1. PURPOSE AND SCOPE

This regulation provides the criteria for eligibility requirements for a Trainee and a Specialist International Medical Graduate (SIMG) of the Royal Australasian College of Surgeons (RACS) applying to present for the Fellowship Examination (FEx) as well as the examination performance review processes for unsuccessful candidates.

RACS is committed to a review process following repeated failure in the examination or where a candidate has performed poorly (as defined by the Court of Examiners) in a particular FEx. The review process is designed to assist a candidate in their pathway to Fellowship.

2. KEYWORDS

Eligibility, Fellowship Examination, FEx, Committee of Surgical Education Training, CSET, Feedback, Review

3. BODY OF POLICY

3.1. Eligibility

3.1.1. Each Specialty Training Committee/Board (STB/C) determines the requirements for approval to present for the FEx. Trainees must review the relevant specialty specific training regulations when determining readiness before applying.

3.1.2. SIMGs in Australia with an accepted pathway to Fellowship requiring a Level 3 or 4 supervision period:

a. of 12 months or less may apply any time after commencement of supervision; or

b. greater than 12 months may apply upon confirmation of satisfactory completion of a minimum of three terms of supervision, satisfactory completion of any other specified requirements, and approval from the Specialty Training Board.

3.1.3. SIMGs in Aotearoa New Zealand must:

a. be on the Assessment pathway to Medical Council of New Zealand Vocational Registration; and

b. have been recommended to sit the FEx by their Vocational Registration interview panel; and

c. submit a letter to the RACS Aotearoa New Zealand Office from their RACS approved assessment supervisor stating they have demonstrated knowledge and practice that is (at minimum) equivalent to a final year Trainee.

3.2. Feedback report

3.2.1. The Examinations Team will forward the Senior Examiner’s feedback report to candidates, surgical supervisor (if applicable) and STB/C. For an SIMG in Australia a copy will also be provided to the SIMG Manager and Clinical Director, SIMG Assessment and Support.
3.2.2. The report is intended to assist candidates with the review and planning of their training or clinical assessment (if applicable) and/or examination preparation requirements for any subsequent attempt.

3.2.3. The report must include where applicable, areas of concern in relation to poor performance and/or safety.

3.3. First Examination Attempt
Following an unsuccessful attempt, candidates must arrange a meeting with their current supervisor.

3.4. Second or Subsequent Examination Attempt
3.4.1. Candidates must be interviewed by the STB/C Chair or nominated representative and current supervisor/s (if applicable). The interview should include a review of examination performance, the candidate’s training or clinical assessment (if applicable). At the end of the interview a remediation plan should be implemented if necessary, and a signed copy must be sent to the STB/C (for a Trainee) or the SIMG Team (for a SIMG).

3.4.2. Recommendations of the STB/C must be communicated in writing to candidates. A copy must be provided to the SIMG Manager if concerning an SIMG candidate.

3.4.3. For a SIMG in Australia, the STB/C may request:
   a. an independent review of the assessment post; and/or
   b. a reassessment of the SIMG’s specialist qualifications, training and experience.

3.4.4. If a change to a SIMG’s pathway to Fellowship (e.g. comparability status, additional assessment tasks), is recommended, approval from the BSET must be obtained. The Deputy Chair of BSET will advise the SIMG. A copy must be provided to the SIMG Manager.

3.5. Poor Performance and Safety Concerns
3.5.1. Poor performance in the examination process is defined as:
   a. Candidate failing five or more of the seven segments; or
   b. identification by the relevant Specialty Court of Examiners of performance or behaviour of a candidate in a segment that is considered well below the expected level of competence;

3.5.2. Safety concerns in the examination process is defined as:
   a. Performance of a candidate in any segment of the examination that could indicate the candidate’s potential to be a danger to a patient.

3.5.3. Poor Performance with safety concerns is defined as:
   identification by the relevant Specialty Court of Examiners of performance or behaviour of a candidate considered to be below the expected level of competence and that could indicate the candidate’s potential to be a danger to a patient.
3.6. Reporting of Poor Performance and Safety Concerns (as defined in clause 3.5.13.5)

3.6.1. Within two working days of the meeting of the Full Court of Examiners, the Examinations Manager will notify the relevant STC/B. A copy will be provided to the Chair of CSET.

3.6.2. Within two weeks of receiving the feedback report the relevant STC/B Chair and nominated representative must conduct an interview with candidates.

3.6.3. During the interview, candidates must be advised of poor performance and/or safety concerns as identified in the feedback report.

