

Portfolio:	Education	Ref. No.	ETA-IMG-006
Team:	International Medical Graduates		
Title:	Specialist Assessment of International Medical Graduates in Australia		

1. PURPOSE AND SCOPE

The purpose of this policy is to define the assessment of International Medical Graduates (IMGs) in Australia. An International Medical Graduate is any doctor who has gained their specialist qualification external to Australia and/or New Zealand.

Fellowship of RACS is the standard accepted by the Medical Board of Australia (MBA) for registration as an independent specialist surgeon.

This policy defines the standards applied in assessing the comparability of International Medical Graduates to holders of RACS Fellowship, and hence their suitability for independent surgical practice in Australia.

Clinical Assessment is undertaken within the guidelines by RACS and the MBA on Supervised Practice for International Medical Graduates required to undertake Level 3 supervision and Level 4 supervision.

Any IMG seeking Fellowship of RACS will be assessed in accordance with this policy.

2. KEYWORDS

International; Medical; Graduates; Assessment; Fellowship; Australia

3. IMG ASSESSMENT

3.1. Application for Assessment

- 3.1.1. International Medical Graduates (IMGs) with formal postgraduate specialist qualifications in surgery may apply to RACS for assessment of their qualifications. Applications must be received in the format specified by RACS and detailed in the IMG section of RACS website.
- 3.1.2. Prior to applying to RACS an IMG must apply to the Australian Medical Council (AMC) for verification of their primary and specialist qualifications.
- 3.1.3. IMGs can apply for assessment of comparability, but cannot restrict the level of assessment (e.g. request an assessment only for substantial comparability).
- 3.1.4. An IMG may be assessed on the basis of a document-based assessment alone, or by a document-based assessment and assessment interview.

3.2. Assessment Standards

- 3.2.1. From documents submitted by an IMG and their interview performance (where invited) RACS determines a pathway to fellowship based on a comparison to the education and training of an Australian and New Zealand trained surgeon. The factors considered are:
 - a. Recency of practice;
 - b. Education and training program completed;
 - c. Exit examination completed;
 - d. Quantity, depth and scope of practice since completion of training;
- 3.2.2. The IMG is responsible for submitting documentation for assessment, detailing the required evidence, to demonstrate comparability. In the

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absence of sufficient evidence, RACS is not compelled to assume comparability.

3.2.3. The standard for assessing a comparable training program and a comparable exit examination are specified in individual policies applicable to each specialty as listed in section 4.

3.2.4. The standard for assessing recency of practice is specified in the IMG Recency of Practice policy.

3.3. Assessment Outcomes

3.3.1. An IMG will be assessed not comparable if:

- a. There is insufficient evidence of recency of specialist surgical practice in the relevant specialty comparable to that of an Australian or New Zealand trained surgeon in the specialty; or
- b. There is insufficient evidence of completion of a specialist training program comparable to RACS programs including the competencies, skills and attributes;

3.3.2. An IMG will be assessed partially comparable if:

- a. There is evidence of recency of surgical practice in the relevant specialty; and
- b. There is evidence of completion of a specialist training program comparable to RACS program including the competencies, skills and attributes; and
- c. The applicant has not completed a comparable exit examination to RACS Fellowship Examination and/or the quantity, depth and scope of surgical practice in the specialty since the attainment of their surgical qualification is not of a sufficiently high standard or duration as to waive the need to sit the Fellowship Examination.

3.3.3. An IMG will be assessed substantially comparable if:

- a. There is evidence of recency of surgical practice in the relevant specialty; and
- b. There is evidence of completion of a specialist training program comparable to RACS programs including the competencies, skills and attributes; and
- c. There is evidence of successful completion of an exit examination comparable to RACS Fellowship Examination and/or the quantity, depth and scope of surgical practice in the specialty is of a sufficiently high standard as to waive the need to sit the Fellowship Examination.

3.3.4. In exceptional circumstances an IMG may be assessed as exceeding the standard of substantial comparability to an Australian or New Zealand trained surgeon within a defined scope of practice. Where the defined scope of surgical practice is considered valuable to the community and conforms to the goals of RACS and specialty discipline, the IMG may be recommended to Fellowship within this defined scope of practice.

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3.4. Pathways to Fellowship

- 3.4.1. A non-comparable IMG may only progress to Fellowship by completion of RACS's Surgical Education and Training (SET) program. Entry to the SET program is by competitive selection.
- 3.4.2. A partially comparable IMG may progress to Fellowship by Examination by the satisfactory completion of:
- Clinical assessment, under MBA Level 3 supervision unless otherwise specified, for a period of up to 24 months;
 - Specified skills courses and activities;
 - Professional development activities; and
 - The Fellowship Examination of RACS.
- 3.4.3. A substantially comparable IMG (including an IMG substantially comparable within a defined scope of practice) may progress to Fellowship by Assessment by the satisfactory completion of:
- Clinical assessment for a period of up to 12 months. Clinical assessment will commence as MBA Level 3 supervision, progressing to MBA Level 4 supervision based on satisfactory performance;
 - Specified skills courses and activities; and
 - Professional development activities.

