



Public consultation

13 November 2019

Draft revised *Good practice guidelines for the specialist international medical graduate assessment process*

Summary

The Medical Board of Australia (the Board) is consulting on proposed revised *Good practice guidelines for the specialist international medical graduate assessment process* (the Guidelines).

The proposed revised Guidelines (reframed as Standards) build on the existing Guidelines defining the specialist medical college¹ assessment process for specialist international medical graduates (SIMGs).

The proposed Guidelines do not significantly change existing assessment processes for SIMGs. They aim to give greater clarity to existing processes and improve transparency and procedural fairness in the process.

Further information about the reasons for the proposed changes are contained in this consultation paper including a table summarising proposed changes.

The Board is inviting feedback on the proposed revised Guidelines. There are also specific questions that you are invited to address in your response.

Making a submission

Please provide written submissions by email, marked '*Consultation on proposed Standards for the SIMG assessment process*' to medicalboard@ahpra.gov.au by close of business on

14 February 2020.

Submissions for publication on the Board's website should be sent in word format or equivalent.²

Publication of submissions

The Board publishes submissions at its discretion. The Board generally publishes submissions on its website to encourage discussion and inform the community and stakeholders. Please let us know if you do not want us to publish your submission or want us to treat all or part of it as confidential.

We will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation.

¹ In this document, when referring to 'specialist medical colleges' or 'colleges' we are referring to the specialist medical colleges accredited by the Australian Medical Council.

² You are welcome to supply a PDF file of your feedback in addition to the word (or equivalent) file, however we request you supply a text or word file. As part of an effort to meet international website accessibility guidelines, AHPRA and National Boards are striving to publish documents in accessible formats (such as word), in addition to PDFs. More information about this is available at www.ahpra.gov.au/About-AHPRA/Accessibility.aspx.

Before publication, we may remove personally-identifying information from submissions, including contact details.

The views expressed in the submissions are those of the individuals or organisations who submit them and their publication does not imply any acceptance of, or agreement with, these views by the Board.

The Board accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982* (Cth), which has provisions designed to protect personal information and information given in confidence.

Published submissions will include the names of the individuals and/or the organisations that made them, unless confidentiality is requested.

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Background

The specialist medical colleges have been assessing specialist international medical graduates (SIMGs) for the purposes of registration since before the start of the National Registration and Accreditation Scheme. In 2010, the Medical Board of Australia (the Board) formally delegated the assessment of SIMGs to the specialist medical colleges under the provisions of the National Law³. The Australian Health Practitioner Regulation Agency (AHPRA) on behalf of the Board, has appointed each specialist medical college to conduct the assessment of SIMGs for the purposes of registration.

In November 2015, the Board published *Good practice guidelines for the specialist international medical graduate assessment process* (the Guidelines). The Guidelines were developed in response to requests for guidance from the specialist medical colleges about the Board's expectations of the assessment process under the National Law. The Guidelines aimed to support the specialist medical colleges in their role of assessing SIMGs and to ensure a uniform approach to the assessment process in accordance with the objectives and guiding principles of the National Law.

In August 2015, following the *Independent Review of the National Registration and Accreditation Scheme for health professions* by Mr Kim Snowball, Health Ministers asked the Board to evaluate and report on the performance of the specialist medical colleges in relation to the assessment of SIMGs. In response, the Board set performance benchmarks for the colleges, [published college data on a range of SIMG assessment metrics](#) and commissioned Deloitte Access Economics to undertake an external review of the performance of the specialist medical colleges in their assessment of SIMGs.

Deloitte was asked to look at colleges' current SIMG assessment processes:

- the extent to which each college process complies with the Board's Guidelines
- whether each college is applying standard assessments of SIMGs
- whether the colleges are meeting the benchmarks and compliance measures set by the Board.

Deloitte found that the colleges mostly comply with the Guidelines and recommended some specific ways to improve the assessment process including reviewing the Guidelines. Deloitte found that the colleges find the Guidelines helpful and informative. However, the colleges requested more guidance and clarity about the Board's requirements in relation to the assessment process. Additionally, the Board and AHPRA continue to receive requests for further guidance from colleges.

The proposal for draft revised Guidelines is made in response to the findings and recommendations of the [Deloitte Access Economics Final report – External review of the specialist medical colleges' performance – specialist international medical graduate assessment process](#) and in response to requests for further guidance from specialist medical colleges.

The current *Good practice guidelines for the specialist international medical graduate assessment process* are available on the [Board's website](#).

³ The Health Practitioner Regulation National Law as in force in each state and territory

Key proposed changes

The proposed Guidelines do not significantly change existing assessment processes for SIMGs. However, there are some proposed changes to give clarity to existing processes and improve transparency and procedural fairness in the process.

1. Guidelines reframed as Standards, reworded and restructured

The Guidelines have been reframed as Standards. The proposed title is - *Standards: Specialist medical college assessment of specialist international medical graduates*.

The term 'Standards' does not refer to mandatory registration standards in the National Law. The term 'Standards' refers to the common place definition of standards i.e. an agreed way of doing something or an agreed level of quality or attainment. In this case, the Board's expectations of the college assessment process for SIMGs.

This change has been made as colleges provided feedback to Deloitte that it would be more useful for the Board to be precise about requirements and to be clear about what is mandatory and what is discretionary. Deloitte agreed (see recommendation 1 of the Deloitte report).

By reframing the current Guidelines, colleges can be clearer about their obligations when they are performing a function under the National Law.

The proposed Guidelines will be referred to as the 'proposed Standards' from here onwards.

2. Comparability definitions reworded and restructured

There have been no changes to the **factors** that colleges must take into consideration when assessing an SIMG for comparability to an Australian trained specialist. Additionally, there have been no changes in the **maximum periods** of supervised practice for SIMGs assessed as substantially comparable and partially comparable. However, the comparability definitions have been reworded and restructured so that they are clearer and easier to read.

Other proposed changes to the definitions include:

- for substantially comparable SIMGs, the term 'peer review' has been replaced by the term 'supervised practice'.

There has been feedback that there is confusion about the difference between supervised practice for partially comparable SIMGs and peer review for substantially comparable SIMGs.

All SIMGs with provisional or limited registration must practise under supervision. The proposed change aligns with the Board's *Guidelines for supervised practice for international medical graduates* (IMG) which uses the term 'supervised practice' and defines the different levels of supervision for the purposes of registration. The levels of supervision range from level 1 supervision (the supervisor takes direct and principal responsibility for each individual patient) to level 4 supervision (the IMG takes full responsibility for each individual patient with oversight by a supervisor).

- a proposal for a minimum period of supervised practice for SIMGs who are assessed as substantially comparable and partially comparable (see below).

3. Minimum period of supervised practice for substantially comparable and partially comparable SIMGs

Currently, SIMGs assessed as substantially comparable are required to complete up to 12 months of supervised practice without formal examination/s and SIMGs assessed as partially comparable are required to complete up to 24 months of supervised practice which includes upskilling and other assessment/s (this may include formal examination/s). The current Guidelines do not require a minimum period of supervised practice.

Deloitte found that some colleges required partially comparable SIMGs to undertake formal examinations without any supervised practice or upskilling. By definition, SIMGs assessed as partially comparable are not at the standard of an Australian trained specialist and require a period of supervised practice with upskilling and other assessment/s to enable them to reach the standard expected within 24 months of supervised practice. Deloitte therefore suggested a minimum period of supervised practice for partially comparable SIMGs.

The Board proposes that SIMGs assessed as:

- **substantially comparable** must complete up to a maximum period of 12 months FTE supervised practice, with a minimum of three (3) months
- **partially comparable** must complete up to a maximum of 24 months FTE supervised practice, with a minimum of six (6) months.

In addition, to providing the college with additional information, the period of supervised practice will:

- support the SIMG to transition to the Australian healthcare system
- help the SIMG to access CPD programs, and
- align with the Board's requirement that all applicants granted limited or provisional registration must practise under supervision to ensure safe practice.

4. Summary of preliminary findings

In line with Deloitte recommendation 10, it is proposed that SIMGs who are assessed for comparability are provided with a *Summary of preliminary findings* of the paper-based assessment and interview (if conducted) before an interim assessment decision is made. The *Summary of preliminary findings* sets out the college's findings of the information they will rely on to make an interim assessment decision. The *Summary of preliminary findings* gives the SIMG an opportunity to provide clarification or submit further evidence where they believe the college has made findings which are incomplete or inaccurate.

The proposal aims to ensure transparency and procedural fairness for SIMGs. The proposal may also reduce appeals made by SIMGs about a college's interim assessment decision.

The colleges currently provide annual reports to the Board that include time frames for assessing SIMGs. If this proposal is included in the final Standards, the Board will review the corresponding benchmarks and compliance measures to allow for this additional requirement.

5. Area of need assessment

The proposed Standards aim to make clearer the purpose of the area of need assessment and to give guidance to colleges about when it might be appropriate to conduct an area of need assessment only.

For SIMGs seeking to practise in an area of need position, most colleges conduct a combined assessment of an SIMG's comparability and suitability to practise in an area of need position, to streamline the assessment process and to minimise costs for SIMGs.

The proposed Standards include additional guidance about when it might be appropriate for a college to conduct an area of need assessment only, such as:

- the SIMG only intends to work in Australia for a short term (no more than four years)
- the SIMG does not wish to progress to specialist registration, and
- there is appropriate support and supervision in the position.

The proposal does not prevent colleges from conducting combined assessments, where it is appropriate.

6. Comparability assessment – requirement for current overseas registration

The Board understands that some colleges require SIMGs to provide evidence of current registration as a specialist in their country of training to be eligible for assessment. This information helps colleges to determine whether a doctor is a specialist in their country of training.

The current eligibility requirement for assessment under the specialist pathway – specialist recognition (comparability assessment) is:

SIMGs who have a primary qualification in medicine and surgery from a training institution recognised by both the AMC and the World Directory of Medical Schools (WDOMS) and have satisfied all the training and examination requirements to practise in their field of specialty in their country of training, can apply for assessment under the Specialist pathway – specialist recognition.

