



Australian and New Zealand College of Anaesthetists

ABN 82 055 042 852

REGULATION 23

23. RECOGNITION AS A SPECIALIST IN ANAESTHESIA OR PAIN MEDICINE; AND ELIGIBILITY FOR ADMISSION TO FELLOWSHIP BY ASSESSMENT FOR SPECIALIST INTERNATIONAL MEDICAL GRADUATES (SIMGs)

Pursuant to article 7.3 of the Constitution:

- 7.3.1: The Council shall have power from time to time to make, amend, and repeal all such Regulations as it deems necessary or desirable for the proper conduct and management of the College, the regulation of its affairs and the furtherance of its objectives.

Noting that:

- 7.3.3: No Regulation shall be inconsistent with, nor shall it affect the repeal or modification of, anything contained in the Constitution.

COMMENCEMENT

This regulation effective on 1 December 2018 will apply to assessments from that date, unless otherwise specified under regulation 23.12, assessments completed before 1 December 2018 will remain under the version of regulation 23 that was in effect at the time of their assessment.

PURPOSE

This regulation describes the process to be used in assessing internationally qualified specialist anaesthetists and specialist pain medicine physicians for the purpose of:

1. Providing advice when requested about requirements that need to be fulfilled for inclusion on the specialist register of the Medical Board of Australia (MBA); and
2. Providing advice to the Medical Council of New Zealand (MCNZ) when requested about the comparability of an SIMG's qualifications, training and experience (QTE) for those SIMGs applying for vocational registration with the MCNZ; and
3. Providing advice when requested about Area of Need (AoN) applications (Australia); and
4. Assessing eligibility for admission to Fellowship of the Australian and New Zealand College of Anaesthetists (FANZCA) and / or Fellowship of the Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists (FFPMANZCA) for Specialist International Medical Graduates (SIMGs) who have successfully completed the SIMG process, noting that Fellowship is not a pre-requisite for inclusion on the specialist or vocational registers.

This regulation does not describe:

1. General, specialist or vocational or other categories of registration by the MBA or MCNZ.
2. Admission to Fellowship of the Australian and New Zealand College of Anaesthetists (FANZCA) which is described in Regulation 6 and / or Fellowship of the Faculty of Pain Medicine of ANZCA (FFPMANZCA) as described in by-law 3.4.

SCOPE

This regulation applies to internationally qualified specialist anaesthetists and specialist pain medicine physicians who do not hold FANZCA or FFPMANZCA requesting assessment for specialist / vocational registration with the MBA and / or the MCNZ.

PROCESS

Applications for assessment of specialist status in Australia must be made directly to ANZCA and / or FPM. Applications for medical registration in Australia must be made to the MBA. All applications in New Zealand must be made to the MCNZ who perform the assessment to identify the appropriate registration pathway.

- 23.1 ANZCA and FPM assess applicants for comparability against the criteria for Australian or New Zealand trained specialists / vocationally registered anaesthetists or pain medicine physicians in respect to training, qualifications, specialist practice, continuing professional development (CPD) and cultural awareness.
- 23.2 Assessments undertaken by ANZCA or FPM on information supplied to it do not imply recognition or support for specialist recognition by ANZCA or FPM.
- 23.3 Support for applications for registration as a specialist in anaesthesia or pain medicine in Australia will be automatic in the case of those:
 - 23.3.1 That are graduates in medicine from a medical school recognised by the Australian Medical Council (AMC); and
 - 23.3.2 In active clinical practice that hold the Diploma of FANZCA or Diploma of FFPMANZCA; and
 - 23.3.3 Participating in a CPD program consistent with the *ANZCA Continuing Professional Development Standard*.
- 23.4 Support for applications for entry into the vocational scope of practice for anaesthesia or pain medicine on the medical register of the MCNZ will be automatic in the case of those:
 - 23.4.1 That are graduates in medicine from a medical school recognised by the MCNZ; and
 - 23.4.2 In active clinical practice that hold the Diploma of FANZCA or Diploma of FFPMANZCA; and
 - 23.4.3 Participating in the MCNZ-approved CPD program for their vocational scope of practice.
- 23.5 For all other applicants in Australia ANZCA's or FPM's support for applications for registration as specialists in anaesthesia or pain medicine will be based on the requirements of the SIMG assessment process.
- 23.6 For all other applications in New Zealand ANZCA's or FPM's advice on entry into the vocational scope of anaesthesia or pain medicine on the medical register of the MCNZ will be based on the requirements of the SIMG assessment process.
- 23.7 The SIMG assessment process is not a specialist training program, but an assessment of comparability to an Australian and New Zealand trained specialist anaesthetist or specialist pain medicine physician, and an evaluation of the ability to practise in Australia and / or New

Zealand as an unsupervised specialist at the same standard. ANZCA and FPM adhere to the guidelines that outline the requirements that specialist medical colleges should utilise in the performance of assessing SIMGs as issued by the MBA, the MCNZ and in line with all ANZCA and FPM policies for trainees and fellows. The SIMG assessment process will be coordinated by the SIMG Committee.

