1. THE ASSESSMENT OF INTERNATIONAL MEDICAL GRADUATES

The standards of practice of the Royal Australasian College of Surgeons Surgical Education and Training (SET) program in General Surgery have been accepted by the Medical Board of Australia (MBA) and the Medical Council of New Zealand (MCNZ) as those required for registration to practice as an independent General Surgical Specialist. An International Medical Graduate (IMG) is a doctor who has undertaken a training program overseas and who is seeking an assessment to establish comparability to an Australian and New Zealand trained surgeon.

The College has separate assessment processes for IMGs seeking to practice in Australia as independent surgical specialists by attaining Fellowship and for IMGs in New Zealand who have vocational registration and who are seeking Fellowship of the College. In each process the College must be satisfied that the IMG has completed a comparable surgical education and training program in General Surgery. If the process determines that the training program is comparable then the exit examination will also be assessed to determine if this is comparable to the College Fellowship Examination.

IMGs with both a comparable training program and a comparable exit examination are eligible for Fellowship of the College without examination, after a period of peer assessment with satisfactory reports. IMGs with a comparable training program only, but no comparable examination will be required to complete a period of peer assessment, and if satisfactory reports are obtained then they will need to pass the RACS Fellowship Examination before attaining Fellowship.

2. KEYWORDS

International Medical Graduate, Comparability, Course, Rotation, Examinations

3. COMPARABLE SPECIALIST SURGICAL TRAINING

3.1. The Comparability Framework

3.1.1. It is accepted that there is no single training process that is the ideal, and that it is unlikely that the exact standards and structure of the College program is replicated in other countries. Reference to a comparable training program indicates that it has common features but does not imply that it is identical.

Implicitly or explicitly the training program curriculum being assessed will need to demonstrate that it incorporates teaching and assessment of the competencies² of:

a. Collaboration
b. Communication
c. Health advocacy
d. Judgement - clinical decision making
e. Management and leadership
f. Medical expertise

¹ Becoming a competent and proficient surgeon: Training Standards for the Nine RACS Competencies, RACS, 2102 (available on the College website).
g. Professionalism
h. Scholar and teacher
i. Technical expertise

3.1.2. Fellows participating in the assessment of an IMG are informed by
documents submitted by the IMG, and, where invited, verbal submissions
at interview. In making a final recommendation regarding comparability
the following factors are taken into consideration:

a. The structure of the College program
b. The curriculum of the College program
c. Evidence that allows the assessors to identify characteristics of the
training program successfully completed by the IMG
d. Whether there are assessment tasks, courses and/or programs that
can be undertaken by an IMG to confirm comparability and/or rectify
areas of deficiency; and
e. The feasibility of an IMG being able to complete those assessment
tasks within the defined period of peer assessment.

3.1.3. In the assessment process the College relies on documentation provided
by the IMG applicant to demonstrate comparability of their education and
training. Assessors are not obliged to assume comparability where
evidence is not provided, or to actively seek additional information to
supplement that which has been provided.

3.2. Common Features required of a Comparable Education and Training Program

A comparable education and training program in General Surgery will have the
following characteristics:

3.2.1. External Accreditation

The program has been:

a. Accredited by an external accreditation agency whose role is
equivalent to the Australian Medical Council and the Medical
Council of New Zealand in assessing minimum standards in
specialist medical education; or
b. Accepted by an independent medical registration authority
comparable to the Medical Board of Australia and the Medical
Council of New Zealand as a qualification permitting independent
specialist practice.

Evidence\(^2\): Copies of accreditation information published by the training program
provider; or
Accreditation information published by the accreditation agency and
relevant to the training program provider; or
Standards information published by the independent medical registration
authority.

3.2.2. Competitive Selection

\(^2\) All evidence listed throughout this policy are examples only and do not constitute a definitive list.
Graduates must have been appointed to their training program via a competitive selection process where candidates are assessed for their training potential against documented standards.

**Evidence:** Copies of the program selection policy.

### 3.2.3. Basic Surgical Sciences Examination
Graduates of the program have completed a closed book examination that tests their knowledge of basic surgical sciences.

**Evidence:** Copies of the basic surgical sciences examination curriculum; and Copies of examination policies.

### 3.2.4. Structured Research
As part of the training program graduates have undertaken structured surgical research that has been assessed/peer reviewed.

**Evidence:** Copies of dissertation or thesis; and/or Copies of higher degree certificates.

### 3.2.5. Clinical Assessment Rotations
Graduates of the program were assigned to accredited training posts that:

- Were located at more than one teaching institution over the life of the program or, if at one institution, included rotations of minimum 26 weeks duration in 3 or more units.
- Included operative experience both assisting and as primary operator under supervision (with an increase in responsibility over the life of the program).
- Provided exposure to the teachings and practices of multiple independent General surgical specialists with appropriate level(s) of supervision.
- Incorporated formative and summative assessment of technical and non-technical competencies.
- During training allowed graduates to be involved in the pre- and post-operative care of patients.