The requirements for registration and the classification of specialists vary across countries. The absence of current registration or registration in the SIMG's country of training in the same way as in Australia, should not be a barrier to assessment. It is proposed that although a college may request evidence of a SIMG's overseas registration status, the college must take into consideration the way specialists are classified in the SIMG's country of training and the reasons a SIMG may no longer hold current registration in their country of training. For example, the SIMG is living and working in a different country to their country of training or in some countries a SIMG may hold registration in a specialty however, registration may not be required for training completed in a sub-specialty field.

Questions for consideration

The Board is inviting general feedback on the proposed Standards, as well as responses to the following questions.

1. Are the proposed Standards, clearer and easier to read? In particular, are there any areas of the proposed Standards that could be clearer about the precise requirements of the assessment processes?
2. Does the rewording and restructure of the comparability definitions make the distinction between substantially comparable, partially comparable and not comparable SIMGs clearer or are they open to interpretation? If they are not clear, how should the definitions be reworded or what additional explanation should be included in the proposed Standards?
3. For the definition of substantially comparable, do you support replacing the term 'peer review' with the term 'supervised practice'? If not, please give reasons.
4. Do you support a mandatory minimum period of supervised practice for all SIMGs assessed as substantially and partially comparable? If not, please give reasons. If yes, are the minimum periods proposed appropriate?
5. Do you support the proposal for a *Summary of preliminary findings* as part of the comparability assessment process? If not, please give reasons.
6. Is the timeframe for providing a SIMG with a *Summary of preliminary findings* and the timeframe for receiving feedback from the SIMG appropriate? If not, what should the timeframes be?
7. Is the level of information to be included in the *Summary of preliminary findings* appropriate? Is there any additional information that should be included?
8. Is the proposal for when it is appropriate to conduct an area of need assessment only, helpful and appropriate? If not, please give reasons.

9. Is the proposal for colleges to publish a minimum list of requirements for eligibility to apply for assessment (specialist recognition and area of need) appropriate? Are there any other minimum requirements that should be included?
10. Is the revised guidance on assessing SIMGs for a limited scope of practice clearer? If not, which aspects are unclear and what additional information should be included?
11. Is there anything missing that needs to be added to the proposed Standards?
12. Do you have any other comments on the proposed Standards?

Summary of proposed changes

Deloitte Access Economics recommendations	Current section	Current heading/ sub-heading	Proposed section	Proposed changes
<p>1 It is recommended that the <i>Good Practice Guidelines</i> 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 <i>Good Practice Guidelines</i> that are requirements, and those that are recommendations where discretion can be exercised.</p> <p>To further assist colleges with implementation, the guidelines could include a detailed checklist of requirements and recommendations against each aspect of the assessment process.</p> <p>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</p>	N/A	N/A	N/A	The guidelines have been reworded and restructured for readability. They have also been reframed as Standards to make clearer the Board's expectations, and the aspects of the assessment process which are requirements compared to where discretion can be exercised.
	12	Recommending a SIMG for specialist recognition in a limited scope	8.7	New sub-heading Reworded and additional guidance added to make clearer.
	13	Specialist pathway – area of need	9	Reworded to clarify purpose of assessment. Additional guidance on when it may be appropriate to conduct an area of need assessment only. Requirement to give reasons where a SIMG is not suitable for an area of need position.
	12	Decision regarding eligibility for specialist recognition	8.6	New sub-heading Clearer outline of the elements of Report 2.
<p>3 It is recommended that the <i>Good Practice Guidelines</i> require colleges to publish a separate fee schedule specific for SIMGs which provides</p>	10	The procedures for assessment	6	New heading. Added a statement about publishing schedule of fees.

Deloitte Access Economics recommendations	Current section	Current heading/ sub-heading	Proposed section	Proposed changes
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.	11	Fees	7	Minor changes to make clearer and amendments to statement about publishing a schedule of fees to align with new statement added to new section 6.
7 The <i>Good Practice Guidelines</i> 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.	10	The procedures for assessment	6	New section heading Added statement about only requiring documents that are necessary to make an assessment decision and an example.
8 The <i>Good Practice Guidelines</i> 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.	12	The interview	8.2.1	Additional guidance added about video conferencing and teleconferencing.
10 The <i>Good Practice Guidelines</i> 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. Applicants 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.	12	Interim assessment	8.2	New heading Added requirement for a <i>Summary of preliminary findings</i> .
	N/A	N/A	8.2.2	New section giving guidance on the requirements and process for a <i>Summary of findings</i> .
5 Colleges could consider implementing online self-assessment quizzes or checklists, allowing SIMGs	N/A	N/A	6	Added requirement to publish the minimum requirements for eligibility to apply for assessment under the specialist pathway.

Deloitte Access Economics recommendations	Current section	Current heading/ sub-heading	Proposed section	Proposed changes
to determine their eligibility for assessment, and/or their likely comparability outcome.	N/A	N/A	Appendix 3	Guidance on the minimum requirements to apply for assessment under the specialist pathway.
<p>9 Colleges could consider implementing an objective scoring system for paper-based assessments and interviews.</p> <p>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.</p>	12	Interim assessment	8.2	<p>New heading</p> <p>Added a statement that objective scoring systems can be used as part of the interim assessment process and if used, colleges will publish the broad criteria used.</p>
<p>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 specialty.</p>	10	The procedures for assessment	6	<p>New section heading.</p> <p>Added requirement for colleges to publish their own data or include links from their website to relevant data or both.</p>

Deloitte Access Economics review findings	Current section	Current heading/ sub-heading	Proposed section	Proposed changes
<p>Period of peer review - up to 12 months FTE</p> <p>Period of supervision - up to 24 months FTE</p> <p>These compliance measures ensure that the colleges are not asking the SIMG to spend longer than the <i>Good Practice Guidelines</i> require. We consider this a useful check to have on the colleges.</p>	N/A	N/A	8.1, 8.1.1	<p>Added requirement for a minimum period of supervised practice for SIMGs assessed as substantially comparable (3 months) or partially comparable (6 months).</p> <p>No change to current maximum periods of supervised practice.</p>
<p>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.</p> <p>In 2016, 20.9% of partially comparable SIMGs were not required to undertake any supervised practice.</p> <p>The definition of partially comparable in the <i>Good Practice Guidelines</i> is “Partially comparable applicants have been assessed as suitable to undertake a defined scope of practice in a supervised capacity”.</p> <p>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.</p>	Appendix 3	Comparability definitions	Appendix 2	<p>Comparability definitions reworded and restructured to make clearer and to differentiate between the definitions of comparability and the additional requirements to be completed by substantially comparable and partially comparable SIMGs</p> <p>Term ‘peer review’ replaced by term ‘supervised practice’ for substantially comparable definition.</p> <p>Minimum period of supervised practice incorporated.</p>

Deloitte Access Economics review findings	Current section	Current heading/ sub-heading	Proposed section	Proposed changes
<p>Formal examinations</p> <p>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 <i>Good Practice Guidelines</i> set out that colleges should not ask substantially comparable SIMGs to undertake formal examinations.</p> <p>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.</p> <p>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.</p>	N/A	N/A	8.2	Additional information requiring colleges to take into consideration several factors when deciding whether an SIMG needs to sit formal examination(s).

Deloitte Access Economics review findings	Current section	Current heading/ sub-heading	Proposed section	Proposed changes
<p>Timeframe to complete requirements</p> <ul style="list-style-type: none"> Substantially comparable - Up to two years for 12 months FTE Partially comparable - Up to four years for 24 months FTE <p>These timeframes accord with the periods for peer review and supervision that can be set by the colleges.</p> <p>We consider this a useful measure to check whether the timeframes are also being adhered to in practice.</p> <p>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.</p>	12	Maximum timeframes for completing college requirements	8.5	<p>New heading</p> <p>The current guidelines and the proposed Standards require colleges to monitor SIMGs undertaking supervised practice.</p> <p>Although this finding relates to a compliance measure, added requirement for colleges to ensure SIMGs are adhering to the timeframes.</p> <p>Additional information about managing SIMGs who have satisfactorily completed additional requirements with the exception of exams.</p>

Other changes (including in support of Deloitte recommendations and feedback from stakeholders)	Current section	Current heading/ sub-heading	Proposed section	Proposed changes
Requirement for overseas current registration	N/A	N/A	8	New guidance on evidence of a SIMG's registration status
Evidence of English language proficiency	10	The procedures for assessment	6 and Appendix 3	Amended from the English language standard required must be no higher than that required by the Board's English language skills registration standard to the standard required must be at the level expected by the Board's English language skills registration standard.
Definition of full-time equivalent practice	N/A	N/A	8.4	New section. Added definition for full-time equivalent practice based on Board's registration standard for recency of practice.
Assessment of comparability	12	Assessment of comparability	8.2, point 3	Updated to incorporate the use of third party information
Recency of practice	14	Recency of practice	10	Updated to reflect the Board's current registration standard for recency of practice.

Other changes (including in support of Deloitte recommendations and feedback from stakeholders)	Current section	Current heading/ sub-heading	Proposed section	Proposed changes
Supervision of SIMGs	15	Supervision/Peer review	11	New heading. Requirement that colleges develop and publish guidelines on the supervision of SIMGs. Clarification of what is meant by remote supervision. Additional information regarding the Board's supervised practice guidelines.
Appeals	16	Appeals	12	New heading Updated to reflect AMC's accreditation standards for specialist medical programs.
The templates colleges use to report individual SIMG assessment outcomes	Appendices 4, 5, 6	Report 1, Combined report, Report 2	N/A	Templates removed as they can change from time to time and become outdated.