23.8 Preliminary assessment

The Preliminary Assessment will be conducted by the SIMG Committee or their nominees.

23.8.1 Assessment of documentation provided by applicants or the MCNZ on behalf of applicants is undertaken to determine whether they satisfy the criteria to attend an interview as outlined in Regulation 23.8.3, or to provide preliminary advice to the MCNZ about the applicant's QTE comparability and what assessment pathway is appropriate. Applications for assessment via the SIMG pathway from ANZCA trainees will be accepted only if the trainee has withdrawn from the ANZCA training program or is in an approved period of interrupted training as per Regulation 37.5.6.

23.8.1.1 Those who do not satisfy the criteria in Regulation 23.8.3 are assessed as Not Comparable (NC). They are not considered further under Regulation 23 and are so advised. Their eligibility to apply via other regulatory pathways is unaltered.

23.8.1.2 Those who may satisfy the criteria in Regulation 23.8.3 are invited to a structured interview to further assess their application and determine whether they are NC, Partially Comparable (PC) or Substantially Comparable (SC). The details of the interview are described in Regulation 23.9.

23.8.2 Applications that are incomplete at the time of submission will not normally be assessed until all required documentation has been submitted. A notice will be issued to the applicant stating that the application is incomplete. Should the application remain incomplete for a period of one month from the date of the notice, the application will be closed and a new application will be required should the applicant wish to proceed with the application.

23.8.3 To be eligible to be invited to interview in Australia applicants must have evidence of the following (in New Zealand ANZCA will interview all those referred by the MCNZ for interview):

23.8.3.1 Having been awarded a primary degree in medicine and surgery, after completing an approved course of study at a medical school listed in the current International Medical Education Directory (IMED) of the Foundation for Advancement of International Medical Education and Research, or other publications approved by the Australian Medical Council; and

23.8.3.2 Successful completion of a period of internship or comparable, consistent with guidelines issued from time to time by the Medical Board of Australia. The internship must be at least 12 months full-time equivalent (FTE) of broadly-based clinical experience that could include surgery, general medicine and related subspecialties, emergency medicine, obstetrics and gynaecology, paediatric medicine and general practice but would not normally include anaesthesia, intensive care medicine or pain medicine; and

23.8.3.3 For those applicants seeking assessment for anaesthesia:

- 23.8.3.3.1 Completion of a specialist anaesthesia training program; and
- 23.8.3.3.2 A specialist qualification in anaesthesia including documentation of registration as a specialist (or equivalent) in anaesthesia in their country of training, together with acceptable proof of eligibility to work as an independent specialist in anaesthesia in that country; and
- 23.8.3.3.3 The total combined minimum duration of medical internship, prevocational medical education and training (PMET), vocational training, additional training, and specialist experience must be 72 months FTE in accordance with Regulation 23.8.3.
 - 23.8.3.3.3.1 For those applicants who completed their specialist anaesthesia training in a comparable health system, the training program must be at least 36 months FTE in duration. For those applicants who completed their specialist anaesthesia training in a non-comparable health system, the training program must be at least 48 months FTE in duration, and of comparable quality.
 - 23.8.3.3.3.2 Consideration will be given to any additional anaesthesia training which adds value to training and is not a repetition of previous anaesthesia training. Consideration will be given only to additional anaesthesia training that is not a requirement of that country's structured anaesthesia training program, and which is of at least 3 months FTE in duration.
- 23.8.3.4 For those applicants seeking assessment for pain medicine:
 - 23.8.3.4.1 Completion of a specialist pain medicine training program; and
 - 23.8.3.4.2 A specialist qualification in anaesthesia (in accordance with Regulation 23.8.3.3), or medicine, surgery, psychiatry, or rehabilitation medicine that involves at least 36 months FTE of training, acceptable to the FPM Board, or another specialist qualification whose Australian and New Zealand equivalent has been deemed acceptable to the FPM Board; and
 - 23.8.3.4.3 Completion of a pain medicine qualification which includes at least 12 months FTE training in pain medicine together with acceptable proof of eligibility to work as an independent specialist in the relevant field (in accordance with Regulation 23.8.3.4.2) and pain medicine in that country; and
 - 23.8.3.4.4 Completion of at least 12 months FTE employment as a specialist pain medicine physician; and

