1. PURPOSE AND SCOPE

This policy provides the criteria for eligibility requirements for a trainee and an International Medical Graduate (IMG) of the Royal Australasian College of Surgeons (RACS) applying to present for the Fellowship Examination 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 Fellowship Examination (FEX). The review process is designed to assist a candidate in his/her pathway to Fellowship.

2. KEYWORDS

Eligibility, Fellowship Examination, FEX, Board of Surgical Education Training, BSET, Feedback, Review

3. BODY OF POLICY

3.1. Eligibility to Apply and Present for the Examination

Trainees

3.1.1. The Specialty Training Boards determine the surgical training program that must be completed by a trainee.

3.1.2. Each Specialty Training Board determines the requirements of the training program that must be completed before a trainee is eligible to apply and present for the Fellowship Examination. Refer to the relevant training regulations applicable to each specialty.

3.1.3. A trainee who is assessed by their Specialty Training Board as having satisfactorily completed all requirements and is adequately prepared will be approved to present for the examination.

3.1.4. A letter of support must be submitted to the relevant specialty training board if required from:

   a. the trainee’s current surgical supervisor; and/or
   b. the Director of Training and Regional Training Committee Chair (AOA only).

3.1.5. Any change to a trainee’s current supervisor must be reported to the Examinations Department.

International Medical Graduates (IMGs)

3.1.6. Australia

   a. IMGs with an accepted pathway to fellowship requiring level 3 or 4 supervision period greater than 12 months may, upon confirmation of the satisfactory completion of a minimum of nine months of assessment of clinical practice, apply to present for the Fellowship Examination.

   b. IMGs with an accepted pathway to fellowship requiring a Level 3 or Level 4 supervision period of 12 months or less may apply to present
for the Fellowship Examination at any time after commencement of clinical assessment.

3.1.7. **New Zealand**

Prior to registering for the Fellowship Examination, an IMGs must:

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

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

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

3.2. **Feedback report**

3.2.1. The Examinations Department will forward the Senior Examiner’s feedback report to the candidate, surgical supervisor (if applicable) and Specialty Training Board. For an IMG in Australia a copy will also be provided to the IMG Manager and Clinical Director, IMG Assessments and Support.

3.2.2. The report is intended to assist the candidate 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, the trainee/IMG must arrange a meeting with his/her current supervisor/s.

3.4. **Second or Subsequent Examination Attempt**

3.4.1. The trainee/IMG must be interviewed by the specialty training board 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 necessary and a signed copy must be sent to the Specialty Training Board (for a trainee) or the IMG Department (for an IMG)

3.4.2. Recommendations of the specialty training board must be communicated in writing to the trainee/IMG. A copy must be provided to the IMG Manager.

3.4.3. For an IMG in Australia, the Specialty Training Board may request:

   a. an independent review of the assessment post; and/or

   b. a reassessment of the IMG’s specialist qualifications, training and experience
3.4.4. If a change to an IMG’s pathway to Fellowship (e.g. comparability status, additional assessment tasks), is recommended, approval from the Board of Surgical Education and Training (BSET) must be obtained. The Deputy Chair of BSET will advise the IMG. A copy must be provided to the IMG Manager.

3.5. Poor Performance

Poor performance in the examination process is defined as:

3.5.1. a total score of 14 or less (i.e. more than 6 below the pass standard of 21); or

3.5.2. identification by the relevant Specialty Court of Examiners of performance or behaviour of a candidate in a segment that is considered to be well below the expected level of competence; or

3.5.3. performance of a candidate in any segment of the examination that could indicate the candidate’s potential to be a danger to a patient.

3.6. Reporting of Poor Performance (as defined in clauses 3.5.1 and 3.5.2)

3.6.1. Within two (2) working days of the meeting of the Full Court of Examiners, the Examinations Manager will notify the relevant specialty training board. A copy will be provided to the Chair of BSET.

3.6.2. Within two (2) weeks of receiving the feedback report the relevant specialty training board Chair and nominated representative must conduct an interview (either in person or by teleconference) with the trainee/IMG.

