Royal Australasian College of Surgeons

S/IMG COMPETENCY COMMITTEE

TERMS OF REFERENCE

1. Purpose

The Specialist/International Medical Graduate Competency Committee (S/IMG CC) provides independent, transparent, and robust oversight of S/IMG pathways to Fellowship.

The S/IMG CC is responsible for making evidence-informed recommendations and decisions relating to comparability, progression, and recommendation for specialist registration and Fellowship, ensuring alignment with RACS competencies, regulatory requirements, and standards across all nine RACS specialties.

2. Objectives

The S/IMG CC will:

- Oversee decision making responsibility under REG-2038, REG-2037 (Interim Recommendation) and REG-2041 (Supervision) and REG-2036 (Vocationally Registered Surgeons applying for Fellowship)
- Determine eligibility for, progression through, and completion of EVOPP
- Make recommendations regarding Fellowship for vocationally registered surgeons undertaking approved workplace-based assessment pathways, including those arising from any future potential expedited or fast-track specialist registration pathways in Australia and Aotearoa New Zealand

2.1 Decision-Making Principles

In fulfilling these objectives, the S/IMG CC will:

- Promote fair, transparent, consistent, and accountable decision-making across all surgical specialties
- Ensure decisions are evidence-informed, documented, and defensible
- Apply standards consistently across all S/IMG assessment pathways
- Adhere to established policies, procedures, and AMC/MBA regulatory frameworks

Decision-making will be guided by six principles**.** Decisions are:

1. Evidence-informed

2. Proportional and based on sufficient longitudinal evidence

3. Guided by explicit competency and graduate outcomes

4. Made collectively and with consistency

5. Made with attention to bias mitigation

6. Clearly documented to facilitate transparency and accountability

2.2 Use of Evidence

The S/IMG CC considers multiple sources of evidence in its deliberations including supervisor reports, workplace-based assessments, feedback, other relevant performance data, and S/IMG Representative recommendations. Decisions are based on triangulated evidence against defined standards.

3. Responsibilities

3.1 General Responsibilities

In fulfilling its mandate, the S/IMG CC exercises decision-making, advisory and quality assurance functions.

The S/IMG CC is responsible for:

- Making decisions on the progression of individual S/IMGs on the pathway to Fellowship
- Providing regular qualitative feedback to the S/IMG Committee and Surgical Training Boards and Committees (STB/Cs), on progression outcomes and managing issues within the regulatory framework
- Communicating outcomes to relevant stakeholders, including supervisors and S/IMGs
- Making recommendations to Education Committee (EC), and Medical Board of Australia (MBA)
- Providing quality assurance of the S/IMG assessment requirements and making recommendations for continuous improvement

3.2 Registration Recommendations

The S/IMG CC will:

- Evaluate S/IMGs against the required standards for completion of supervised practice
- Determine readiness for specialist recognition, registration, and Fellowship
- Recommend S/IMGs eligible for specialist recognition, registration, and Fellowship
- Ensure all decisions are guided by the six abovementioned principles

4. Reporting and Accountability

4.1 The S/IMG CC reports to the Education Committee (EC) and is accountable for providing regular updates on S/IMG progression outcomes, decision-making consistency, and emerging issues.

The S/IMG CC provides:

- Regular reports to the EC on S/IMG progression competency decisions and trends across pathways
- Escalation of significant risks, performance concerns, or systemic issues

- Advice and recommendations to inform policy, pathway design, and regulatory alignment

4.2 The Chair is responsible for ensuring that reporting to the EC is timely, accurate, and reflects the deliberations and decisions of the S/IMG CC.

4.3 Formal reports and recommendations are provided to the MBA for each S/IMG candidate, as required by the Specialist Assessment pathway.

4.4 Progression outcome letters are provided to S/IMGs and the Speciality Training Boards/Committees (STB/C) or their delegates within specified timeframes.

5. Structure and Operations

5.1 Membership

The S/IMG CC will comprise:

- Chair (RACS CIC or representative)
- Community representative
- Member with medical education expertise, specifically in competency and workplace-based assessment
- Member with legal / regulatory and ethic expertise
- Specialty representatives from each specialty, with:
- Current or previous examiner experience; and
- Demonstrated experience in competency based medical education and workplace-based assessment

S/IMG Representatives from the STB/Cs present to the Committee as required.

The Manager, S/IMG may attend meetings as an observer and operational advisor but will not participate in committee decision-making. RACS' S/IMG department provide administrative support to the S/IMG CC.

5.2 Conflict of Interest

S/IMG CC members must declare any actual or perceived conflicts of interest. Where a conflict is identified, the member will excuse themselves from the relevant discussion and decision-making. All conflicts are documented.

5.3 Meetings

- The frequency of S/IMG CC meetings will be determined by workload and reviewed as the committee's responsibilities evolve
- A quorum is defined as a majority of current voting members (more than 50%) including the Chair or delegate
- S/IMG Department staff prepare and circulate detailed reports and documentation in advance of meetings to support evidence-informed decision-making

5.4 Minutes and Records

- Accurate minutes of each meeting are maintained and confirmed by the S/IMG CC
- Conflicts of interest are recorded in the minutes of each meeting
- Decisions are documented, including rationale and supporting evidence
- Records are stored in accordance with governance and confidentiality require

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