- 23.8.3.4.5 Pain medicine practice for a duration of at least two months FTE during the 12 month period prior to the interview; and
 - 23.8.3.4.6 The total combined minimum duration of medical internship, prevocational medical education and training (PMET), vocational training, additional training, and specialist experience must be 84 months FTE in accordance with Regulation 23.8.3.
- 23.8.4 A certificate of registration status (CORS) and certificate of good standing (COGS) from each country in which an applicant has had employment in the 10 years immediately preceding their application for assessment must be provided. Any warnings or conditions (imposed or agreed voluntarily) on an applicant's CORS or COGS will be reviewed during the assessment of their application.
- 23.8.5 ANZCA and the FPM consider the duration of a training program to be the minimum length of time in which the program could be completed.
- 23.8.6 All reference to duration is full-time equivalent (FTE) which is 38 hours per week. The maximum number of hours that can be counted per week is 38 hours. Any period of training and / or employment undertaken part-time will be considered pro-rata.
- 23.8.7 During the assessment ANZCA will take into consideration any other relevant assessments, including but not limited to previous applications or activities undertaken for the ANZCA or FPM training programs and / or previous assessment via the short-term training pathways.

23.9 Structured interview

The Structured Interview will be conducted by a SIMG Interview Panel (hereafter 'the Panel') that has mixed gender representation and community and / or jurisdictional representation. The applicant should attend the structured interview within 6 months of invitation.

- 23.9.1 In Australia, the Chair of the SIMG Committee will select a Panel that will normally comprise three ANZCA or FPM Fellows plus at least one community or jurisdictional representative. The ANZCA President or the FPM Dean should not normally be a member of the Panel. The Chair of the SIMG Committee or their nominee will be the Chair of the Panel.
- 23.9.2 In New Zealand, the Chair of the panel for vocational registration in New Zealand will select a Panel that will normally comprise three ANZCA or FPM Fellows plus at least one community and / or jurisdictional representative. The President, Dean and the Chair of the New Zealand National Committee (anaesthesia or pain medicine) should not normally be members of the Panel. The Chair of the New Zealand Panel for Vocational Registration or their nominee will be the Chair of the Panel.
- 23.9.3 The SIMG assessment process assesses the comparability, integration and logical progression of training, assessments (internal and external), qualifications, specialist practice, CPD, and cultural awareness / professional conduct of each applicant in respect to that required to be achieved by an Australian or New Zealand registered medical practitioner achieving FANZCA or FFPMANZCA within Australia or New Zealand. The Panel will use the following criteria in assessing an applicant:
 - 23.9.3.1 Comparability to that in Australia and New Zealand, of the health system of the country within which the training, qualifications, specialist practice and CPD occurred.

- 23.9.3.2 Comparability of the applicant's prevocational medical education and training (PMET) including the medical internship as outlined in Regulation 23.8.3.2.
 - 23.9.3.2.1 For PMET purposes the date of actual completion of all requirements for university studies will be deemed the date of graduation from medical school. The date of completion is not necessarily the date of conferment of the degree diploma.
 - 23.9.3.2.2 In training programs which do not require the PMET experience specified within the ANZCA or FPM training, it is acceptable for up to 12 months of this requirement for PMET experience to post-date the specialist training.
- 23.9.3.3 Comparability of the applicant's specialist training with the relevant ANZCA or FPM Vocational Training Program with regard to (including but not limited to) duration, structure, content, sub-specialty experience, supervision, assessment, governance, integration and logical progression. The onus will be on the applicant to provide evidence in this regard. In the absence of satisfactory evidence, assessment of comparability will not be assumed.
- 23.9.3.4 Comparability of the applicant's specialist qualification(s) with regard to (including but not limited to) structure, content, ANZCA / FPM roles, assessment and governance.
 - 23.9.3.4.1 Noting that attainment of FANZCA or FPPMANZCA is the achievement of both confirmation of competence and success in assessments (both internal and external).
 - 23.9.3.4.2 The process of assessments and integration of formal examinations to externally verify achievement for the attainment of specialist status by the applicant in their country of training will impact on the decision to consider the requirement to successfully complete the SIMG Examination or the SIMG Workplace Based Assessment (WBA).
 - 23.9.3.4.3 Consideration will be given to any additional specialist qualification(s) including those that are not a requirement of the country's structured specialist training program that an applicant completes during or within 3 years of completion of their specialist training. Qualifications obtained greater than 3 years from completion of specialist training are considered within the assessment of the applicants CPD (in accordance with Regulation 23.9.3.6.2).
- 23.9.3.5 Comparability of the applicant's specialist experience incorporating clinical and ANZCA / FPM roles, in terms of (including but not limited to) case mix, exposure to a range of equipment and drugs, credentialing and granting of clinical scope of practice procedures and compliance with standards of anaesthesia or pain medicine practice as promoted in *ANZCA / FPM Professional Documents* (for anaesthetists, particularly *Supporting Anaesthetists' Professionalism and Performance: A guide for clinicians*). Consideration will be given to the current curriculum vitae, references, and details of practice as a specialist anaesthetist or pain medicine specialist. Particular attention is paid to specialist practice

undertaken in the last 36 months. Experience must be substantiated by acceptable documentation.