Standards

[Date]

Specialist medical college assessment of specialist international medical graduates

DRAFT

1. **Introduction**
2. **Background**
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13. **Options for SIMGs who are not eligible for or who do not complete the requirements of the specialist pathway**

Review

Appendix 1: The roles of organisations involved in the specialist international medical graduate assessment process

Appendix 2: Comparability definitions

Appendix 3: Minimum requirements to apply for assessment under the specialist pathway

Appendix 4: Flow chart: Specialist pathway – specialist recognition process

Appendix 5: Guide to the information to be included in a Summary of preliminary findings

Appendix 6: Flow chart: Specialist pathway – area of need process

1. Introduction

Specialist medical colleges have an important role in assessing specialist international medical graduates (SIMGs). Assessment of individual SIMGs by colleges is a high stakes exercise as it informs the decision of the Medical Board of Australia (the Board) about whether to grant specialist registration.

These Standards have been developed to support colleges in conducting assessments of SIMGs. They explain what the Board expects of colleges when they are assessing SIMGs.

The Standards have been developed in accordance with the objectives and guiding principles of the National Registration and Accreditation Scheme (the National Scheme) and aim to ensure a consistent and fair approach to the assessment of SIMGs.

The Board recognises that assessing SIMGs can be complex. SIMGs have trained in a range of countries and health systems whose specialist education do not necessarily align with current Australian specialist training. When assessing SIMGs, colleges have to take into consideration a range of factors in addition to the SIMG's previous training and assessment. These additional factors include their experience, recent specialist practice and continuing professional development (CPD) activity since they obtained a specialist qualification. They also need to take into consideration the SIMG's intended scope of practice. Each assessment is therefore unique.

2. Background

The National Scheme was established to provide for public protection and an Australian health workforce that is responsive and flexible. The Health Practitioner Regulation National Law, as in force in each State and territory (the National Law) gives effect to the National Scheme.

The registration of SIMGs is a feature of the National Law. The National Law provides for the registration of SIMGs who have successfully completed any examination or assessment required by an approved registration standard to assess a SIMG's ability to competently and safely practise in a specialty.

The Board has decided that the examination or assessment⁴ of SIMGs will be conducted by the specialist medical colleges that are accredited by the Australian Medical Council (AMC). At the request of the Board, the Australian Health Practitioner Regulation Agency (AHPRA) has appointed each AMC-accredited specialist medical college to conduct the assessment of SIMGs. This appointment provides for colleges and their employees and assessors to be indemnified under the National Law for exercising this function in good faith.

The specialist medical colleges are expected to conduct the assessment of SIMGs in a manner that is consistent with these Standards and the objectives and guiding principles of the National Scheme as defined in the National Law.

The roles of the Board, AHPRA, the National Specialist International Medical Graduate Committee (a committee of the Board), the AMC and the specialist medical colleges are summarised in [Appendix 1](#).

⁴ Section 59, Health Practitioner Regulation National Law, as in force in each state and territory.

3. The objectives and guiding principles of the National Scheme

The **objectives** of the National Scheme are:

1. to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered
2. to facilitate workforce mobility across Australia by reducing the administrative burden for health practitioners wishing to move between participating jurisdictions or to practise in more than one participating jurisdiction
3. to facilitate the provision of high quality education and training of health practitioners
4. to facilitate the rigorous and responsive assessment of overseas-trained health practitioners
5. to facilitate access to services provided by health practitioners in accordance with the public interest, and
6. to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners.

The **guiding principles** of the National Scheme are:

1. the scheme is to operate in a **transparent, accountable, efficient, effective and fair** way
2. fees required to be paid under the scheme are to be reasonable having regard to the efficient and effective operation of the scheme
3. restrictions on the practice of a health profession are to be imposed under the scheme only if it is necessary to ensure health services are provided safely and are of an appropriate quality.

4. Principles of the assessment process

1. The assessment process will operate in a way which is fair, transparent, efficient, effective and accountable.
2. Fees charged will be reasonable, having regard to the efficient and effective operation of the assessment process.
3. SIMGs will be afforded procedural fairness.
4. SIMGs applying for specialist recognition will be assessed against the approved [comparability definitions](#) (Appendix 2).

5. Establishing a committee to be responsible for the assessment process

Colleges will:

1. establish a committee or a similar body to be responsible for the assessment process, within the college's overall governance arrangements. The committee will include:
 - members with the necessary attributes, knowledge and skills in the assessment of college trainees and who understand their college's training requirements and standards
 - at least one fellow who has completed their specialist training overseas and who has been through the college assessment process
 - at least one community member, if possible.

2. implement a documented governance framework for the operation of the committee which will include:
 - the terms of reference for the committee (including defining its role, responsibilities, structure, standard operating procedures and key relationships i.e. interaction with other bodies within the college)
 - procedures for declaring and managing conflicts of interest. For example, individuals involved in the direct supervision / workplace assessment / employment of a SIMG must not be involved in the decision on whether to recommend the SIMG be granted recognition as a specialist
 - guidelines and procedures for ensuring procedural fairness is afforded to SIMG applicants.

6. Publication of information and procedures of the assessment process

The specialist pathway process is complex and SIMGs must interact with a number of organisations as they work towards meeting all the requirements necessary to practise in Australia. SIMGs need accurate and relevant information to make decisions about working in Australia.

Colleges will publish information for SIMGs on their website that is public, easy to locate, presented in a user-friendly way, uses plain English and avoids using jargon.

The requirements and procedures for all phases of the assessment process (e.g. paper-based assessment, interview, supervision, examination, reviews, appeals, etc) must be documented and published. Colleges will:

1. establish a process for assessment in each of the following pathways:
 - specialist pathway - specialist recognition
 - specialist pathway - area of need
2. publish key college data about the specialist pathway and the distribution of the specialist workforce so that SIMGs have appropriate information and realistic expectations when they apply for assessment. Colleges can publish their own data or include links from the college website to the Board's specialist pathway data⁵ and the Commonwealth's workforce fact sheets⁶ (or do both).
3. publish the minimum requirements for eligibility to apply for the specialist pathway - specialist recognition and area of need (see [Appendix 3](#) for details). This includes:
 - the requirement for SIMGs to apply to have their medical qualifications verified through the Educational Commission for Foreign Medical Graduates (ECFMG) Electronic Portfolio of International Credentials (EPIC), and
 - the requirement for the SIMG to include their EPIC ID number with their application for assessment
4. publish details of the documentary evidence that SIMGs are required to submit for an assessment under the specialist pathway (specialist recognition or area of need). This includes:
 - requesting only that documentary evidence which is required to make the assessment decision about the SIMG's comparability to an Australian trained

⁵ <https://www.medicalboard.gov.au/Registration/International-Medical-Graduates/Specialist-Pathway/Guides-and-reports.aspx>

⁶ <https://hwd.health.gov.au/publications.html>

specialist or suitability for an area of need position. For example, supervisor reports from a SIMG's training program may not be relevant if a SIMG has been a specialist for a long time

- ensuring the format of documentary evidence is consistent with Board requirements for registration, wherever possible, to minimise unnecessary duplication for the SIMG. For example, the Board and AHPRA have requirements for certifying documents and have developed a format for curricula vitae
 - clearly stating whether the SIMG must provide evidence of English language proficiency before they can commence the assessment process. The standard required must be at the level expected by the Board's English language skills registration standard
5. publish the schedule of fees for assessment in one location on the college website, including fees for each element of the specialist recognition and area of need assessment processes and the likely total cost for completion of the specialist recognition or area of need pathways (see also section 7)
 6. publish the criteria against which SIMGs will be assessed
 7. establish a process to ensure SIMGs are notified in a timely manner that their application for assessment will not proceed without an EPIC number or if other relevant information has not been included in the application
 8. establish a process to monitor applications for assessment to ensure they progress in a timely manner.

Colleges must follow their published procedures. If a college deviates from the published procedures, they must document the reasons for doing so.

There is separate guidance on the assessment process for Australian and New Zealand medical graduates with overseas specialist qualifications who are seeking specialist registration in Australia, available on the Board's website.⁷

7. Fees

Each college is responsible for setting its own fees. Fees must be consistent with the guiding principles in the National Law. Fees are expected to be reasonable having regard to the effective and efficient operation of the assessment process.

Colleges can charge fees for:

1. the initial review of application documentation
2. the assessment interview
3. the additional requirements of the specialist pathway - specialist recognition (e.g. supervision, upskilling, formal assessments such as examinations and workplace-based assessments)
4. access to college resources including CPD programs
5. reconsideration, review and appeal of college decisions.

Each college will publish a schedule of fees in one location on their website that includes the cost of each element of the specialist recognition and area of need assessment processes and the likely total cost for completion of the specialist recognition or area of need pathways.

⁷ <https://www.medicalboard.gov.au/Registration/International-Medical-Graduates/medical-graduate-with-overseas.aspx>

8. Specialist pathway – specialist recognition

This pathway is for SIMGs who wish to qualify for specialist registration in Australia.

SIMGs who have a primary qualification in medicine and surgery from a training institution recognised by both the AMC and the World Directory of Medical Schools (WDOMS) and have satisfied all the training and examination requirements to practise in their field of specialty in their country of training, can apply for assessment under the Specialist pathway – specialist recognition.

The requirements for registration and the classification of specialists vary across countries. Colleges may request evidence of a SIMG's registration status, however, the absence of current registration or registration in the SIMG's country of training in the same way as in Australia must not preclude SIMGs from assessment. Colleges will take into consideration the way specialists are classified in the SIMG's country of training and the reasons a SIMG may no longer hold current registration in their country of training. For example, the SIMG is living and working in a different country.

In this pathway, SIMGs are assessed by the relevant specialist medical college for comparability to an Australian trained specialist **commencing** practice (at the level of a newly qualified Fellow), taking into consideration the SIMG's intended scope of practice as well as their previous training and assessment, recent specialist practice, experience and CPD.

It is not unusual for specialists to change the scope of their practice over time. This applies to Australian specialists and SIMGs. It is therefore appropriate to assess SIMGs on the basis of their intended scope of practice, rather than the entire specialty.