**Evidence:** Copies of program regulations for clinical training; and Copies of rotation assessment reports.

### 3.2.6. Breadth of Clinical Training
Graduates of a comparable education and training program must have been exposed to, and gained competence in, a range of General surgical procedures, approaches and treatments. Over the life of their training program graduates will have assisted consultants in the performance of procedures before progressing to the role of primary operator.
Graduates will be competent in surgical diagnosis and treatment for the following anatomical areas of General surgical practice, and technical skills:

a. Colo-ano-rectal
b. Small bowel
c. Endocrine
d. Head & Neck
e. Skin & Soft Tissue
f. Oesophago-gastric
g. Hepatobiliary and pancreatic
h. Bariatric
i. Abdominal wall
j. Breast
k. Lymphatic system and spleen

Graduates would need to demonstrate competence in the specific clinical presentations of sepsis, trauma and surgical oncology and acute non-traumatic surgical pathologies. They will also need to demonstrate specific training in endoscopy including:

- Gastroscopy – diagnostic and interventional; and
- Colonoscopy – diagnostic and interventional

Evidence: Copies of the syllabus and/or curriculum of the program completed

Copies of training logbooks and assessments demonstrating procedural experience and responsibility equivalent to that of the RACS education and training program (including exposure to operative and non-operative cases of both acute and elective work).

3.2.7. In-training Assessment

Over the life of their training program, graduates will have taken part in the assessment of their technical and non-technical competencies. The types of assessment should include:

a. Formative assessment, with development plans implemented to address identified deficiencies.

b. Summative assessment against predetermined standards to confirm the acquisition of skills and knowledge.

c. Assessment performed by multiple consultants over the life of the training program.

d. Formal assessment tools. Examples include Multiple Choice Question (MCQ) Examination written and/or oral, Direct Observation of Procedural Skills (DOPS), Clinical Examinations and mini Clinical Examination (Mini-CEX).
e. Specific assessment of anatomy, pathology, physiology, and medical imaging.

**Evidence:**
- Copies of training regulations/course outline detailing assessment;
- Copies of assessment reports; and
- Confirmation of examination results.

### 3.2.8. Skills Courses

Recognising that some skills are best developed by specific intensive courses, graduates of a comparable education and training program will have undertaken specific training in basic surgical skills, the emergency management of severe trauma and care of the critically ill surgical patient.

**Evidence:**
- Copies of course outlines;
- Copies of certificates of completion; and/or
- Copies of regulations, and confirmation of completion (where undertaken), of a basic surgical training program.

### 3.2.9. Surgical Research

Participation in surgical research during training encourages a lifelong contribution to the development of surgery. The training program should encourage research through projects or courses that develop research skills.

**Evidence:**
- Copies of training program regulations detailing research requirements;
- Copies of research projects or peer reviewed papers completed during training; or
- Copies of post fellowship first author research publications in peer reviewed journals.

### 3.3. COMPARABLE EXIT EXAMINATION

#### 3.3.1. The Comparable Examination Framework

As with the education and training program the exact structure and standards of the College Fellowship Examination are unlikely to be replicated in other countries. Reference to a comparable program indicates that it has common features but does not imply that it is identical.

A comparable exit examination must assess the competencies of:

a. Judgement - Clinical Decision Making

b. Medical Expertise

c. Communication

#### 3.3.2. Examination Standards

The overseas exit examination must be blueprinted against the syllabus and competencies and subject to a regular review.

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3 While questions specific to communication are seldom included in the examination, it is assessed indirectly as candidates need effective communication to demonstrate that they meet the standards in the competencies of Judgement – Clinical Decision Making and Medical Expertise.
3.3.3. The Examination Structure

The overseas exit examination would include:

a. Examination of candidates by multiple examiners using a predetermined scoring system

b. Multiple examination segments that include written and oral examination of a candidate’s ability to demonstrate attainment of the required competencies.

Evidence: Copies of curriculum or outline for the exit examination completed;
Copies of the Examination policies of the examining institution; and
Confirmation of examination results.

4. GLOSSARY

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>International Medical Graduate (IMG)</td>
<td>A doctor who has undertaken a specialist surgical training program outside Australia and New Zealand and is seeking to be assessed for comparability to an Australian and New Zealand trained surgeon.</td>
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<tr>
<td>Independent General surgical specialist</td>
<td>A graduate of a General surgical training program who can practice without supervision or oversight and has achieved ongoing proficiency across the surgical competencies (as defined in the publication “Becoming a competent and proficient surgeon: Training Standards for the Nine RACS Competencies”).</td>
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<tr>
<td>Basic Surgical Training</td>
<td>A program that teaches trainees the basic skills of surgical practice.</td>
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<tr>
<td>Formative assessment</td>
<td>Provides feedback about trainees’ skills and knowledge; facilitates reflection on performance and planning of subsequent learning activities.</td>
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<tr>
<td>Summative assessment</td>
<td>Compares trainee performance to a standard; determines whether a trainee has satisfied performance requirements and may mark a ‘hurdle’ regulating progression to the next level of training or certification.</td>
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<tr>
<td>Blueprinting</td>
<td>A method of aligning assessment to learning objectives; describes assessment strategies for identified competencies; provides an overview of the competencies and skills measured in nominated assessments.</td>
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Approver: Education Board
Authoriser: Council