23.9.3.6 Comparability of the applicant's evidence of participation in CPD consistent with the *ANZCA Continuing Professional Development Standard*. Continuous involvement throughout the applicant's professional career is relevant. Particular attention is paid to activities undertaken in the last 36 months. Evidence of participation must be substantiated by acceptable documentation.

23.9.3.6.1 CPD incorporates continuing medical education (CME) activities but consists of 3 categories of activities: knowledge and skills, practice evaluation and emergency responses. Evidence of participation in all 3 categories is relevant.

23.9.3.6.2 Specialist qualifications obtained greater than 3 years from completion of specialist training are considered as CPD within the category of practice evaluation. The panel can consider this qualification in respect to the SIMG Examination / SIMG WBA requirement if CPD requirements are already achieved by the applicant (in accordance with Regulation 23.9.3.4.2).

23.9.3.7 Evidence of cultural and professional awareness relevant to the healthcare systems of Australia or New Zealand.

23.9.4 The Panel will recommend that applicants be allocated to one of the following categories and will also determine the requirements each applicant must complete. Such requirements will make up their individual program (IP). The assessment will remain valid for 24 months. Failure to commence the individual program within this time will require reapplication and incur the associated fees should they wish to be admitted to the SIMG pathway after expiration of this period.

23.9.4.1 Substantially Comparable (SC): Eligible to proceed to:

23.9.4.1.1 A clinical practice assessment (CPA) period of 12 months FTE (noting Regulation 23.11 and 23.9.5) that can be in any hospital and at any seniority level (noting Regulation 23.13);

23.9.4.1.2 The SIMG WBA.

23.9.4.1.3 The Panel may reduce the CPA period to 6 months FTE if the applicant has previously worked in the Australian or New Zealand health care system for 12 months FTE or greater.

23.9.4.2 Partially Comparable (PC): Eligible to proceed to:

23.9.4.2.1 A CPA period, of 12 months FTE (noting Regulation 23.11 and 23.9.5) in an ANZCA accredited hospital department (accredited for 52 weeks or greater and noting Regulation 23.9.4.2.3.1 and 23.9.4.2.3.2) or FPM accredited training unit and may be at any seniority level (noting Regulation 23.13).

23.9.4.2.2 For anaesthesia SIMGs - successful completion of the SIMG Examination or SIMG WBA. The Panel will determine whether PC SIMGs will be required to successfully complete the SIMG Examination or SIMG WBA. For pain medicine

SIMGs - successful completion of the summative assessments including two long case assessments, the clinical case study and the FPM Fellowship Examination. (as per By-law 4).

23.9.4.2.3 The Panel may adjust the CPA period if the applicant has:

23.9.4.2.3.1 Evidence of training, qualifications, specialist practice (clinical practice and performance of ANZCA / FPM roles) and CPD, normally when performed within a comparable health care system, which is comparable to that of an ANZCA or FPM fellow (noting Regulation 23.9.3). The CPA period of 12 months FTE is then able to be undertaken in any hospital.

23.9.4.2.3.2 If a specific deficit in training, qualifications, specialist practice (clinical practice or performance of ANZCA / FPM roles) or CPD, normally when performed within a comparable health care system, that shows correlation with ANZCA fellows can be bridged (noting Regulation 23.9.4.3.1) by extending the CPA period by 12 months. The CPA period of 24 months FTE must be undertaken in an ANZCA accredited hospital department holding 104 weeks or greater accreditation.

23.9.4.3 Not Comparable (NC): Ineligible for further consideration under the SIMG assessment process (Regulation 23). Their eligibility to apply via other regulatory pathways is unaltered and are so advised.

23.9.4.3.1 The Panel will categorise the applicant as NC if (including but not limited to and noting Regulation 23.7):

23.9.4.3.1.1 The applicant is assessed as requiring further training of 3 or more months FTE in a trainee or trainee equivalent post; or

23.9.4.3.1.2 The applicant is assessed as requiring greater than 24 months FTE CPA period in an ANZCA accredited hospital department (104 weeks or greater accreditation) or FPM accredited training unit; or

23.9.4.3.1.3 The applicant is assessed as having significant deficiencies in respect to CPD participation (noting Regulation 23.9.3.6) and recency of anaesthesia practice (noting Regulation 23.10).

23.9.5 SIMGs assessed as SC or PC and at the time of interview, and who are working in a position suitable for the CPA period may, at the Panel's discretion, be noted for possible recognition of that position retrospectively for up to 6 calendar months. Such retrospective experience can be considered provided that a suitable CPA Supervisor is nominated who is willing to act retrospectively in this capacity and provide a CPA report for that period.

- 23.9.6 Anaesthesia SIMGs categorised as PC or SC must complete an Effective Management of Anaesthetic Crises (EMAC) course. Exemption may be considered if the SIMG can provide evidence of participation in a range of simulation / course experience in the last 36 months that target similar processes to the EMAC course.
- 23.9.7 SIMGs categorised as PC or SC must participate in the ANZCA CPD program.
- 23.9.8 SIMGs may be required to address other specific deficiencies as assessed at the structured interview.