The assessment of comparability is a three-step process:

Step one

An interim assessment of comparability (substantially comparable, partially comparable or not comparable).

Step two

Where a SIMG is assessed as substantially comparable or partially comparable, the SIMG completes any additional requirements required by the college. For example, supervised practice, workplace-based assessment(s), upskilling and/or examinations.

Step three

The college makes a final decision as to whether the SIMG is comparable to an Australian qualified specialist in the same field of practice and therefore whether they are eligible for recognition as a specialist.

See [Appendix 4](#) for an overview of the specialist pathway – specialist recognition process.

8.1 Comparability definitions

Colleges will assess SIMGs in accordance with the approved [comparability definitions](#) (see Appendix 2). The comparability definitions consist of three definitions that describe a SIMG's level of comparability to an Australian trained specialist in the same field of specialist practice:

- substantially comparable
- partially comparable
- not comparable.

The description for the substantially comparable and partially comparable levels comprises two components:

1. the definition of comparability, and

2. the additional requirements defined by the college which must be met by the SIMG to become eligible for specialist recognition. For example, the period of practice required.

The purpose of the additional requirements is to provide additional information so that the college can confirm or modify the interim assessment decision and make a final decision about whether to recommend to the Board that a SIMG be granted recognition as a specialist. The additional requirements include a maximum period of supervised practice, with a minimum period for all substantially and partially comparable SIMGs. SIMGs must complete no less than the minimum period of supervised practice.

8.1.1 Additional requirements – period of supervised practice

SIMGs who are assessed as **substantially comparable** must complete up to a maximum of 12 months FTE supervised practice, with a minimum of three (3) months.

SIMGs who are assessed as **partially comparable** must complete up to a maximum of 24 months FTE supervised practice, with a minimum of six (6) months.

The college decides the length of supervised practice (up to the maximum period and no less than the minimum) and the nature of assessments on a case-by-case basis. Most SIMGs will require more than the minimum period of supervised practice to be able to complete the additional requirements. The college may subsequently reduce the length of the required supervised practice to no less than the minimum based on the performance of the individual SIMG.

The minimum period of supervised practice forms part of the maximum period. That is, if a partially comparable SIMG is required to complete 24 months of supervised practice and upskilling with associated assessment/s, the minimum period of supervised practice is included within the 24 months of supervised practice.

In addition to providing information to inform the college about whether to confirm or modify the interim assessment decision, the period of supervised practice also:

- supports the SIMG to transition to the Australian healthcare system
- helps the SIMG to access CPD programs, and
- is in line with the Board's requirement that all applicants granted limited or provisional registration must practise under supervision to ensure safe practice.

8.1.2 Substantially comparable

Substantially comparable SIMGs have been assessed as suitable to undertake their intended scope of practice, taking full responsibility for individual patients with only oversight of their practice by a supervisor approved by the college. To be considered substantially comparable, a SIMG must have satisfied the college that they are at the standard of an Australian trained specialist **commencing** practice (at the level of a newly qualified Fellow), taking into consideration the SIMG's intended scope of practice as well as their previous training and assessment, recent specialist practice, experience and CPD.

SIMGs assessed as substantially comparable will be required to undertake up to a maximum of 12 months full time equivalent (FTE) supervised practice, with a minimum of three months, with a supervisor approved by the college. This may also involve the satisfactory completion of workplace-based assessment/s.

If the college determines that a SIMG requires more than 12 months (FTE) supervised practice to demonstrate the required standard, then the SIMG cannot be assessed as substantially comparable and will be assessed as partially comparable or not comparable.

8.1.3 Partially comparable

Partially comparable SIMGs have been assessed as suitable to undertake their intended scope of practice under the supervision of a college approved supervisor. To be considered partially comparable, a SIMG must satisfy the college that they will be able to reach the standard of an Australian trained specialist within a maximum period of 24 months FTE supervised practice (includes upskilling with associated assessment/s). The standard expected is that of an Australian trained specialist **commencing** practice (at the level of a newly qualified Fellow), taking into consideration the SIMG's intended scope of practice as well as their previous training and assessment, recent specialist practice, experience and CPD.

SIMGs assessed as partially comparable have been assessed as having a gap in their knowledge and skills and require upskilling (with associated assessment/s) to reach the required standard within 24 months FTE practice. SIMGs assessed as partially comparable will be required to undertake up to a maximum of 24 months FTE supervised practice, with a minimum of six months (includes upskilling with associated assessment/s). They may be required to undertake formal examinations and/or other assessments.

If a college determines a SIMG requires more than 24 months (FTE) of upskilling to reach the required standard, then the SIMG will be assessed as not comparable.

8.1.4 Not comparable

SIMGs who do not satisfy the college that they are at the standard of an Australian trained specialist **commencing** practice (at the level of a newly qualified Fellow), having taken into consideration their intended scope of practice as well as their previous training and assessment, recent specialist practice, experience and CPD, or who are assessed as unable to reach comparability within 24 months FTE practice, will be assessed as not comparable.

See [Appendix 2](#) for the full comparability definitions.

8.2 The interim assessment of comparability

The assessment of comparability is complex and includes consideration of the SIMG's:

- qualifications
- previous training and assessment
- recent specialist practice
- CPD activity, and
- intended scope of practice.

The structures of training programs differ between healthcare systems and over time in any single program. The assessment of comparability is more than just an assessment for equivalence of a SIMG's training program against a specialist medical college's current Fellowship program.

Objective scoring systems, where assessors give SIMGs a numerical score against key criteria, can be used as part of the interim assessment process. If used, colleges will publish the broad criteria used in any objective scoring system.

In making an interim assessment of comparability, colleges will:

1. assess SIMGs for comparability to an Australian trained specialist **commencing** practice (at the level of a newly qualified Fellow), taking into consideration the SIMG's intended scope of practice, as well as their previous training and assessment, recent specialist practice, experience and CPD
2. review the documentary evidence provided by the SIMG

3. only consider evidence that is relevant and that has been provided for the purposes of assessment. Where a college receives other information about a SIMG that may inform the interim assessment decision (for example, publicly available information or information from a third party), the college must follow the rules of procedural fairness. This includes providing the SIMG with the information received and giving them an opportunity to make a submission about the information. This process must occur before the interim assessment decision is made
4. identify any gaps/deficiencies in the SIMG's capabilities required for their intended scope of practice
5. when deciding whether the SIMG should undertake formal examinations, take into consideration:
 - the rigour and impartiality of the assessment(s) the SIMG completed overseas
 - the SIMG's subsequent experience, and
 - the supervised practice and associated assessments the SIMG will undertake in Australia.

Based on an assessment of this information, if the college is satisfied with the above, the SIMG does not need to undertake formal examination(s).

6. provide the SIMG with a *Summary of preliminary findings* (with or without a proposed interim assessment decision). The *Summary of preliminary findings* sets out the college's findings of the information it will rely on to make an interim assessment decision and gives the SIMG an opportunity to confirm the factual accuracy of the findings or to provide clarification or submit additional evidence if they believe there are errors of fact, perceived gaps or omissions in the college's findings before an interim assessment decision is made
7. keep complete and accurate documentation of each stage of the assessment process
8. notify the Board 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.

8.2.1 *The interview*

Following the paper-based assessment the college may interview the SIMG. In some cases, the college may decide not to interview the SIMG because the documentary evidence clearly indicates that the SIMG's training and experience is substantially comparable, partially comparable or not comparable.

The purpose of the interview is to:

1. clarify and confirm details of the SIMG's qualifications, training, experience, recent practice in the specialty and CPD provided in the written documentation and if necessary, to seek additional information
2. determine the SIMG's suitability to commence a period of supervised practice, or upskilling (under supervision) with associated assessment.

The interview must not be used to assess a SIMG's clinical competence or skills. Assessment of clinical competence or skills can be undertaken more appropriately during the subsequent period of supervised practice or, if required for SIMGs assessed as partially comparable, through formal examination/s.

During the interview process:

1. colleges will appoint trained assessors (which may include a community member) to conduct the interview. The assessors will be familiar with these standards and understand the college's assessment criteria and procedures for assessing SIMGs

2. the assessors will review the documentation submitted by the SIMG in detail prior to the interview
3. the assessors will collaborate and plan the interview. The assessors will develop and use structured questions based on the information contained in the SIMG's application documentation
4. assessors will explore in greater detail the SIMG's qualifications, training, experience, recency of practice in the specialty, CPD and non-technical professional attributes including the SIMG's understanding of the importance of culturally safe and respectful practice for the community, including Aboriginal and Torres Strait Islander Peoples
5. the SIMG will be assessed in accordance with the comparability definitions and the college's published assessment criteria
6. assessors will not ask questions that are not relevant to the college assessment criteria
7. assessors will give the SIMG an opportunity to ask questions of the interviewers about the process to ensure they understand the process and the assessment criteria.

The interview can be conducted face-to-face or by video conference. To minimise travel and costs for SIMGs, it is recommended that colleges offer interviews by video conference. While the interview may be conducted by phone, colleges are advised to use caution because of the potential for integrity issues.

Interviews by video conference or phone should only be conducted where the integrity of the interview can be assured. For example:

- the identity of the SIMG can be verified by a method acceptable to the college
- the college can ensure the SIMG is not being coached during the interview.

8.2.2 Summary of preliminary findings

Colleges will provide SIMGs with a *Summary of preliminary findings* (with or without a proposed decision) before the interim assessment decision has been finalised. The *Summary of preliminary findings* sets out the college's findings of the information it will rely on to make an interim assessment decision and gives the SIMG an opportunity to confirm the factual accuracy of the findings or to provide clarification or submit additional evidence if they believe there are errors of fact, perceived gaps or omissions in the college's findings before an interim assessment decision is made.

