA.

## Thank you for your participation in this review

If you have any questions regarding this review, please contact the Deloitte Access Economics team by email at [imgreview@deloitte.com.au](mailto:imgreview@deloitte.com.au).

# Appendix D: Employer discussion paper

August 2017

## Discussion paper: assessment of specialist international medical graduates

Deloitte Access Economics has been commissioned by the Australian Health Practitioner Regulation Agency (AHPRA) on behalf of the Medical Board of Australia to review and report on the performance of the specialist medical colleges ("the colleges") in Australia in relation to their assessment of international medical graduates (IMGs).

As part of this review, Deloitte Access Economics is seeking input from a number of stakeholders including the colleges, IMGs, and their employers. A key aspect of the review is understanding the experiences of organisations that employ IMGs, and the extent to which employers perceive the assessment and recognition of IMGs to be appropriate and effective for their workforce needs. Please note that the scope of this review is limited to the *current* assessment process (in effect from 1 July 2014), under which IMGs apply directly to the relevant colleges for assessment of comparability and/or area of need.

As an employer of IMGs, you are invited to make a written submission to the review and provide comment on your experiences. This discussion paper outlines the questions on which we are seeking input, and instructions on how to lodge a submission. Submissions for this review must be received by **Friday, 15 September 2017**.

### 1. Questions for comment

Below are some suggested questions on which we are seeking comment. **You are not required to answer all questions**, and these are provided only as suggestions. Please feel free to provide comment on any other, relevant matters beyond these questions; however please note that this review is limited to the current assessment process for IMGs who apply for recognition to the colleges.

- i. What are your experiences of employing IMGs who have been granted recognition under the *specialist recognition* or *area of need* pathways? How do these IMGs' professional attributes, knowledge and clinical skills compare to Australian trained specialists in the same field of practice?
- ii. Is there any variation in the quality of IMG cohorts, including by different medical specialities or the countries where the IMGs undertook their training? To what extent is the assessment and recognition of IMGs consistent within and between the colleges?
- iii. What are your organisation's experiences in providing peer review, supervised practice or other workplace-based assessment for IMGs? Are the requirements for these processes clearly explained by the colleges, and what resources (financial and/or time) does your organisation allocate to meeting these requirements?
- iv. To what extent is the current system for assessing IMGs meeting your organisation's workforce needs, including the supply and quality of trained specialists? In what ways could the current system be improved?
- v. Would you like to provide any other information as part of this review?

## 2. Submission details

Please provide your written response by email to [imgreview@deloitte.com.au](mailto:imgreview@deloitte.com.au) before **Friday, 15 September 2017**. Submissions received after this date may not be considered.

To assist with our review, we would appreciate if you could include the following details with your submission:

- 1) the name of your organisation
- 2) how many IMGs your organisation typically employs and/or supervises
- 3) the medical specialities to which IMGs in your organisation belong

### Thank you for your participation in this review

If you have any questions regarding this review, please contact the Deloitte Access Economics team by email at [imgreview@deloitte.com.au](mailto:imgreview@deloitte.com.au).



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