23.10 **Recency of practice**

Where there has been a break of 12 or more months in the relevant speciality practice (clinical anaesthesia or pain medicine) a formalised individual program following the principles set out in Professional Document PS50 Guidelines on Return to Anaesthesia Practice for Anaesthetists must be followed by anaesthesia SIMG applicants or and an equivalent program for pain medicine SIMG applicants. Additional requirements for this individual program are as follows:

- 23.10.1 The return to practice program and the supervisor must be prospectively approved by the Director of Professional Affairs (DPA) SIMG for anaesthesia or the FPM Assessor for pain medicine, or their nominees.
- 23.10.2 The supervisor must provide a structured report of the applicant's practice each month, or as required, to the DPA (SIMG) for anaesthesia or the FPM Assessor for pain medicine, or their nominees.
- 23.10.3 Based on these reports, the time may be credited towards the required duration of return to practice program or the SIMG Committee may review the applicant's category or vary the requirements (noting Regulation 23.9.4).
- 23.10.4 The return to practice time may, at the discretion of the DPA (SIMG) for anaesthesia or the FPM Assessor for pain medicine or their nominees, contribute to the CPA period described in Regulation 23.11. The maximum period of the return to practice program to be credited towards the CPA period will not normally exceed 3 months FTE. Decisions on whether RTP will be considered towards the required CPA period, will be determined by the DPA SIMG / FPM Assessor on a case by case basis.
- 23.10.5 If the return to practice program is not commenced within 12 months of the applicant being advised of the assessment that a return to practice program is required, the applicant's progress will be reviewed according to Regulation 23.12.
- 23.10.6 It is the explicit responsibility of the applicant to obtain positions suitable for the return to practice program.

23.11 **Clinical practice assessment period**

The CPA period serves both to familiarise the applicant with anaesthesia or pain medicine practice in Australia or New Zealand, and to facilitate assessment of practice performance. The SIMG process is not a training program, however, the CPA period may in some cases address specific deficiencies in training or experience.

- 23.11.1 The CPA period must be structured to allow the SIMG to satisfy any other specific requirements stipulated by the Panel.
- 23.11.2 The CPA period for an anaesthesia SIMG must be undertaken in a clinical anaesthesia position in Australia or New Zealand acceptable to ANZCA.
- 23.11.3 The CPA period for a pain medicine SIMG must be undertaken in multidisciplinary pain management units (or other organisations) in Australia or New Zealand acceptable to the FPM.

- 23.11.4 All positions to be considered towards the CPA period must be prospectively approved by the DPA (SIMG) for anaesthesia or the FPM Assessor for pain medicine or their nominees. Positions of less than 3 continuous months FTE in duration will not normally be approved for CPA.
- 23.11.5 The CPA period may be undertaken on a part-time or interrupted basis subject to approval by the DPA (SIMG) for anaesthesia or the FPM Assessor for pain medicine or their nominees. A part-time appointment may not normally be less than 0.5 FTE. The duration of continuous or cumulative interruption of the CPA period may not normally exceed a total of 12 months. Once the period of interruption has reached 12 months the Individual Program will automatically recommence.
- 23.11.6 The position and CPA Supervisor must be approved prospectively (noting Regulation 23.9.5).
- 23.11.7 In order to be eligible to be a SIMG supervisor the FANZCA must comply in Australia with the MBA *“Guidelines – supervised practice for international medical graduates”* or in New Zealand with the MCNZ *“Orientation Induction and Supervision for international medical graduates - Best practice guidelines for employers and supervisors of international medical graduates”*.
- 23.11.8 The DPA (SIMG) for anaesthesia or the FPM Assessor for pain medicine or their nominees will consider, and where appropriate, approve nominations from the employer for CPA Supervisors to oversee each SIMG CPA period. The Supervisor will provide a structured report of the SIMG’s practice each 3 months, or as required, to the DPA (SIMG) for anaesthesia or the FPM Assessor for pain medicine or their nominees. Based on these reports, the time may be credited towards the required duration of CPA and / or the SIMG Committee may review the initial assessment of the applicant and amend the requirements.
- 23.11.9 CPA reports must be submitted within 3 calendar months of the end date of the report. The SIMG is responsible for ensuring submission of CPA reports. Failure to do so may result in that period of CPA not being credited towards the required CPA period.
- 23.11.10 The duration of CPA may be extended from that decided at the structured interview until all requirements have been fulfilled. If the SIMG assessment process has not been completed within the specified timeframe (refer to Regulation 23.15), the SIMG Committee will consider all relevant issues prior to deciding whether to terminate the SIMG assessment process. In exceptional circumstances, the SIMG Committee may grant an extension of time.
- 23.11.11 It is the explicit responsibility of the SIMG to obtain positions suitable for the CPA period including the provision of adequate supervision and reporting.