The *Summary of preliminary findings* sets out:

1. the information provided by the SIMG in their application. This includes the college's identification of gaps or findings of equivalence or alignment in the SIMG's training, assessments/examinations, experience, recency of practice and CPD against an Australian trained specialist in the same field of practice
2. the SIMG's registration status or eligibility to practise as a specialist in their field of specialty practice in their country of training, and
3. any other information discussed at the interview (if conducted) or obtained by the college about the SIMG which will be relied on to make an interim assessment decision.

The *Summary of preliminary findings* (with or without a proposed decision) will be provided to the SIMG by email,⁸ no more than 14 days after the interview, or after the assessment of the SIMG's completed application, if there is no interview.

⁸ An alternative method of communication may be used as agreed between the college and the SIMG.

The college will give the SIMG at least 21 days from the date of the *Summary of preliminary findings* to provide clarification or submit additional evidence if they believe there are errors of fact, perceived gaps or omissions in the college's findings. The college will acknowledge its consideration of the SIMG's response in the final interim assessment decision.

If a response from the SIMG is not received within the defined timeframe or within an extended timeframe agreed between the college and the SIMG, the college will make an interim assessment decision based on the *Summary of preliminary findings*.

A guide to the information to be included in a *Summary of preliminary findings* is available at [Appendix 5](#). Colleges will develop a *Summary of preliminary findings* template that is suitable for its individual requirements.

8.2.3 *Interim assessment of comparability decision*

At the conclusion of the interim assessment process the college will decide whether the SIMG is substantially comparable, partially comparable or not comparable.

Colleges will:

1. record the interim assessment decision using a reporting template developed by the Board for this purpose (as revised from time to time). The templates are currently titled 'Report 1' (specialist recognition assessment) and 'Combined report' (combined specialist recognition and area of need assessment)
2. provide Report 1 or the Combined report to the SIMG
3. upload Report 1 or the Combined report to the AMC secure portal for use by AHPRA for the purposes of registration. Report 1 or the Combined report includes:
 - a. the college's interim assessment decision about the SIMG's comparability i.e. substantially comparable, partially comparable or not comparable
 - b. the additional requirements to be met by the SIMG if they have been assessed as substantially comparable or partially comparable.

When communicating the college's additional requirements, the college will also inform the SIMG whether the college requires prospective approval of supervisors or positions and what the approval process entails. The college may also inform the SIMG that the college does not have a role in finding the SIMG a suitable post.

8.3 **Completing additional requirements**

Substantially comparable or partially comparable SIMGs can complete the additional requirements concurrently. Any orientation, supervised practice or upskilling does not have to be completed separately, as long as the SIMG is practising with the appropriate level of supervision as defined in the Board's *Guidelines – Supervised practice for international medical graduates*.

Colleges will:

1. have a documented process for monitoring SIMGs during the period of supervised practice
2. document the mechanisms the college will use to determine whether a SIMG is satisfactorily fulfilling college requirements (e.g. through satisfactory supervisor reports)
3. ensure that any specific clinical experience and assessment required of SIMGs is no more than that required of Australian trainees completing their training. Reasons for requiring specific areas of experience should be clearly documented.

8.4 Definition of full-time equivalent practice

For the purposes of the additional requirements, FTE practice is 38 hours per week within a SIMG's scope of practice. Practice includes all aspects of the SIMG's scope of the specialty and may include clinical and non-clinical practice. The maximum number of hours that can be counted per week is 38 hours.

SIMGs who work part-time must complete the same minimum number of hours of practice – this can be completed part time.

12 months of practice means a minimum of 47 weeks FTE practice. Annual leave is not included in the 47 weeks.

8.5 Maximum timeframes for completing additional requirements

Colleges will ensure that SIMGs adhere to the maximum timeframes for completing college requirements.

The maximum timeframes are:

1. for substantially comparable SIMGs - a total of two years to complete up to 12 FTE months of supervised practice
2. for partially comparable SIMGs - a total of four years to complete up to 24 FTE months of supervised practice and upskilling with associated assessment including formal examinations where required.

The starting point for the maximum timeframe is from the date a SIMG starts practice in a position approved for completion of any college requirements, noting that some colleges may have policies about the length of time permitted to lapse between the interim assessment decision and the start of practice.

Where a college has a policy on the validity period of an interim assessment decision, the college will:

1. publish the policy including any requirements for a new assessment of comparability, and
2. notify the Board when an interim assessment decision has expired by uploading an updated 'Report 1' or a 'Combined report' to the AMC secure portal indicating the validity period has expired.

The maximum timeframes allow for part-time practice. Leave granted for 'exceptional circumstances' is not counted as part of the maximum timeframe. The college will publish policies for granting extensions for 'interrupted time' or 'exceptional circumstances' consistent with policies for Australian trainees.

Any examinations or assessments scheduled after the period of supervised practice are to be completed within the maximum timeframes. If a partially comparable SIMG has successfully completed the additional requirements except for formal examination/s and wishes to continue to practise, they may do so provided they:

1. continue to be on the specialist pathway
2. meet the requirements of their limited or provisional registration. These types of registration require SIMGs to practise with Board approved supervision, and
3. comply with any college policies (e.g. number of examination attempts permitted).

8.6 Final decision of comparability (eligibility for specialist recognition)

The Board's '*Registration standard for specialist registration*' defines the ways in which applicants can qualify for specialist registration. A SIMG is qualified for specialist registration if they:

1. have been awarded an approved qualification (Fellowship of an accredited specialist medical college), or
2. hold a qualification relevant to the specialty (overseas specialist qualification) and have successfully completed any examination and/or other assessment required by an accredited specialist medical college for the purposes of registration in a specialty. That is, the Board will accept for registration purposes that the SIMG has completed, the college requirements for the award of an approved qualification (i.e. the SIMG is eligible for Fellowship) or the college requirements for recognition as a specialist in the full scope or part scope of a specialty.

When making a final decision regarding comparability, colleges will:

1. document the final decision about a SIMG's comparability and eligibility for specialist recognition using a reporting template developed by the Board for this purpose (as revised from time to time). The current template is titled 'Report 2'
2. upload Report 2 to the AMC secure portal for use by AHPRA for the purposes of registration
3. inform the SIMG of the final assessment decision.

Report 2 will confirm one of the following:

1. the SIMG has successfully completed the college's requirements and the college recommends that the SIMG be granted recognition as a specialist
2. the SIMG has completed the college's requirements for comparability in a limited scope of practice and the college recommends that the SIMG be granted recognition as a specialist in a limited scope of practice and any recommendations for conditions on registration
3. the college is not recommending the SIMG for specialist recognition, and reasons for this decision
4. the SIMG has chosen not to complete the additional requirements specified in Report 1 or the Combined Report and has withdrawn from the pathway
5. the SIMG has not met the college requirements within the maximum timeframes (including any additional time granted for exceptional circumstances) and the reasons. For example, the SIMG was unable to get a suitable job, did not undertake required CPD or did not satisfactorily complete college assessments or examinations.

A SIMG who has been initially assessed as substantially comparable but who is reassessed as partially comparable, will continue on the pathway and Report 2 will not be required until one of the above outcomes has occurred.

8.7 Assessing SIMGs for comparability in a limited scope of practice

As outlined in section 8.6, the Board's '*Registration standard for specialist registration*' describes the ways in which applicants may qualify for specialist registration. This includes by being awarded Fellowship of a specialist medical college or by being recommended for specialist recognition by a college after meeting its requirements for recognition, in the full scope of a specialty or field of specialty practice or part scope of a specialty or field of specialty practice.

The assessment of comparability requires colleges to assess SIMGs for comparability taking into consideration their intended scope of practice. A SIMG does not have to be comparable across the full scope of practice of an Australian trained specialist as long as the SIMG has the knowledge, skills, professional attributes and experience to practise competently and safely in a scope of practice that falls within the broader scope of a recognised specialty or field of specialist practice and the practice is viable in Australia.

SIMGs may be working in a limited scope of practice because:

1. they may have satisfied the training requirements in the full scope of a specialty, but they now choose to practise in a limited scope only
2. the training pathways available to the SIMG did not/do not match those currently available to Australian trainees
3. their specialist training program is not completely identical to the Australian training program or the SIMG may have trained in a specialty which has a different scope of practice from the most similar Australian program.

Examples

Australian recognised field of specialty practice	Limited scope of practice within the recognised field of specialty practice
Neurology	Stroke medicine
Respiratory and sleep medicine	Sleep medicine
Orthopaedic surgery	Spinal orthopaedic surgery
Otolaryngology – head and neck surgery	Otology

When assessing SIMGs for comparability in a limited scope, colleges will:

1. have a documented and published approach to assessing SIMGs with a limited scope of practice
2. assess SIMGs for comparability taking into consideration their intended scope of practice and any limited scope of practice that:
 - currently occurs or could occur within the specialty or field of specialty practice in Australia, and
 - is possible for a specialist to practise in, in Australia.
3. apply the same principles and procedures for assessing a SIMG in the full scope of a specialty or field of specialty practice
4. provide reasons to the SIMG if it is not appropriate for the SIMG to practise in the limited scope of practice.

Where it is not viable for SIMGs to practise within a limited scope of a recognised specialty or field of specialty practice (for example, specialist general practice), the college must publish its rationale.

If a college recommends a SIMG for specialist recognition in a limited scope of practice or awards Fellowship in a limited scope of practice, the college will clearly define the SIMG's scope of practice in Report 2.

When the Board grants a SIMG specialist registration in a limited scope of practice, it will impose conditions on the SIMG's specialist registration reflecting the SIMG's limited scope of practice. The Board will take into consideration any advice from the college on the restricted scope of practice. The conditions will appear in the specialist practitioner's listing on the public Register of Medical Practitioners⁹.

⁹ AHPRA, on behalf of the Board, monitors health practitioners for compliance with conditions imposed on their registration.

8.8 New assessment of comparability

Colleges will document and publish the policy and process by which SIMGs may apply for a new assessment of comparability and the circumstances under which the college will consider applications for a new assessment.