3.5. Notification and Acceptance of Recommendation

- 3.5.1. Notification of the recommendation, including reasons for the outcome, will be sent to the applicant and the AMC.
- 3.5.2. An IMG is not on a pathway to Fellowship until he or she has accepted a recommendation of partial or substantial comparability. A recommendation cannot be accepted in part. All requirements of a recommendation are accepted by accepting the recommendation.
- 3.5.3. Once a recommendation has been accepted, an IMG cannot reject the recommendation, but can withdraw from the pathway to Fellowship.
- 3.5.4. An IMG assessed as partially or substantially comparable has 20 Victorian working days from the date of notification to accept the recommendation, in writing.
- 3.5.5. Where an IMG is notified of an assessment recommendation of partially or substantially comparable and RACS receives no response within 20 Victorian working days the IMG will be treated as having rejected the recommendation.
- 3.5.6. Where an IMG is notified of an assessment recommendation of non-comparable and RACS receives no response with the timeframe in clause 3.5.5 the IMG will be treated as having accepted the recommendation.

3.6. Assessment Timeframes

- 3.6.1. An IMG who accepts a recommendation of partially or substantially comparable must commence clinical assessment in a College approved post within 24 months of the recommendation date otherwise the recommendation expires and the IMG will no longer be on a pathway to

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Fellowship. This period of 24 months is known as the Commencement Period.

- 3.6.2. An IMG must complete the RACS eLearning module “Operating with Respect” prior to commencing clinical assessment.
- 3.6.3. An IMG must complete the RACS eLearning module “IMG Orientation Program” prior to commencing clinical assessment.
- 3.6.4. An IMG must attend the IMG Induction Workshop within the 6 months of commencing their clinical assessment.
- 3.6.5. Clinical assessment cannot commence prior to acceptance of a recommendation of partially or substantially comparable, the signing of an IMG agreement, approval of a clinical assessment position, appointment of clinical assessors and payment of the first clinical assessment fee.
- 3.6.6. IMGs assessed Partially Comparable must complete all elements of the recommendation, including the Fellowship Examination within 4 years from the date that the first clinical assessment period commences otherwise the recommendation expires and the IMG will no longer be on a pathway to Fellowship.
- 3.6.7. IMGs assessed Substantially Comparable must complete all elements of the recommendation within 2 years from the date that the first clinical assessment period commences otherwise the recommendation expires and the IMG will no longer be on a pathway to Fellowship.
- 3.6.8. An IMG who ceases clinical assessment (e.g. by resignation of employment) without prior consent of RACS will thereby be treated as withdrawn from their pathway to fellowship.
- 3.6.9. An IMG may apply for family or medical leave at any time after the commencement of clinical assessment. This will extend the recommendation expiry date by the period of leave granted up to a maximum of 12 months.
- 3.6.10. On the recommendation of the relevant specialty Board, the recommendation expiry date may be extended by an additional 12 months.
- 3.6.11. With the exception of 3.6.9 and 3.6.10 no other extensions to the recommendation expiry date are available.

3.7. Subsequent Assessments

- 3.7.1. An IMG who has commenced the clinical assessment component of a recommended pathway to Fellowship by Examination or Assessment is not eligible for further specialist assessment within that specialty.
- 3.7.2. An IMG who has previously been assessed by RACS as non-comparable may apply for permission to be reassessed if the following can be demonstrated:
- a. IMGs assessed as not completing a comparable training program:
 - additional documentation relevant to completion of a comparable training program which was in existence at the time of the previous specialist assessment but was not produced for that assessment is now available; and/or

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- there is evidence that further training in a formal postgraduate specialist training program completed after the previous specialist assessment;

- b. IMGs assessed as not satisfying the recency of practice standard can apply for permission to be reassessed if it can be demonstrated that the standard has now been satisfied.

- 3.7.3. An IMG who has rejected a recommendation of partially comparable may apply for permission to be reassessed if new/additional information can be provided regarding the exit examination completed, or on post-training experience as an independent practitioner (i.e. a new assessment cannot be undertaken solely on the basis of the same documentation supplied for the original assessment).

3.8. Fees

- 3.8.1. Fees, published on RACS website, are payable in advance for:
 - a. Specialist assessment; and
 - b. Clinical assessment (which may also include a specialty specific fee)

3.9. Educational Support

- 3.9.1. An IMG who has undergone a specialist assessment and who is found to be partially comparable will have equal access to all educational opportunities that are currently offered to Australian and New Zealand trainees preparing for the Fellowship Examination. Fees may be payable for these services.

4. ASSOCIATED DOCUMENTS

Policies

Assessing an IMG's comparability to an Australian and New Zealand Trained Surgical Specialist
 IMG Recency of Practice
 Terms of Reference for International Medical Graduate Assessment Interview Panels in Australia
 Professional Development Opportunities for International Medical Graduates

Guidelines

Supervised practice for international medical graduates (at Medical Board of Australia)

Approver Education Board
Authoriser Council

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