23.12 Examinations and summative assessments

The anaesthesia SIMG Examination will be conducted by the Final Examination Subcommittee, usually at the same time as the Final Examination. The FPM summative assessment will be conducted by the FPM Examination Committee.

- 23.12.1 The anaesthesia SIMG Examination will comprise, for all SIMG (no matter when they were assessed):
 - 23.12.1.1 A clinical section that evaluates clinical performance in a standardised setting; and
 - 23.12.1.2 An oral section that provides a structured evaluation of the SIMG’s applied clinical knowledge and decision making in a wide range of sub-specialties.

- 23.12.1.3 All SIMGS required to successfully complete the SIMG exam will complete the examination as per regulation 23.12.1 above including those assessed prior to December 2018.
- 23.12.2 The FPM summative assessments include:
 - 23.12.2.1 The FPM Fellowship Examination which consists of written and viva voce sections and will assess competencies related to the knowledge, behaviours and clinical skills pertinent to a specialist medical practitioner in the discipline of pain medicine; and
 - 23.12.2.2 A clinical case study; and
 - 23.12.2.3 Two long case assessments.
- 23.12.3 Anaesthesia SIMGs may choose to apply to present for the full ANZCA Final Examination (see Regulation 37) in preference to the SIMG Examination. In these circumstances, the Final Examination will function as a surrogate for the anaesthesia SIMG Examination within the anaesthesia SIMG assessment process.
- 23.12.4 An anaesthesia SIMG who has been unsuccessful in five attempts at the SIMG or final examination will not be permitted to re-sit the examination or to remain in the SIMG assessment process.
- 23.12.5 To present for any examination applicants must have a satisfactory CPA report covering at least three months. The most recent CPA report must be satisfactory and within 12 months of the date of sitting the examination.
- 23.12.6 Provided the requirement of Regulation 23.12.5 is met, an application to sit the examination may be submitted at any time subsequent to the structured interview.
- 23.12.7 Following each examination or summative assessment the SIMG committee will review the performance of each SIMG as per Regulation 23.14.

23.13 **SIMG workplace based assessment**

The SIMG WBA is a comprehensive assessment held over one day in the hospital in which the SIMG is employed. The SIMG WBA will be undertaken only when the SIMG is occupying either a CPA-approved position equivalent to an ANZCA Provisional Fellow, or Fellowship post, or specialist equivalent post.

- 23.13.1 The SIMG WBA may be held at any time after the SIMG has successfully had the appropriate duration of CPA (noting Regulation 23.13.1.1) approved by the DPA (SIMG) for anaesthesia or the FPM Assessor for pain medicine or their nominees, in the hospital in which the WBA will be undertaken.
 - 23.13.1.1 If the SIMG is required to complete 12 months CPA then the SIMG WBA can be performed once 9 months CPA has been approved, if the requirement is 6 months CPA once 3 months CPA has been approved, if the requirement is 24 months CPA once 21 months has been approved. All times include any retrospective CPA approval (noting Regulation 23.9.5).
 - 23.13.1.2 An application to arrange the SIMG WBA can be submitted at any time subsequent to 3 months prior to the earliest time the SIMG WBA can be held.
- 23.13.2 The SIMG WBA assesses professional performance against the standard that would reasonably be expected of a FANZCA / FPPMANZCA at a comparable stage of their career and cover all of the ANZCA / FPM roles.

- 23.13.3 The SIMG WBA will normally be conducted by two Fellows of ANZCA / FPM, known as WBA Assessors, who must come from outside the SIMG's hospital.
- 23.13.4 The WBA Assessors will be provided with relevant information about the SIMG and the hospital in which they practise.
- 23.13.5 The SIMG will be provided with detailed information about the process and the responsibilities of the SIMG regarding the planning of the activities.
- 23.13.6 The SIMG WBA will include a preliminary interview, an assessment of anaesthesia / pain medicine records, observation of clinical practice, multi-source staff interviews, case-based discussions and an end-of-assessment interview.
- 23.13.7 Following the SIMG WBA, the WBA Assessors will prepare a structured report that will be reviewed by the DPA (SIMG), or their nominee for anaesthesia or the FPM Assessor for pain medicine or their nominees. The SIMG will be notified by ANZCA or the FPM of the outcome of the SIMG WBA.
- 23.13.8 The SIMG may choose to apply to present for the relevant examination / summative assessments in preference to the SIMG WBA. In these circumstances, the examination / summative assessments will function as a surrogate for the SIMG WBA within the SIMG assessment process.

23.14 Review of progress

Review of the progress of SIMGs by the SIMG Committee may occur for reasons including: unsatisfactory performance in the examination / summative assessments, unsatisfactory CPA or return to practice report, lapse of the SIMG assessment process, unsatisfactory SIMG WBA, changes to an SIMG registration as per Regulation 23.19, or failure to make satisfactory progress through the SIMG assessment process including the absence of CPA reports.