A SIMG may request a new assessment because there has been a material change to their training and experience since they were initially assessed by the college. A SIMG may apply for a new assessment of comparability only where they can provide evidence of a further significant period of training or experience that is verifiable and acceptable to the college.

Applications for a new assessment are different from an appeal of a college decision on comparability where a SIMG disputes an interim assessment decision.

9. Specialist pathway – area of need

This pathway is for SIMGs who wish to work in a specialist level position in Australia in a declared area of need. This pathway does not lead to specialist registration. SIMGs with limited registration for area of need may renew registration three times only (total of four years registration), before being required to be on a pathway to general or specialist registration. SIMGs who are also seeking specialist registration may apply to the college for a concurrent area of need and specialist recognition assessment.

SIMGs who have a primary qualification in medicine and surgery from a training institution recognised by both the AMC and the WDOMS and have satisfied all the training and examination requirements to practise in their field of specialty in their country of training, can apply for assessment under the Specialist pathway – area of need.

See [Appendix 6](#) for an overview of the specialist pathway - area of need process.

9.1 Assessment for area of need

The purpose of the area of need assessment is to assess a SIMG's qualifications and experience for suitability against the requirements of a specific position in a declared area of need. The assessment is specific to the position description and cannot be used for other positions. If the SIMG wishes to practise in another position, they are required to have a new assessment.

The area of need assessment does not assess a SIMG's comparability to an Australian trained specialist but rather their suitability for the specific position. In some cases, the college may need to conduct a combined assessment for specialist recognition and area of need to determine the SIMG's suitability for the specific position.

It is appropriate for a college to conduct an 'area of need assessment' only, where:

1. the SIMG intends to work in Australia for a short term (no more than four years)
2. the SIMG does not wish to progress to specialist registration, and
3. there is appropriate supervision and support available to support practice in the position.

9.2 Outcome of area of need assessment

The college will document the outcome of the area of need assessment using a reporting template developed by the Board for this purpose (as revised from time to time). The current templates are titled 'Area of need report' and 'Combined report'.

The college will upload the report to the AMC secure portal for use by AHPRA for the purposes of registration and will also inform the SIMG of the outcome.

The report will confirm whether:

- the SIMG is *suitable* for the position and any recommendations including proposed restrictions on scope of practice, or
- the SIMG is *not suitable* for the position and the reasons.

10. Recency of practice

The Board has an approved registration standard for recency of practice. The registration standard requires medical practitioners to practise a minimum number of hours in their scope of practice to meet the standard. There are also requirements for returning to practice after an absence and requirements for changing scope of practice.

Colleges will publish a policy on their 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 policy should take into consideration the Board's registration standard for recency of practice. A college can develop its own specific requirements for recency of practice on the basis of the specialty involved and the intended scope of practice.

11. Supervision of SIMGs

Colleges will develop and publish guidelines on the supervision of SIMGs undertaking additional requirements in the specialist pathway – specialist recognition. The guidelines will include:

1. the requirements for the training and induction of college SIMG supervisors
2. the roles and responsibilities of college SIMG supervisors and SIMGs
3. processes for addressing issues arising during the supervision period
4. the appropriate level of supervision for a SIMG's level of training and experience
5. if the college has approved remote supervision (where the supervisor and SIMG are not located at the same facility), the requirements for that supervision. For example, the requirements for oversight, review and reporting of the SIMG's performance and how the SIMG will be supported if they require assistance.

The Board decides the appropriate level of supervision for a SIMG for the purposes of registration to ensure safe practice. The Board takes into consideration the college's assessment and any recommendations when deciding the level of supervision. The Board's *Guidelines – Supervised practice for international medical graduates* define its requirements for supervision¹⁰.

The college's requirements for the supervision of SIMGs should align with these guidelines.

12. Reconsideration, review and appeals

The colleges will have a documented and published process for reconsideration, review or appeal that specifically references SIMGs and which is consistent with the AMC's accreditation standards for *'Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council 2015'* (as revised from time to time)¹¹.

Colleges will:

1. publish their processes for the reconsideration, review and appeal of decisions. These processes are to provide an impartial review of decisions related to its training and education functions including the assessment of SIMGs

¹⁰ <https://www.medicalboard.gov.au/Codes-Guidelines-Policies/Supervised-practice-guidelines.aspx>

¹¹ <https://www.medicalboard.gov.au/Accreditation/Specialist-medical-colleges.aspx>

2. ensure committees considering appeals include some members who are external to the college, as well as impartial internal members
3. ensure that appeals processes provide grounds for appeal against decisions that are similar to the grounds for appealing administrative decisions in Australia (See standard 1.3 of the AMC Standards)
4. ensure processes are procedurally fair, timely and transparent, including providing written reasons for decisions.

13. Options for SIMGs who are not eligible for or who do not complete the requirements of the specialist pathway

The college should advise SIMGs who are not eligible for the specialist pathway (specialist recognition or area of need) or who are not comparable or who do not complete the requirements of the specialist pathway – specialist recognition to contact AHPRA for further guidance on their options for practising in Australia as a medical practitioner.

Review

Date of effect: [Date]

Date of review: These standards will be reviewed from time to time as required. This will generally be at least every five years.

DRAFT

Appendix 1: The roles of organisations involved in the specialist international medical graduate assessment process

The role of the Medical Board of Australia

The Board is responsible for regulating registered medical practitioners in the public interest. The key functions of the Board are to:

1. register medical practitioners who are suitably trained and qualified to practise in a competent and ethical manner
2. investigate concerns about a medical practitioner's conduct, performance or health and take any necessary action to protect the public
3. approve accreditation standards for education providers and their programs of study
4. approve accredited programs of study that provide a qualification for the purposes of registration
5. develop standards, codes and guidelines for the medical profession.

The role of the Australian Health Practitioner Regulation Agency

The Australian Health Practitioner Regulation Agency (AHPRA):

1. provides administrative and policy support to the Board in its primary role of protecting the public
2. employs staff and enters into contracts on behalf of the Board
3. manages the registration and renewal processes for health practitioners and students around Australia
4. on behalf of the Board, manages investigations into the professional conduct, performance or health of medical practitioners (arrangements differ in New South Wales and Queensland)
5. has offices in each state and territory.

The role of the National Specialist International Medical Graduate Committee

The National Specialist International Medical Graduate Committee (NSIMGC) is established as a committee of the Board. The terms of reference for the committee are to:

1. review the operation of the assessment of SIMGs (specialist recognition and area of need) and make recommendations to the Medical Board of Australia
2. consider, consult with stakeholders and in particular specialist colleges, and make recommendations to the Medical Board of Australia about policy issues that arise in relation to the assessment of SIMGs (specialist recognition and area of need)
3. communicate policy decisions about the assessment of SIMGs to relevant stakeholders
4. enhance communication and dialogue between all major stakeholders
5. explore options for sharing resources in the assessment of SIMGs (specialist recognition and area of need)
6. monitor and report to the Board on the assessment of SIMGs, including reporting on activity and issues arising
7. coordinate the publication of guidelines for applicants and colleges for the assessment of SIMGs.

Specialist medical colleges can raise issues regarding the operation of the SIMG assessment process with the Board. The Board may refer the matter to the NSIMGC.

The role of the Australian Medical Council

The Australian Medical Council (AMC):

1. is the appointed accreditation authority for the medical profession
2. develops accreditation standards for education providers and their programs of study
3. accredits programs of study that provide a qualification for the purposes of registration
4. assesses the programs of the specialist medical colleges against the accreditation standards for specialist medical programs including ensuring the colleges meet the standards for assessing SIMGs
5. facilitates access to the results of the primary source verification of a SIMG's medical qualifications
6. manages the AMC secure portal which is accessed by the AMC, the specialist medical colleges and AHPRA. The secure portal is a repository of information that includes certified copies of a SIMG's qualifications, confirmation of primary source verification, the outcome of the SIMG's college assessments and college letters (as required) confirming continued support for the SIMG in the pathway. AHPRA (on behalf of the Board) accesses the secure portal to source information for the purposes of registration.

The role of the specialist medical colleges

Specialist medical colleges are a part of the National Scheme. They:

1. are accredited under the National Law by the AMC
2. provide accredited programs of study approved by the Board as providing a qualification for the purposes of specialist registration
3. are education providers, and as such, have specific status and responsibilities under the National Law
4. have a defined role in the Board's approved registration standard for specialist registration
5. are appointed by AHPRA on behalf of the Board to conduct SIMG assessments.

Being part of the National Scheme means that:

6. the role of the specialist medical colleges is formally recognised in the National Law
7. the National Scheme provides opportunities for collaboration and mutual support
8. the appointment of the specialist medical colleges to assess SIMGs gives the colleges, including their employees, assessors and supervisors, protection from personal liability for exercising this assessment function, providing they act in good faith.

Appendix 2: Comparability definitions

Substantially Comparable

Substantially comparable applicants will not be eligible to apply for specialist registration until the college confirms they have satisfied the requirements for specialist recognition.

Definition

Substantially comparable applicants have been assessed as suitable to undertake their intended scope of practice, taking full responsibility for individual patients with only oversight of their practice by a supervisor approved by the college. To be considered substantially comparable an applicant must have satisfied the college that they are at the standard of an Australian trained specialist **commencing** practice (at the level of a newly qualified Fellow), taking into consideration the applicant's intended scope of practice as well as their previous training and assessment, recent specialist practice, experience and continuing professional development (CPD).

Additional requirements to be met before being recommended for specialist recognition

Applicants assessed as substantially comparable will be required to undertake up to a maximum of 12 months full time equivalent (FTE) practice, with a minimum of three months, with a supervisor approved by the college. This period of supervised practice may include the satisfactory completion of a workplace-based assessment (WBA).

These requirements are imposed to:

- ensure that the applicant is at the standard of an Australian trained specialist **commencing** practice
- assist the applicant with their transition to the Australian health system
- provide the applicant with professional support, and
- help the applicant to access CPD.

