



Application to be assessed for recognition as a specialist and (if applicable) application for area of need assessment

The specialist international medical graduate (SIMG) assessment process

The SIMG assessment process for the Australian and New Zealand College of Anaesthetists (ANZCA) and the Faculty of Pain Medicine (FPM) is conducted in accordance with ANZCA [Regulation 23](#). This application form should be completed for those applicants wishing to be assessed under this regulation.

On successful completion of the SIMG assessment process applicants will also be eligible to apply for admission to Fellowship of ANZCA and/or FPM.

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.

Australia

Please note that successful completion of the SIMG assessment process will lead to support from ANZCA / FPM for specialist registration with the Medical Board of Australia (MBA)

New Zealand

This form is not required for those applying for assessment for vocational registration with the Medical Council of New Zealand (MCNZ). The New Zealand pathway to vocational registration is separate to the pathway to Fellowship of ANZCA. Applicants in New Zealand will need to submit this form only if specifically requested to do so by the college and / or you are seeking assessment for FANZCA.

Area of Need assessment process (Australia only)

The AoN process:

- Is used to address medical workforce shortages in designated areas
- Does not lead to specialist registration by the MBA or fellowship of ANZCA / FPM

Applicants cannot apply:

- For AoN assessment without being offered an AoN position
- Solely for the Area of Need (AoN) assessment. Applicants must be submitted for both AoN and SIMG assessment

Before completing your application, please read the below information

Please familiarise yourself with and ensure you fully understand:

- The information available on the [MCNZ website](#) / [MBA website](#) and [College website](#) before completing the application form. In particular, you should ensure you have thoroughly read [ANZCA regulation 23](#) and associated [website content](#) to guarantee you fully understand the SIMG and if applicable AoN assessment process.
- The recency of practice and Continuing Professional Development (CPD) requirements of both the MCNZ or MBA, and the college.
- The training, qualifications, specialist experience, CPD and professional conduct/ cultural awareness of a FANZCA as the assessment is a comparison with ANZCA trained specialists. Please take time to review these details which are available on the college website.
- The Australian / New Zealand training and qualification for anaesthesia has been externally accredited by the Australian Medical Council on behalf AHPRA/ MBA and the MCNZ.

Application form:

- Must be completed electronically (not handwritten).
- Must be submitted along with a comprehensive curriculum vitae (CV).
- Please attach additional pages to the end of this form if you require additional space to answer questions.
- Ensure that the application form and other required documents are complete and correct prior to submitting your application.

Submission of application form:

- The list of the required documentation to be submitted along with the application form is available in the checklist attached to the form.
- Consideration will not be given to additional documentation provided by the applicant unless it has been specifically requested by ANZCA/FPM
- Unsolicited documents will be removed from the application and will not contribute towards the assessment
- Once you have completed all fields in the application form please complete the declaration sections (page 3 and page 5)

Application may be submitted (which must comprise the application form, supporting documentation, and application fee) in the following ways:

Australia – by email (simg@anzca.edu.au) or mail (630 St Kilda Rd, Melbourne, Victoria, 3004)

New Zealand – by email (assessments@anzca.org.nz) or mail (PO Box 25506, Featherston Street, Wellington 6146)

Applications will be deemed incomplete if:

- The forms are incorrectly completed.
- You fail to provide all of the required documentation.
- You fail to include the application fee.

If your application is deemed incomplete:

- It will not be assessed, and you will be informed.
- You will have one opportunity within one month of this notification to submit the outstanding documentation, after which your application will expire.

If your application expires:

- The application fee will be forfeited, and your application will be closed.
- And you subsequently wish to reapply you will be required to submit a new application including all required documentation as well as the application fee.

Please note:

- The italics sections in this document are intended to assist you in completing this application, please ensure you read them thoroughly before completing each section



Application to be assessed for recognition as a specialist and (if applicable) application for area of need assessment

1. Application/assessment type

Please select which assessment pathway you wish to be assessed under. Information on both pathways can be found in ANZCA regulation 23. Please be aware that you may select Specialist pathway only, however, you cannot elect to be assessed for "Area of Need" alone.