3.6.3. During the interview, the trainee/IMG must be advised of poor performance as identified in the feedback report.

3.6.4. Within two (2) weeks of the interview the relevant specialty training board must provide report/minutes to the Chair of BSET and the Examinations Manager, and IMG Manager where applicable.

3.6.5. The trainee will be advised in writing of any remediation plan and/or additional examination requirements recommended by the relevant specialty training board. A copy must be provided to the Examinations Manager.

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

3.7. Reporting of Poor Performance with safety concerns (as defined in clause 3.5.3)

3.7.1. Within two (2) working days of the meeting of the Full Court of Examiners, the Examinations Manager will notify the relevant specialty training board. A copy will be provided to the Chair of BSET, Examinations and IMG Managers.

3.7.2. Within two (2) weeks of receiving the feedback report the relevant specialty training board Chair and/or nominated representative must conduct an interview (either in person or by teleconference) with the trainee/IMG.
3.7.3. During the interview, the trainee/IMG must be advised of poor performance issues, associated with clinical competence and/or safety concerns as identified in the feedback report.

3.7.4. Within two (2) weeks of the interview the relevant specialty training board must provide report/minutes to the Chair of BSET and the Examinations Manager, and IMG 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 specialty training board. A copy must be provided to the Examinations Manager.

3.7.6. If a change to an IMG’s pathway to Fellowship is recommended, approval from the Board of Surgical Education and Training (BSET) must be obtained. The Deputy Chair of BSET will advise the IMG. A copy must be provided to the Examinations and IMG Manager.

3.7.7. The relevant specialty training board may also seek advice and information from other parties, including (but not limited to) the Chair of BSET, the surgical supervisor and employer.

3.8. Confirmation

3.8.1. Four (4) weeks after a feedback report has been provided, the Examinations Manager will write to the relevant Specialty Training Board Chair requesting confirmation:

a. that a documented remedial plan to address the issues of poor performance and/or safety concerns was implemented;

b. that supervision to address issues related to safety concerns was arranged for the trainee, or IMG if applicable; and

c. whether reporting to the Medical Registration Authority is required.

3.9. Recommendations for Medical Registration Authority Reporting

3.9.1. If the relevant Specialty Training Board has concerns about patient safety and believes a trainee/IMG 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 BSET and the Censor-in-Chief.

3.9.2. Within two (2) weeks of receiving a recommendation, the Censor-in-Chief and Chair of BSET 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 Specialty Training Board to review their assessment.

3.9.5. The trainee/IMG will be informed in writing of the Censor-in-Chief’s decision. A copy must be provided to the Examinations and the IMG Manager.
3.10. Eligibility and Approval Following Poor Performance

A trainee/IMG will be approved to present for the FEX following an assessment of poor performance when:

3.10.1. The relevant Specialty Training Board is satisfied that the trainee/IMG 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

If a candidate has applied for the FEX and is not approved by the relevant specialty training board to present, 100% of the examination fee will be refunded.

3.12. Time Expired Applicants

3.12.1. Trainees

A trainee who has not completed all prerequisite elements of his/her training program within the maximum term specified in the Trainee Registration and Variation policy cannot apply to present for the Fellowship Examination.

3.12.2. International Medical Graduates

a. An IMG who has not completed all elements of his/her assessment within the maximum term specified in the International Medical Graduate Specialist Assessment Policy cannot apply to present for the Fellowship Examination.

b. An IMG must have a valid assessment at the time of the written and clinical components of the Fellowship Examination.

4. ASSOCIATED DOCUMENTS

Policies
EDA-EXA-010 Conduct of the Fellowship Examination
ETA-IMG-001 Assessment of the Clinical Practice of IMGs in Australia
ETA-IMG-002 Vocational Assessments of the IMGs in New Zealand
ETA-IMG-006 Specialist Assessment of International Medical Graduates in Australia
ETA-SET-010 Trainee Registration and Variation

Regulations applicable to the nine specialties of the RACS SET Program

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