The college will decide the length of supervised practice (between the minimum period and up to the maximum period) and the nature of assessment on a case-by-case basis, but the supervised practice period must not exceed 12 months FTE of practice.

Following satisfactory completion of this process, the college will recommend the applicant should be recognised as a specialist or will award the applicant Fellowship without formal examination, and the applicant may apply for registration as a specialist.

Partially Comparable

Partially comparable applicants will not be eligible to apply for specialist registration until the college confirms they have satisfied the requirements for specialist recognition.

Definition

Partially comparable applicants have been assessed as suitable to undertake their intended scope of practice under the supervision of a college approved supervisor. To be considered partially comparable an applicant must satisfy the college that they will be able to reach the standard of an Australian trained specialist within a maximum period of 24 months FTE practice. The standard expected is that of an Australian trained specialist **commencing** practice (at the level of a newly qualified Fellow), taking into consideration the SIMG's intended scope of practice as well as their previous training and assessment, recent specialist practice, experience and CPD.

Additional requirements to be met before being recommended for specialist recognition

Applicants assessed as partially comparable will be required to undertake up to a maximum of 24 months FTE supervised practice, with a minimum of six months, and upskilling with associated assessment/s with a supervisor approved by the college. They may be required to undertake formal examination/s or other assessment.

These requirements are imposed to:

- ensure that the applicant reaches the standard of an Australian trained specialist
- assist the applicant with the transition to the Australian health system
- provide the applicant with professional support, and
- help the applicant to access CPD.

The college will decide the length of supervised practice (between the minimum period and up to the maximum period) and the nature of assessment/s on a case-by-case basis, but the supervised practice period must not exceed 24 months FTE practice. Following satisfactory completion of this process, the college will recommend the applicant should be recognised as a specialist or will award the applicant Fellowship, and the applicant may apply for registration as a specialist.

Not comparable

Applicants who do not satisfy the college that they are at the standard of an Australian trained specialist **commencing** practice (at the level of a newly qualified Fellow), having taken into consideration their intended scope of practice as well as their previous training and assessment, recent specialist practice, experience and CPD or who are assessed as unable to reach comparability within 24 months FTE practice will be assessed as not comparable.

NOTE: Applicants assessed as not comparable may be eligible for limited or provisional registration through another pathway that will enable them to gain general registration and subsequently apply for entry into a formal college specialist training program. Applicants should contact AHPRA for further guidance of their options for practising in Australia as a medical practitioner.

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Appendix 3: Minimum requirements to apply for assessment under the specialist pathway

SIMGs who have a primary qualification in medicine and surgery from a training institution recognised by both the Australian Medical Council and the World Directory of Medical Schools and who have satisfied all the training and examination requirements to practise in their field of specialty in their country of training, can apply for assessment under the Specialist pathway (specialist recognition or area of need).

To assist SIMGs to determine whether they are eligible to apply for assessment, the colleges will publish a minimum list of requirements for assessment (specialist recognition or area of need). Meeting the minimum requirements is not an indicator that a SIMG is comparable in a recognised specialty or suitable for an area of need position, or that they will be successful in completing college requirements for specialist recognition.

Specialist recognition assessment

In addition to the requirements for primary and specialist medical qualifications as described above, the colleges must define, at a minimum, their requirements for:

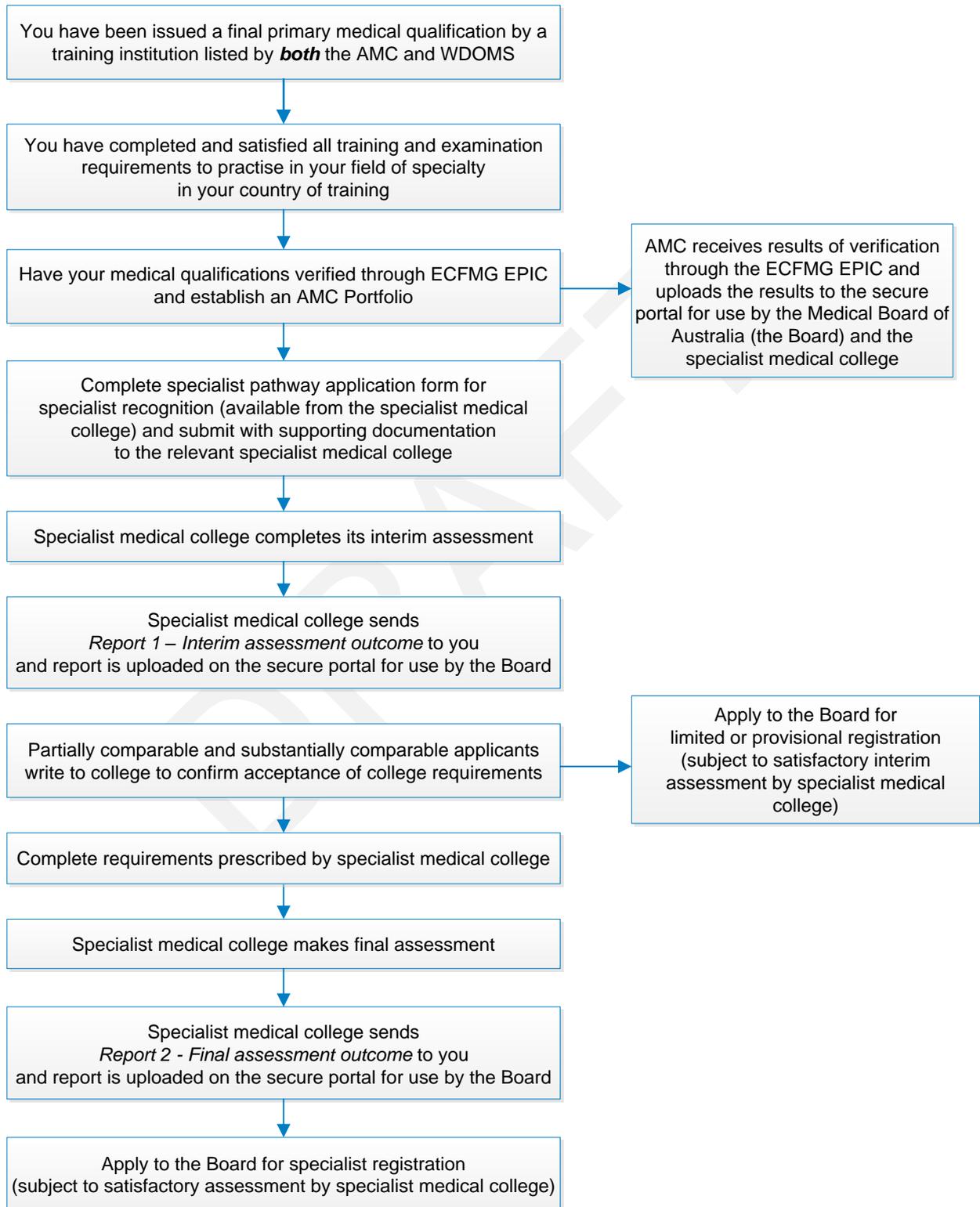
1. primary source verification of medical qualifications (See section 6 of these Standards)
2. a medical internship or comparable
3. whether the overseas specialist training program must include specific elements/components, for example, the domains/areas that must have been assessed
4. specific clinical experience and any other experience relevant to the specialty
5. English language proficiency. The requirement for English language skills must be at the level expected by the Medical Board of Australia's registration standard for English language skills
6. participation in continuing professional development
7. recency of practice.

Area of need assessment

In addition to the requirements for primary and specialist medical qualifications as described above, the colleges must define, at a minimum, the requirements for:

1. primary source verification of medical qualifications (See section 6 of these Standards)
2. a medical internship or comparable
3. the position description including the type of information required and if applicable the format
4. the evidence required to confirm the position is in a declared area of need
5. the requirements for a specialist recognition assessment, if a combined assessment is required
6. English language proficiency. The requirement for English language skills must be at the level expected by the Medical Board of Australia's registration standard for English language skills
7. participation in continuing professional development
8. recency of practice.

Appendix 4: Flow chart: Specialist pathway – specialist recognition process



Appendix 5: Guide to the information to be included in a *Summary of preliminary findings*

This is a guide only. Colleges must develop a *Summary of preliminary findings* template that is suitable for its individual requirements. However, the document must set out the college's findings of the information it will rely on to make an interim assessment decision.

