

INTERIM REGULATION

Portfolio	Education Partnerships	Ref. No.	REG-2038
Department	SIMG Assessments		
Title	Assessing a Specialist International Medical Graduate's Comparability to an Australian and Aotearoa New Zealand Trained Surgical Specialist		

1. PURPOSE AND SCOPE

- 1.1 A Specialist International Medical Graduate (SIMG) is a doctor who has undertaken a specialist surgical training program outside Australia and Aotearoa New Zealand and is seeking to be assessed for comparability to a newly graduated Australian and Aotearoa New Zealand trained surgeon.
- 1.2 The purpose of this document is to also provide a clear outline on pathways to RACS fellowship.
- 1.3 The Royal Australasian College of Surgeons (RACS) assesses SIMGs for comparability to an Australian or Aotearoa New Zealand trained surgeon on behalf of the Medical Board of Australia (MBA) and Te Kaunihera Rata o Aotearoa - Medical Council of New Zealand (MCNZ).
- 1.4 When assessing a SIMG for comparability, RACS will consider the SIMGs intended scope of practice, their previous training and assessment, recent specialist practice, experience and continuing professional development (CPD). RACS will determine whether all these components will enable the SIMG to practice at a level comparable to the standard expected of an Australian and Aotearoa New Zealand trained surgical specialist commencing in the same field of practice (at the level of a newly qualified Fellow).
- 1.5 This regulation defines the process for assessing the comparability of a SIMG to an Australian and Aotearoa New Zealand trained surgical specialist for the purposes of the Medical Board of Australia Standards: Specialist medical college assessment of specialist international medical graduates (1 January 2021).
- 1.6 RACS Regulation-2037 defines the process for assessing the comparability of a SIMG to an Australian and Aotearoa New Zealand trained surgical specialist in a limited scope of practice.

2. KEYWORDS

Specialist; International; Medical; Graduate, Comparability, Assessment; Examination; Surgical; Specialist; Training; Education; Experience

3. ASSESSMENT OF COMPARABILITY

3.1. Recency of Practice

- 3.1.1 A SIMG will be regarded as having recent clinical practice if they have documented evidence that demonstrates that they have worked consistently in the relevant surgical specialty, typically for a minimum of 12 months in the past 24 months with a significant number of cases as primary operator.

3.2. Specialist Surgical Training

- 3.2.1. In making the assessment of comparability of specialist surgical training, RACS will identify the comparability of the formal accredited training program completed by the SIMG to the SET program (including AOA 21). Training programmes can be comparable even if different.
- 3.2.2. The key features of the RACS SET program are:
 - Accreditation by an external agency
 - Rotations through a range of hospitals and units
 - Exposure to the teaching and practice of multiple surgeons

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- Teaching (technical and non-technical skills) and Assessment (both formative and summative) based on the RACS competencies.
- Involvement in the care of patients throughout the patient's journey
- Supervised operating to develop competence in a range of procedures.
- A research requirement
- Completion of relevant technical and non-technical skills courses
- An exit examination

3.2.3. RACS relies on documentation provided by the SIMG to demonstrate comparability of their education and training. RACS is not obliged to assume comparability where evidence is not provided, or to actively seek additional information to supplement that which has been provided.

3.3. Post Graduate Training

Many surgeons undertake what may be less structured positions, which may be described as Fellowships, Senior Registrar positions or similar. The level to which this occurs, and the scope of practice will be considered in judging comparability of their training.

- 3.3.1. SIMGs who have undertaken further post graduate training in less structured positions and wish this to be considered in their comparability assessment is expected to provide evidence that the training has the following features:
- addresses identified gaps in the SIMG's training; and/or
 - enables acquisition of new and/or reinforcement of existing skills; and
 - has significant involvement in peri operative decision making in care; and
 - has a significant volume of primary operating.

Evidence submitted must include supervisor report outlining performance.

3.4. Recent Specialist Practice

- 3.4.1. RACS will assess recent independent specialist practice undertaken by the SIMG. Independent practice includes responsibility for, and decision-making regarding pre-operative, intra-operative and post-operative care. When making these assessments RACS will consider the SIMG's intended scope of practice in Australian and Aotearoa New Zealand.
- 3.4.2. The SIMG will be assessed as to their ability to manage elective and emergency presentations, and perform elective and emergency procedures, across the intended scope of practice.

3.5. CPD Activity

- 3.5.1. The assessment of comparability includes consideration of the SIMG's CPD activity. The SIMG is expected to provide evidence of recent CPD activity.

3.6. Non-Technical Skills

- 3.6.1. Non-technical competencies are essential to all surgeons. As part of the assessment of comparability RACS will assess the SIMGs non-technical competencies.