- 23.14.1 The main purpose of the review process is to identify barriers to completion of the SIMG assessment process, and to provide guidance on actions and attitudes that may assist the SIMG in attaining success in completing the SIMG pathway.
- 23.14.2 The review may be initiated on advice from the DPA (SIMG), the FPM Assessor for pain medicine, the Chair of the Final Examination Sub-committee, the Chair of the FPM Examination Committee, the applicant's authorised CPA Supervisor or the SIMG Committee.
- 23.14.3 The review may include a re-interview conducted by a Panel nominated by the Chair of the SIMG Committee in Australia or the Chair of the New Zealand Panel for Vocational Registration in New Zealand.
- 23.14.4 The review may include gathering further information from work colleagues who are familiar with the SIMG's professional practice.
- 23.14.5 Reports from the SIMG's CPA Supervisor and other referees, and performance in the examination or SIMG WBA and overall progress towards addressing all requirements of the IP will be considered during the review.
- 23.14.6 The review may result in one or more of the following:
 - 23.14.6.1 More frequent CPA reports.
 - 23.14.6.2 Remedial activities to address areas of weakness.
 - 23.14.6.3 Extension of the required CPA period.
 - 23.14.6.4 Change to the conditions of the CPA period including restrictions on location and or level of position required.

23.14.6.5 Changes to summative assessment requirements for either examination or SIMG WBA.

23.14.6.6 The SIMG is withdrawn from the SIMG assessment process. The Education Executive Management Committee / FPM Board will be notified of SIMGs who have been withdrawn from the process.

23.14.6.7 Change to a different category. See Regulation 23.9.4.

23.15 Duration of SIMG assessment

Taking into account Regulations 23.9, 23.10, 23.11, 23.12 and 23.13:

23.15.1 SIMGs that are categorised as PC must satisfactorily complete all requirements within 48 months from the date of commencement of their individual program. If the SIMG does not complete all requirements within this timeframe the assessment will lapse and the SIMG will be removed from the process.

23.15.2 SIMGs that are categorised as SC must satisfactorily complete all requirements within 24 months from the date of commencement of their individual program. If the SIMG does not complete all requirements within this timeframe the assessment will lapse and the SIMG will be removed from the process.

23.16 Reapplication

In exceptional circumstances a reapplication to the process may be accepted.

23.16.1 SIMGs who address deficiencies in recency of practice and CPD may request to reapply.

23.16.2 SIMG's assessed under a previous version of Regulation 23 or those voluntarily withdrawn from the process may request to reapply.

23.16.3 SIMGs reapplications will not be accepted from SIMGs actively removed from the SIMG assessment process by the SIMG Committee.

23.16.4 The DPA SIMG or FPM Assessor or their nominees, will consider acceptance of each reapplication on an individual basis and will take into consideration any previous assessments undertaken by ANZCA or FPM.

23.16.5 Where reapplications are accepted SIMGs may be given credit for requirements that had previously been completed and the time spent will be subtracted from the time remaining from their original process so that the total time from original assessment will remain unchanged.

23.16.6 In cases where permission is granted SIMGs must submit a new application which may incur the associated fees.

23.17 Area of Need (Australia only)

23.17.1 The Area of Need (AoN) Process is used to address medical workforce shortages in designated areas. The status of AoN posts is declared by the Department of Health or other jurisdictional body.

23.17.2 The AoN Process is not an ANZCA or FPM process and the assessments associated with AoN appointments do not lead to Fellowship of ANZCA or FPMANZCA nor to support for specialist registration by the MBA.

23.17.3 Applications for AoN assessment must be submitted to ANZCA or FPM along with applications for SIMG assessment. Applications for AoN assessment alone will not be accepted.

23.17.4 All documentation regarding potential appointees for AoN positions will be considered as outlined in Regulation 23.8. ANZCA or FPM will provide preliminary

advice to the jurisdiction about the applicant's suitability for that particular position.

23.17.5 Where reports raise concerns about standards of care they will trigger a review of the appointee by means of an on-site assessment. ANZCA or FPM will withdraw support should such concerns be confirmed.

23.17.6 Information obtained during AoN assessments and / or reviews may be used subsequently in any ANZCA / FPM SIMG assessment.

23.18 Specialist recognition and Fellowship

SIMGs will be recommended for specialist recognition following satisfactory completion of all requirements specified by ANZCA or FPM and will be eligible to apply for admission to Fellowship of ANZCA or FPM by assessment under Regulation 6.4 for anaesthesia, or By-law 3.4 for pain medicine. The total duration of PMET, vocational training, additional training, specialist experience and CPA for a SIMG may not be less than 84 months FTE for anaesthesia and 96 months FTE for pain medicine which is the minimum duration of training required for a trainee in Australia and New Zealand to achieve Fellowship.

