

Attachment C: Streamlining the Specialist Pathway targeted consultation response template

December 2025 – February 2026

Consultation questions on streamlining the Specialist pathway

The Medical Board of Australia (the Board) is undertaking targeted consultation on the Specialist Pathway – Specialist Recognition (the Specialist pathway), which enables Specialist International Medical Graduates (SIMGs) to apply for specialist registration in Australia after completing assessment and examination requirements. The Board is inviting your feedback on the proposed new process using the questions below.

Providing feedback

Please provide your feedback to the questions by emailing SIMGPathwaysReview@ahpra.gov.au by 5pm (AEDT) **2 February 2026**.

How your feedback will be treated

Submissions to a targeted consultation are considered confidential. Your submission to this targeted consultation will not be published on the Board's website unless you request that it be published as part of the feedback after the public consultation process.

Next steps

Feedback from this confidential targeted consultation may be incorporated into the public consultation paper. Alternatively, the Board may decide to test some proposals more widely and incorporate feedback after the public consultation process.

Stakeholder details

If you would like to include background information about your organisation, please do this in a separate document.

Organisation name

Australian and New Zealand College of Anaesthetists (ANZCA)

Contact information

Please include the contact person's name, position and email address.

Dr Leona Wilson
Director of Professional Affairs, SIMG
lwilson@anzca.org.nz

Response to targeted consultation questions

Targeted consultation questions for consideration

Please provide your responses to any or all questions in the blank boxes below, including references to the document paragraph and/or page number (if applicable).

Questions on Section 2: Proposed Specialist pathway process

Application

1. What specialty-specific information is currently collected and needed from SIMGs in the application process to conduct the Specialist pathway two-part assessment?

The following specialty-specific information is currently collected:

- An application form ([SIMG-and-AoN-Application-Form-2021.pdf](#))
- CV completed by the SIMG on an ANZCA template that includes details needed for the two-part assessment, located here: [SIMG-CV.pdf](#).
- Curriculum for their specialist qualification that is the basis of their application at the time they undertook that training (if available)
- Logbook recording all cases during specialist training and in the last three years of specialist experience (if available).
- Copies of in-training assessments undertaken during training (if available).
- Copies of certificates of all courses completed as part of training and CPD activities completed in the last three years before application for the SIMG specialist pathway.

Specialist medical college assessment

2. When assessing a SIMG, in what circumstances is an interview important in addition to a paper assessment? What is the purpose of the interview? What additional information is gained and how is this used?

ANZCA interviews all applicants except those who on preliminary (paper) review are deemed either not comparable, or substantially comparable and would meet the criteria for the MBA expedited (or in New Zealand, the fast-track) pathway process.

The purpose of the interview is to:

- better understand their specialist training, experience and CPD.
- allow identification of relevant information not included in the formal documentation, such as practice evaluation activities as part of CPD.
- better understand the health environment in which they trained and undertook their recent specialist experience and allow comparison to the Australian (and New Zealand) health sector environment, especially with regard to resourcing and clinical practices.
- validate items in the CV and clarify CV items that are in conflict with other information provided.
- assess cultural safety and community awareness, explore applicants' understanding, attitude and skills in the non-technical areas of the practice of anaesthesia/pain medicine at the specialist level.

Interviews are an important part of the assessment process which adds depth to paper-based information, including risk management, professional experience, and focuses on evaluating gaps in training and/or experience. The rigorous process, typically consisting of three college/faculty fellows and a community representative, is designed to ensure that all practicing specialists in Australia meet the same high standards, regardless of where they received their

initial training. In our experience, English language proficiency from test results does not necessarily correlate with proficiency at interview.

SIMG interviews are usually undertaken in person at our offices in either Melbourne or Wellington. Video interviews instead of in-person interviews may be conducted at the discretion of the SIMG Director of Professional Affairs.

Position guidance

3. What advice should be included in the application assessment outcome to guide a SIMG to find a suitable position for supervised practice?