3.6.4. Within two weeks of the interview the relevant STC/B must provide report/minutes to the Chair of CSET and the Examinations Manager, and SIMG Manager where applicable.

3.6.5. Trainees will be advised in writing of any remediation plan and/or additional examination requirements recommended by the relevant STC/B. A copy must be provided to the Examinations Manager.

3.6.6. If a change to a SIMG’s pathway to Fellowship (e.g. comparability status, assessment tasks), is recommended, approval from the CSET must be obtained. The Deputy Chair of CSET will advise the SIMG. A copy must be provided to the Examinations and SIMG Managers.

3.7. Reporting of Poor Performance with safety concerns (as defined in clause 3.5)

3.7.1. Within two working days of the meeting of the Full Court of Examiners, the Examinations Manager will notify the relevant STC/B. A copy will be provided to the Chair of CSET, Examinations and SIMG Managers.

3.7.2. Within two weeks of receiving the feedback report the relevant STC/B Chair and/or nominated representative must conduct an interview with candidates.

3.7.3. During the interview, candidates must be advised of poor performance and/or safety concerns as identified in the feedback report.

3.7.4. Within two weeks of the interview the relevant STC/B must provide report/minutes to the Chair of CSET and the Examinations Manager, and SIMG Manager where applicable.

3.7.5. The Trainee will be advised in writing of any remediation plan and/or additional examination requirements recommended by the relevant STC/B. A copy must be provided to the Examinations Manager.

3.7.6. If a change to an SIMG’s pathway to Fellowship is recommended, approval from the CSET must be obtained. The Deputy Chair of CSET will advise the SIMG. A copy must be provided to the Examinations and SIMG Manager.

3.7.7. The relevant STC/B may also seek advice and information from other parties, including (but not limited to) the Chair of CSET, the surgical supervisor and employer.
3.8. Confirmation

3.8.1. Four weeks after a feedback report has been provided, the Examinations Manager will write to the relevant STC/B Chair requesting confirmation:

3.8.2. that a documented remedial plan to address the issues of poor performance and/or safety concerns was implemented;
   a. that supervision to address issues related to safety concerns was arranged for the Trainee, or SIMG if applicable; and
   b. whether reporting to the Medical Registration Authority is required.

3.9. Recommendations for Medical Registration Authority Reporting

3.9.1. If the relevant STB/C has concerns about patient safety and believes a candidate should be reported to the Australian Health Practitioner Regulation Agency (AHPRA) or the Medical Council of New Zealand, it will make a recommendation to the Chair of CSET and the Censor-in-Chief.

3.9.2. Within two weeks of receiving a recommendation, the Censor-in-Chief and Chair of CSET to review the recommendations to decide an appropriate course of action.

3.9.3. If the recommendation is approved, the Censor-in-Chief will advise the Chief Executive Officer to notify the relevant medical authority.

3.9.4. If the recommendation is not approved, the Censor-in-Chief will ask the STC/B to review their assessment.

3.9.5. Candidates will be informed in writing of the Censor-in-Chief’s decision. A copy must be provided to the Examinations and the SIMG Manager.

3.10. Eligibility and Approval Following Poor Performance and/or Safety Concerns

Trainees and SIMGs will be approved to present for the FEx following an assessment of poor performance or safety concerns when:

3.10.1. The relevant STC/B is satisfied that the Trainee or SIMG has satisfactorily completed the recommended remediation plan and/or examination requirements.

3.10.2. There are no outstanding reports (from RACS or external bodies) regarding safety of practice in the clinical setting.

3.11. Non approval

Candidates will receive a full refund if an STC/B does not approve eligibility to present.

3.12. Time Expired Applicants

3.12.1. Trainees
   a. Trainees who have not completed all prerequisite elements of their training program within the maximum term specified in the Trainee Registration and Variation regulation cannot apply to present for the FEx.

3.12.2. Specialist International Medical Graduates
   a. SIMGs who have not completed all elements of their assessment within the maximum term specified in the Specialist Assessment of
Specialist International Medical Graduates in Australia Regulation cannot apply to present for the FEx.

b. SIMGs must have a valid assessment at the time of the written component of the FEx.

4. ASSOCIATED DOCUMENTS

Fellowship Examination Regulation
Assessment of the Clinical Practice of SIMGs in Australia and New Zealand Regulation
Vocational Assessments of the SIMGs in New Zealand Regulation
Specialist Assessment of Specialist International Medical Graduates in Australia Regulation
Trainee Registration and Variation Regulation
Individual specialty training regulations

Approver: Education Committee
Authoriser: Council