23.19 Conditions, limitations and restrictions on medical registration

Serious breaches of patient care, or disciplinary action in respect of employment or medical registration, are matters for employers or relevant Medical Boards / Councils. In some situations, it may be appropriate or required for the Head of Department or other colleagues to report the matter to the Medical Board / Council. SIMGs must maintain medical registration, without any conditions (voluntary or imposed), limitations, or restrictions unless those conditions are approved by ANZCA or FPM. SIMGs must inform ANZCA of any changes to their registration including the imposition of conditions (voluntary or imposed), limitations, or restrictions. Failure to do so may result in a review under Regulation 23.14.

23.20 Fees

Fees for components of the SIMG assessment process will be determined annually by ANZCA Council and / or FPM Board. All fees are non-refundable (unless otherwise specified) and are payable at the time of applying for the specific component.

23.20.1 Application fee

Application fees must accompany all applications for assessment via the SIMG assessment pathway. Those applicants applying for assessment via the AoN pathway must submit the combined AoN and SIMG application fee in accordance with Regulation 23.17.3.

SIMG and / or AoN applications received without all required documentation including the appropriate application fee will not be assessed until the fee is paid and all required documentation received.

23.20.2 Interview fee

Applicants invited to proceed to interview must pay an interview fee within 3 months of invitation. Following payment of the fee an interview date will be arranged. Failure to pay the interview fee within the specified timeframe will result in the application being closed. Applicants subsequently wishing to resume their SIMG assessment will need to submit a new application as well as the application fee.

23.20.3 Annual fees

SIMGs are required to pay an annual CPA fee. The first of these must be paid within 4 weeks of the date of their SIMG interview. Subsequent CPA fees are due by the

anniversary of their SIMG interview date. SIMGs that have not paid their CPA fee by the due date will have their status changed to 'not active'. This will render them unable to credit any CPA time, undertake assessments including SIMG WBA and SIMG examination, access the CPD system or gain credit for any other SIMG related activities.

SIMGs that remain 'not active' for a period of 2 months or more will be withdrawn from the SIMG process and their SIMG record will be archived. Should they subsequently wish to recommence the SIMG process an application must be submitted to the DPA (SIMG) for anaesthesia or the FPM Assessor for pain medicine or their nominees justifying the resumption of their SIMG process. Application fees will still be applicable. Those accepted for a resumption of the SIMG process may be required to undertake a new assessment and incur the associated fees.

23.20.4 SIMG WBA fee

SIMG WBA fees must be paid prior to commencement of the arrangements for SIMG WBAs.

- 23.20.5 SIMGs experiencing financial hardship, which makes payment impossible within the timeframes required, should apply prospectively to the DPA (SIMG) for anaesthesia or the FPM Assessor for pain medicine or their nominees for special consideration. Each case will be considered on an individual basis.

23.21 **Reconsideration, Review and Appeal**

SIMGs may request reconsideration and subsequent review of ANZCA or FPM decisions. Such decisions may be formally appealed in accordance with ANZCA's Reconsideration, Review and Appeals Process (See Regulations 30 and 31).

23.22 **Communications**

All enquiries, applications, and communications regarding Regulation 23 must be made in writing and addressed to the Chief Executive Officer, Australian and New Zealand College of Anaesthetists, 630 St Kilda Road, Melbourne, Victoria 3004, Australia.

23.23 **Definitions, Interpretation and Non-Binding Decisions**

- 23.23.1 Any decision, approval, consent or the exercise of any discretion by ANZCA or FPM or other committee or authority under Regulation 23 will be considered on a case-by-case basis, having regard to the particular circumstances of each case.

- 23.23.2 Notwithstanding Regulation 23, ANZCA Council / FPM Board may exercise or dispense other decisions after consideration of relevant circumstances.

- 23.23.3 Any such decision, approval, consent or exercise of discretion will not be binding on any other or future decisions or set any precedent for other or future decisions regarding Regulation 23.

- 23.23.4 In these regulations:

- "Constitution" means the Constitution of the Australian and New Zealand College of Anaesthetists as amended from time to time; and
- "Regulations" means any regulation made in accordance with article 7.3; and
- "Council" means the ANZCA Council; and
- "Specialist International Medical Graduate" and "SIMG" mean anaesthesia or pain medicine specialists who gained their specialist qualification outside of Australia or New Zealand; and
- Headings and use of bold does not affect the interpretation.

Unless otherwise specified, or the contrary intention appears in these regulations:

- Where a word or phrase is defined in the Constitution the word or phrase has the same meaning throughout these regulations; and
- Where terminology is not defined in the Constitution or ANZCA regulations the word or phrase has the Australian and / or New Zealand meaning throughout these regulations; and
- The singular includes the plural and vice versa; and
- A person includes an individual, a body corporate, a partnership, a firm, unincorporated association or institution and a government body; and
- These regulations shall come into operation on the date they are approved and adopted by the Council.

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