The advice given to the SIMG with the outcome should include:

- The type of positions in which they could undertake the SIMG pathway, such as whether it needs to be in a site accredited for training by the relevant college.
- That the position occupied must be at least 0.5 FTE.
- A position description must be completed on the ANZCA template by the SIMG and supplied to ANZCA for approval.
- That the clinical practice assessment (CPA) duration starts at the time the application outcome has been delivered to them and a position description is approved. Experience in a position before the initial SIMG assessment cannot be counted towards their CPA time.

Specialist pathway streams

4. Are the proposed Specialist pathway streams (Stream 1, 2A, 2B, and 3) clear and useful? If not, why not?

While the process within each stream is clear, some points may need further clarification:

- The intersection between stream 1 and the expedited process – both appear to cover those SIMGs ANZCA would currently consider substantially comparable.
- Calling stream 3, who ANZCA currently assess as non-comparable, a stream in the specialist pathway is confusing in that it may lead SIMGs to consider they're in the pathway when in reality they've been assessed as not eligible for the specialist pathway. For clarity, particularly for those who don't have English as their first language, this stream should not exist and the applicant is advised that they are not eligible to enter the pathway.
- The range of comparability in those SIMGs currently considered partially comparable and those would fall into the category of holding with a relevant qualification is considerable and the gaps between their training, qualifications, experience and CPD and that of a locally trained specialist is similarly variable. For that reason, ANZCA supports the differentiation into streams 2A and 2B, which mirrors current ANZCA processes.

5. For streams 1 and 2A, where workplace-based assessments are proposed, what should the structure and content of the assessment method/s be to assess that SIMGs are safe and competent to practice?

There must be at least one member of the workplace-based assessments (WBA) team who is external to the organisation employing the SIMG being assessed. This reduces the risk of non-pecuniary conflict of interest affecting the outcome of the assessment. For example, in a place with few specialists, the addition of an extra person (the SIMG) in an onerous roster means better lifestyle for the current specialists. Bringing in external assessors who are skilled in such assessment can manage this potential conflict of interest.

ANZCA would recommend that a suite of assessment tools is used in the WBA assessment. These must include observation of practice, multi-source feedback (MSF) that must include members of all professions such as nursing, other health professions and administrative staff, and clinical records review with case-based discussion.

The MSF is particularly important given that many SIMGs come from a more hierarchical culture, both social and medical, and find it challenging to integrate into a flatter medical culture, like that in Australia. The external assessment should also be scheduled in the last three months of SIMGs supervised practice time.

6. For stream 2B, where examinations are proposed, what should the structure and content of the assessment method/s be to assess that SIMGs are safe and competent to practice?

ANZCA recommends that parts or all of the college final exams are used when these exams are undertaken, at or near the end of their specialist training program. Information on the ANZCA exams is located here: <https://www.anzca.edu.au/education-and-training/anaesthesia-training-and-pathways/anaesthesia-training-program/anaesthesia-exams>.

The best components used are the orals or viva voces, which use spoken English skills which are essential for safe practice in Australia and allow for clarification of any questions or correction of any misinterpretation of those questions. This is particularly pertinent in the specialty of anaesthesia because specialist anaesthetists in Australia (and New Zealand) are expected to effectively communicate in English in high-pressure environments that are life-threatening to patients.

ANZCA also recommends that WBAs are used in conjunction with the exams; in this case, given that the exams are externally delivered and assessed, ANZCA would not recommend that these need to be undertaken by assessors external to the workplace. ANZCA recommends that the MSF and observation of clinical practice is used for that purpose. These activities would also contribute to the SIMG's CPD (reviewing practice and monitoring outcomes).

7. In what circumstances is a workplace-based assessment needed to assess a SIMG on the Specialist pathway?

WBAs were introduced to the anaesthesia training program in 2013 and are an important assessment element. Trainees initiate completion of WBAs, assessed by supervisors of training (SOT) or WBA assessors. Specifically, ANZCA learning outcomes are mapped to assessment elements, a suite of WBA methods underpins evidence for achievement of learning outcomes, regular formal reviews of progress are required during clinical placements, MSF is required, and assessment of non-clinical domains is included. The intent of WBAs is to provide valuable and structured learning opportunities through focused observations by specialists and feedback conversations.