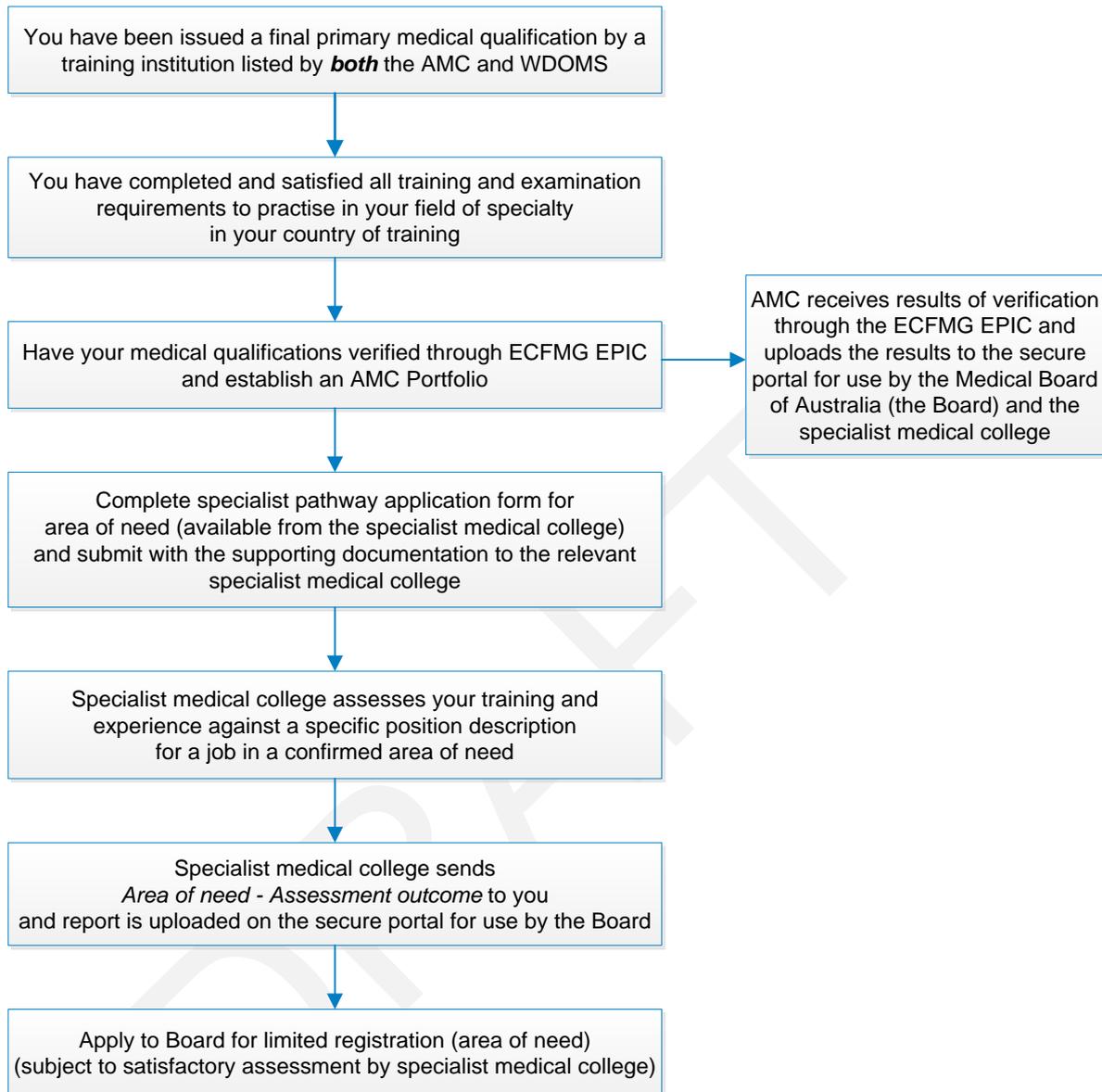
Where a SIMG provides additional information in response to the college's findings, the findings document does not need to be updated, however consideration of the additional information must be acknowledged by the college when advising the SIMG of the final interim assessment decision.

Applicant name	
Date of assessment (date of the paper based assessment or the interview and the method of interview e.g. in person, video conference)	
Names of assessors and/or interviewers	
Identity verified	Yes/No

Domain/area assessed (if applicable)	Finding
Primary source verification	AMC portal confirms/does not confirm qualification/s have been submitted to ECFMG EPIC for verification
Primary medical qualification [Name, institution, start and end dates, year qualification awarded, country]	Verified or not verified or AMC portal confirms qualification has been submitted to ECFMG EPIC for verification
Medical internship or comparable [Country/countries, institution, rotations completed, any other relevant information]	Describe how the applicant's internship/experience aligns with or differs from Australian internship
Relevant specialist qualification [Name, institution, year qualification awarded, country, duration of training, start and end dates of training, institution/s, accreditation, rotations/experiences, assessments/examinations undertaken]	<ul style="list-style-type: none"> Verified or not verified or AMC portal confirms qualification has been submitted to ECFMG EPIC for verification Describe how the applicant's specialist training aligns with or differs from college's training program
Recognition as a specialist in country of training	Documentation confirms/does not confirm recognition as a specialist in country of training

[Name, institution, date recognition first awarded, country]	
<p>Specialist experience</p> <p>[Describe the relevant experience and start and end date of each relevant experience, country/countries of practice, institution/s]</p>	<ul style="list-style-type: none"> • Describe the relevant experiences and confirm if supporting documentation verifies these experiences • Describe how the specialist experience aligns with or differs from that of an Australian trained specialist • Identify any recency of practice issues
<p>Participation in continuing professional development</p> <p>[Summarise information received about participation in continuing professional development]</p>	Identify any gaps in CPD and currency of CPD
Findings of the interview (if interview conducted)	Summarise/describe the findings from the interview
Proposed interim assessment decision (optional)	Substantially comparable, or partially comparable or not comparable.

Appendix 6: Flow chart: Specialist pathway – area of need process



Statement of assessment

The Board's statement of assessment against AHPRA's *Procedures for the development of registration standards, codes and guidelines* and COAG principles for best practice regulation

Proposed revised *Good practice guidelines for the specialist international medical graduate assessment process*

The Australian Health Practitioner Regulation Agency (AHPRA) has *Procedures for the development of registration standards, codes and guidelines* which are available at: www.ahpra.gov.au

These procedures have been developed by AHPRA in accordance with section 25 of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law) which requires AHPRA to establish procedures for the purpose of ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice.

Below is the Medical Board of Australia's (the Board's) assessment of its proposal for *revised Good practice guidelines for the specialist international medical graduate assessment process*, against the three elements outlined in the AHPRA procedures.

1. The proposal takes into account the National Scheme's objectives and guiding principles set out in section 3 of the National Law

Board assessment

The Board considers that the proposed Standards meet the objectives and guiding principles of the National Law.

The proposal balances the National Scheme's objectives of protecting the public, facilitating a rigorous and responsive assessment of overseas-trained health practitioners and enabling the continuous development of a flexible, responsive and sustainable Australian health workforce by defining the Board's requirements for the assessment of specialist international medical graduates (SIMGs) by the specialist medical colleges for the purposes of registration.

The proposed Standards also support the National Scheme to operate in a transparent, accountable, efficient, effective and fair way by defining and publishing clear standards for the assessment of SIMGs

2. The consultation requirements of the National Law are met

Board assessment

Although the proposed Standards are not captured by sections 39 and 40 of the National Law as they apply to the assessment processes for SIMGs, the Board is undertaking wide-ranging public consultation to support a transparent consultation process.

The Board will ensure there is public exposure of its proposal by undertaking a three (3) month public consultation process. The process will include the publication of the consultation paper on its website and informing medical practitioners (including international medical graduates holding limited or provisional registration) through the Board's electronic newsletter sent to more than 95% of registered medical practitioners.

The Board will also draw the consultation to the attention of key stakeholders including the specialist medical colleges, recruiters of international medical graduates, community organisations and the other National Boards.

The Board will take into account the feedback it receives when finalising the proposed Standards.

3. The proposal takes into account the COAG Principles for Best Practice Regulation

Board assessment

In developing the draft revised Standards, the Board has taken into account the Council of Australian Governments (COAG) *Principles for Best Practice Regulation*.

As an overall statement, the Board has taken care not to propose unnecessary regulatory burdens that would create unjustified costs for the profession or the community.

The Board makes the following assessment specific to each of the COAG Principles expressed in the AHPRA Procedures.

COAG Principles for Best Practice Regulation

- A. [Whether the proposal is the best option for achieving the proposal's stated purpose and protection of the public](#)

Board assessment

The proposal addresses the findings and recommendations of the [Deloitte Access Economics Final report – External review of the specialist medical colleges' performance – specialist international medical graduate assessment process](#) that was commissioned by the Board. The review found that specialist medical colleges have requested more guidance from the Board on the precise requirements of the assessment process for SIMGs.

The proposed Standards are in line with the findings and recommendations made by the external reviewer and in response to requests for guidance from the colleges.

The proposal protects the public by continuing to ensure a rigorous assessment of SIMGs by the specialist medical colleges for the purposes of registration and continues to ensure the standard expected of SIMGs is no higher than the standard expected of Australian trained specialists.

- B. [Whether the proposal results in an unnecessary restriction of competition among health practitioners](#)

Board assessment

The proposal will not restrict competition as it does not apply to the practice of health practitioners. The proposal applies to colleges who assess SIMGs.

The proposed Standards provide greater clarity about the Board's requirements in the process of assessment. However, the Board is not proposing any significant changes to the process.

The Board is not proposing any changes to the standard against which SIMGs are assessed. That is, SIMGs assessed for specialist recognition have their qualifications, training and experience assessed for comparability to an Australian trained specialist in the same field and SIMGs assessed for an area of need position, have their qualifications, training and experience assessed for suitability against the requirements of the position.

- C. [Whether the proposal results in an unnecessary restriction of consumer choice](#)

Board assessment

The proposal will not result in any unnecessary restrictions of consumer choice as the proposal does not apply to the practice of health practitioners. The proposal applies to specialist colleges that assess SIMGs seeking assessment to be able to practise as specialists in Australia.

The proposal has the potential to improve a consumer's confidence in regulatory processes that ensure overseas specialists have been rigorously and fairly assessed to the same standard as Australian trained specialists before they are granted specialist registration.

- D. Whether the overall costs of the proposal to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved

Board assessment

The proposal does not apply to members of the public, registered medical practitioners or governments.

Any additional costs to applicants for assessment are expected to be minimal as there aren't significant changes to the process of assessment.

- E. Whether the proposal's requirements are clearly stated using 'plain language' to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by registrants

Board assessment

The Board considers the proposed Standards have been written in plain English that will support specialist medical colleges in their role of assessing SIMGs for the purposes of registration and will make clearer the Board's expectations of the assessment process.

The proposed Standards will also help SIMGs to understand what to expect from the assessment processes.

- F. Whether the Board has procedures in place to ensure that the proposed registration standard, code or guideline remains relevant and effective over time

Board assessment

If approved, the Board will review the Standards at least every five years, including an assessment against the objectives and guiding principles in the National Law and the COAG principles for best practice regulation.

However, the Board may choose to review the Standards earlier, in response to any issues which arise or new evidence which emerges to ensure the Standards continued relevance and workability.