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3.7. Intended Scope of Practice

- 3.7.1. RACS will consider the SIMG's intended scope of practice in Australia and Aotearoa New Zealand when making the final determination of comparability.
- 3.7.2. A SIMG's intended scope of practice should reflect their previous scope of practice.
- 3.7.3. Many SIMGs have a scope of practice which is somewhat different from the full scope of the speciality. This should not preclude assessment for the award of Fellowship in that speciality.
- 3.7.4. SIMGs will be assessed within their intended scope against the standard of a newly qualified fellow in that scope.
- 3.7.5. Some SIMGs practice solely within a limited scope, the assessment of these SIMGs is outlined in REG-2037 SIMGs Assessed with a Limited Scope of Practice.

4. RACS ASSESSMENT

4.1. RACS Interim Assessment

- 4.1.1. RACS will determine an interim assessment, which can be that the SIMG is:
 - a. Substantially comparable
 - b. Partially comparable
 - c. Not comparable
- 4.1.2. Each SIMG assessment is individual, taking into consideration the recency of completion of training as well as subsequent experience and specialist practice. For those SIMGs who have recently qualified, the emphasis on their assessment will be on their training program, whereas for those SIMGs who have been in practice for several years, the emphasis will be more on their recent specialist practice.
- 4.1.3. If a SIMG has satisfied RACS that they are suitable to undertake their intended scope of practice, taking full responsibility for individual patients with only oversight of their practice by a supervisor approved by RACS, a SIMG will be assessed as being substantially comparable. They must satisfy RACS that they are at the standard of an Australian and Aotearoa New Zealand trained specialist commencing practice (at the level of a newly qualified Fellow), taking into consideration the SIMG's intended scope of practice as well as their previous training and assessment, recent specialist practice, experience and CPD.
 - a. A SIMG assessed by RACS as substantially comparable will be required to undertake up to a maximum of 12 months full time equivalent (FTE) supervised practice, with supervision approved by RACS. This may involve the satisfactory completion of workplace-based assessments.
- 4.1.4. If a SIMG has satisfied RACS that they will be able to reach the standard of an Australian and Aotearoa New Zealand trained specialist commencing practice (at the level of a newly qualified Fellow) within a maximum period

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of 24 months FTE practice, taking into consideration the SIMGs intended scope of practice as well as their previous training and assessment, recent specialist practice, experience and CPD, they will be judged as partially comparable.

- a. A SIMG assessed as partially comparable will be required to undertake up to a maximum of 24 months FTE of supervised practice, with supervisors approved by RACS. They may be required to satisfactorily complete further training and workplace-based assessments and may be required to undertake the Fellowship Examination.

- 4.1.5. If RACS determines a SIMG requires more than 24 months FTE of supervised practice and further training to reach the standard of an Australian trained specialist commencing practice (at the level of a newly qualified Fellow), then the SIMG will be assessed as not comparable.

4.2. RACS Final Assessment

- 4.2.1. RACS will recommend that the applicant be granted recognition as a specialist and Fellowship and the SIMG may apply for registration as a specialist following satisfactory completion of 4.1.3.a or 4.1.4.a.

4.3. Assessment Timeframes

- 4.3.1. SIMGs assessed as partially or substantially comparable must commence their supervision within 2 years of receiving their interim assessment; otherwise, the interim assessment expires and the SIMG will no longer be on a pathway to Fellowship.
- 4.3.2. SIMGs assessed as partially comparable must complete all elements of their interim assessment, within 4 years from the date that the first supervision assessment period commences; otherwise, the recommendation expires and the SIMG will no longer be on a pathway to Fellowship.
- 4.3.3. SIMGs assessed as substantially comparable must complete all elements of their interim assessment within 2 years from the date that the first supervision assessment period commences otherwise the recommendation expires and the SIMG will no longer be on a pathway to Fellowship.

4.4. Subsequent Assessments

- 4.4.1. A SIMG who has commenced supervision but fails to complete their recommended pathway to Fellowship is not eligible for further specialist assessment within that specialty except in exceptional circumstances, as deemed by the Education Committee Executive.
- 4.4.2. A SIMG who has previously been assessed by RACS as not comparable may request a new assessment if new documentation can be provided that materially changes the previous application such as:
 - completion of a comparable training program which was in existence at the time of the previous specialist assessment and not produced for that assessment but is now available; and/or

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- there is evidence that further training in a formal postgraduate specialist training program has been completed after the previous specialist assessment; and/or
- that the recency of practice standard has now been satisfied.

5. FEES

Fees are published on RACS website and are payable in advance for:

- 5.1.1. Specialist assessment; and
- 5.1.2. Supervised Practice (which may also include a specialty specific fee)

6. ASSOCIATED DOCUMENTS

Regulations

Aotearoa New Zealand Vocationally Registered Doctors Applying for Fellowship

Specialist International Medical Graduates Assessed with a Limited Scope of Practice

Reconsideration, Review and Appeal

Standards

Medical Board's Standards: Specialist medical college assessment of specialist international medical graduates

Approver: Education Committee

Authoriser: Council