In all circumstances, the variation should be in the types of WBAs (e.g. Core types include Mini-Clinical Evaluation Exercises (Mini-CEX), Direct Observation of Procedural Skills (DOPS), Case-based Discussions (CbD), and Multi-Source Feedback (MSF/360-degree)) rather than whether they are used or not.

Those that are also assessed using an externally delivered exam should have WBAs as an adjunct to the exam, assessing those aspects of safe practice that are not assessed within an exam, such as clinical interactions with patients and their families.

Those SIMGs whose only externally delivered assessment is a Performance Appraisal/WBA need a more robust assessment using multiple methods and external assessors.

8. In what circumstances is an examination needed to assess a SIMG on the Specialist pathway?

Examinations are needed when:

- There have been no high stakes assessment of knowledge delivered external to the workplace, ideally nationally delivered, within the SIMG's specialist training program.
- The SIMG's specialist training has significant differences from the Australian and New Zealand colleges, such as being based on a different curriculum, undertaken in a very different health system or with significant gaps such as no education in the domains of practice other than medical expert.

Registration and qualification

9. Are there any specific elements that need to be included in the Specialist pathway that would support concurrently achieving both specialist registration and the specialist medical college qualification? Please provide reasons.

For anaesthesia the Effective Management of Anaesthesia Crises (EMAC) course (<https://www.anzca.edu.au/education-and-training/emac-course>) must be completed. This course is a simulation and skills course with active participation by the participant in which they take part in emergency response scenarios, learning how Australian and New Zealand anaesthetists manage crises within our medical environment, the language we use in crises and how we interact with other team members in crises. It consists of five modules, run over two and a half days. The five modules are:

- Human factors
- Airway management
- Cardiovascular emergencies
- Anaesthetic emergencies and
- Trauma management.

The emphasis is on small group teaching, intensive hands-on simulation practice and debriefing. Many of the scenarios and drills are designed to build effective communication and teamwork. The course is not assessed, but participants are given direct observational feedback throughout.

It has been noted that in stressful situations SIMGs revert to their practice in their home country not the new one (refer to research: <https://pubmed.ncbi.nlm.nih.gov/38053141/>).

Other suggested elements include:

- Regular three-monthly reports on SIMGs' progress in the specialist pathway, like the current CPA reports, refer: <https://www.anzca.edu.au/education-and-training/specialist-international-medical-graduates/simg-clinical-practice-assessment-period>.
- CPD that meets the college's CPD standard.
- WBA conducted by external assessors for all on the SIMG pathway streams 1 and 2A, and WBAs that can be internally delivered for those in stream 2B.

10. Where there are differences between registration and specialist medical college requirements, how would these differences be best communicated to the SIMG and by whom?

Each body (Medical Board, college) should document their own requirements and draw references to other relevant bodies who may have separate/alternate requirements.

11. How can the Board more clearly define being granted a qualification for the approved program of study versus a qualification granted at the completion of the Specialist pathway (e.g. Fellowship Specialist pathway)?

An approved program of study is a specialist training program accredited and approved by relevant regulatory bodies that leads to eligibility to register as a specialist in that specialty in

the country in which the training (i.e. approved program of study) was undertaken and successfully completed.

A qualification granted at the completion of the Specialist pathway (fellowship) is the certification that the approved program of study has been successfully completed and enable the holder to register as a specialist in the country of training and granting of fellowship of an Australian specialist medical college.

Timeframes

12. What are reasonable timeframes for the specialist medical college to conduct various parts of its assessment for the following:

- Specialist pathway application:
 - time from receipt of application to completion of Specialist pathway assessment:
 - without interview
 - with interview
 - time from completion of specialist pathway assessment to providing advice to the Board (Report 1)
- completion of Specialist pathway requirements:
 - time for SIMG completion of final assessment (or requirement) to specialist medical college issuing a Report 2
- other timeframe considerations:
 - are there other specialist medical college timeframe considerations?

ANZCA use current MBA performance benchmarks, with ANZCA meeting or even exceeding MBA response-time key performance indicators. Application processing times may vary according to submission completeness, quality and application volumes at the time. Applicants are encouraged to have their primary and specialist qualifications verified and confirm all required documentation are provided prior to submission to avoid delays.

Processing times are reviewed and updated quarterly to ensure the information remains accurate and reflects current trends.

ANZCA's summary reports on the specialist pathway provided to the Medical Board/Ahpra can be located here: [Medical Board of Australia - Standards and reports](#). Current processing timeframes are also available on our website: [SIMG assessment process | ANZCA](#).

Other improvements

13. What other suggestions for improvements to the proposed Specialist pathway process do you have?

ANZCA's SIMG assessment process complies with the MBA's current good practice guidelines and is regularly reviewed for consistency with regulatory changes. The SIMG assessment process includes assessment methods recommended by the MBA guidelines and have been chosen for their reliability, validity and feasibility. ANZCA has found that the main bottleneck is not in college processes but rather at stages such as qualification verification, visa processing, and being offered employment / a position that meets ANZCA's requirements (the latter mainly for those who will be stream 2B).

The MBA should consider moving the fitness to practice checks (e.g. criminal history) to prior to college SIMG assessment.

Most of ANZCA's SIMGs complete the process successfully. Most of those that do not complete the SIMG performance assessment in the first instance successfully complete a repeat assessment, after a remediation program lasting at least six months.

There has been anecdotal advice from SIMGs related to difficulty contacting Ahpra, inconsistent advice from Ahpra and slow progress/delays in Ahpra processes.

ANZCA also offers a peer support/mentorship program for SIMGs who were unsuccessful with assessments, as well as for any current SIMGs who may need additional support. This value-added support has reduced professional isolation and contributed to improved outcomes, with many SIMGs achieving success at their repeat assessment.

Although not within the direct control of the Medical Board, an understanding of the landscape and workplace is required to inform registration, in that training and mentoring of SIMGs in workplaces is vital to integration and successful practice. SIMGs need the right tools and information to provide safe and high-quality patient care in Australia. Understanding the unique cultural and health system environment of Australia is much more than a qualification assessment – specific workplace-based assessment, training and support enables the ability to integrate smoothly into hospital operations, particularly in the regional environment.

Implications for specialist medical colleges

14. What impact would the proposed changes have on specialist medical college pathway assessment processes?

For most anaesthesia and pain medicine SIMGs, there will be minimal impact, as the process described is similar to ANZCA's current process and ANZCA has a good record of meeting current time key performance indicators. ANZCA is proud of our record over many years of assessing SIMGs within the timeframes set by regulators. The process is both effective and efficient.

ANZCA has concerns that the Medical Board may accept SIMGs into the specialist pathway against ANZCA's advice, noting that if ANZCA advises against accepting into the specialist pathway, the reasons for that will also prevent them from entering the concurrent fellowship pathway. This could affect patient safety given the unique nature of the specialty of anaesthesia with time critical decisions inherent in the high-risk nature of anaesthesia care and anaesthetists needing to respond and act rapidly (in the English language) to life-threatening critical events.

While the MBA may like to adhere to the colleges' advice, the colleges legal position as a shadow decision maker may be challenged. With this in mind, we expect the following clause (40) is adhered to without exception i.e. based on specialist medical college expert advice.

The Board decides whether the SIMG is suitable for the Specialist pathway based on the specialist medical college expert advice.

15. What impact would the proposed changes have on specialist medical college pathway timeframes?

ANZCA anticipates that the delays in obtaining all information required from the SIMG, which can be considerable, will be transferred from the colleges to the MBA.

Questions for Attachment A: draft *Guidelines - Assessing specialist international medical graduates for the Specialist pathway*

1. Do you support the proposed changes to the draft *Guidelines - Assessing specialist international medical graduates for the Specialist pathway* (Attachment A)? Please provide your reasons.

The college agrees with the principle of alignment with the National Law however there are the following concerns including potential unanticipated negative consequences:

- Clause 50 outlines the following, does that mean the college can/will be required to charge a fee for the advice to the MBA for Reconsideration, Review and Appeals (RRA)

purposes? The college is unsure whether this applies only to the two-part assessment, or if it also extends to other college assessments, such as performance assessment?

“The Board will determine whether the request for review is accepted and whether the additional information affects the Board’s original assessment decision. The Board may refer the SIMG’s request to the relevant specialist medical college for further advice.”

- As identified in question 14 above, if MBA (and MCNZ) approves an SIMGs for entry into the SIMG process against ANZCA’s advice, with the implications that standards for independent specialist practice may be lowered. ANZCA should not be expected to take responsibility for the consequences of Medical Board decisions that the college did not support, including the ongoing supervision and assessment of practitioners.
- ANZCA will still need to provide further advice about comparability during MBA RRA processes, and on any impact of overturning original decisions that ANZCA does not support.
- To mitigate the above two points, the college suggests that the MBA always notifies the college when it is considering a decision that is contrary to college advice and allows the college to review and provide advice on that to the MBA. This college advice should be considered before making a final decision.
- Will there be a standard form(s) across all specialities? And if so, how will that form suit all specialities’ requirements?
- Issues with the individual assessment:
 - The individual assessment assesses whether post qualification training and experience has addressed deficits in the relevant qualification, however that assessment ignores post qualification activities that may have created new deficits.
 - The individual assessment does not include assessment of adequacy of CPD which is essential for qualification maintenance (see The American Board of Anesthesiology which only have a 5-year currency: [NEW 2024 MOCA Cycle - The American Board of Anesthesiology](#)).

2. What do you agree with and why?

The separation of streams 2A and 2B, as noted in question 4 above, SIMGs with a relevant qualification who are eligible to enter the SIMG specialist pathway vary in terms of their training, qualifications and experience and do not sit easily in the same category. ANZCA currently separates those assessed as partially comparable (PC) into PC (WBA) and PC (exam).

3. What don’t you agree with and why?

Some of the items the college doesn’t agree with include:

- Calling stream 3 a stream of the specialist pathway when in fact they have been assessed as not eligible to enter the specialist pathway.
- The lack of clarity between stream 1 and the expedited process which may lead to confusion.
- Retaining the two separate registration categories for SIMGs on the specialist pathway (limited or provisional registration). It would be clearer to have all on the same registration category (ANZCA suggests provisional specialist).

4. Do you support the approach to assessing limited scope of practice? Please provide your reasons.

Answers to this question will be specialty specific. For both anaesthesia and pain medicine the training and specialist positions available are general and cover the full scope of practice. Clause 32 of Attachment A indicates examples; the college is not sure if there is a full list that extends passed these examples.

5. What should trigger a formal review or remediation plan for underperforming SIMGs or SIMGs who fail to progress?

A formal review trigger would include:

- Dismissal from their position
- A notification to Ahpra (noting that Ahpra’s processes may take precedence over those of the college)
- Poor performance that doesn’t meet threshold for notification to Ahpra
- Needing closer supervision for patient safety than is appropriate for an SIMG
- Supervisor highlighting significant concerns about performance and/or progression
- Failed assessments, including repeat examination failures.

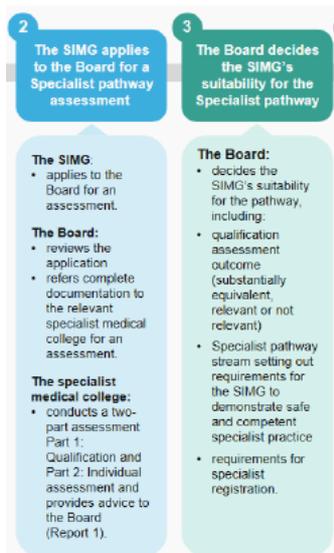
6. What are your suggestions for additions to the draft guidelines, if any?

- Should interviews be included in the diagrams? (see snapshot below)

Figure 1: Key steps to specialist registration on the Specialist pathway



- Clear and transparent processing timeframe for each stage in Stage 2 and 3 (extract of stages below).



- Currently SIMGs must continue submitting CPA reports until all SIMG requirements are met (e.g. the SIMG exam) is this optional in the proposed guideline (attachment A, page 14, item 73)?

- The college requires SIMGs remain restricted to undertaking their CPA at the sites specified in their initial assessment when they complete all other requirements except the exam. Has this been considered by the Medical Board?