Specialist (SIMG) pathway

Area of Need and Specialist (SIMG) pathway

2. Areas of medical practice for which assessment is sought

In Australia and New Zealand anaesthesia and pain medicine are separate specialities and are overseen by separate bodies – the Australian and New Zealand College of Anaesthetists and the Faculty of Pain Medicine. Please select whether you wish to be assessed for anaesthesia and/or pain medicine. Please be aware that if you choose to be assessed for both specialities you will be required to submit only one application form and one set of documents but will incur fees for both assessments.

Anaesthesia

Pain medicine

3. Applicant details

Family name

Given names

Date of birth

Female

Male

Other

Country of birth

Address

State

Postcode

Country

Home phone

Work phone

Mobile

Email address

AMC number/
MCNZ number

4. Name change/variation

Is the name shown above the same as that shown on all the attached documents?

Yes No

** If NO, you are required to attach certified documentary evidence of your change of name. If submitting a statutory declaration, ensure that all variations are explained and state which name you wish to be known for specialist assessment purposes.*

5. Evidence of English language proficiency

For Australia: <http://www.medicalboard.gov.au/Registration-Standards.aspx> and go to "English Language Skills Registration Standard".
For New Zealand: <https://www.mcnz.org.nz/assets/Policies/English-language-policy.pdf>

Do you meet the English language requirements for the country in which you are seeking assessment?

Yes. Please provide reasons how you meet the criteria.

No. Please attach satisfactory English language test results as per MBA / MCNZ requirements.

6. Registration

*To be eligible for assessment via the SIMG pathway you must be eligible for specialist registration **in the country of your specialist training**. If you are not yet eligible for such registration you may not be eligible for assessment via this pathway.*

Are you currently registered as a medical (anaesthesia and/or pain medicine) specialist in the country of your specialist training?

Yes. Please provide evidence in the form of a certificate of registration status (or equivalent).

No. You may be ineligible for assessment

Date of first registration as a medical practitioner (not as a student)

DD/MM/YYYY

Date of first registration as a specialist medical practitioner (anaesthesia and / or pain medicine)

DD/MM/YYYY

Name of registering authority in the country of your specialist training

7. Restrictions on practice

Are you subject to any restrictions or limitation (including voluntary) under any law or regulation?

Yes No

If 'YES', please supply details

Have you been charged or convicted of a criminal offense? Yes No

If 'YES', please supply details

8. Declaration

Check here to confirm that you have read and understood the contents of this application.

Check here to confirm that you are the person identified in the “Application to be assessed for recognition as a specialist including application for area of need assessment (if applicable)”.

Check here to confirm that you are the person identified in the copy of the passport attached to this application.

Check here to confirm you have familiarised yourself with the requirements, procedures and policies as set out in the relevant MBA/MCNZ and ANZCA/FPM documents and website content.

Check here to confirm that the statements made, and the information provided, in this application form and in the documents attached are true and complete.

Declaration completed by (insert name):

9. SIMG agreement

For (insert name):

Background

ANZCA is committed to ensuring that all upskilling in anaesthesia and/or pain medicine is undertaken in an appropriate environment and that all parties including ANZCA, its representatives, and SIMGs understand and are informed of their rights and obligations.

Your privacy is respected by the college. Information collected by ANZCA will be handled as per the [ANZCA privacy policy](#). This information may be used for administering the assessment of specialist international medical graduates and provided where and when appropriate to officers of ANZCA involved in specialist assessment, the respective employer, supervisors, the Australian Medical Council, the Australian Health Practitioners Regulation Agency, the Medical Board of Australia and the Medical Council of New Zealand.

On request, ANZCA will conduct an assessment of an SIMG regarding specialist recognition and provide advice to relevant authorities in Australia and New Zealand. The SIMG assessment process will be conducted in a manner that provides transparency of processes, assessment and decisions.

This document sets out the rights, responsibilities and obligations of each party involved in the ANZCA SIMG Assessment Process.

SIMG responsibilities and declaration by the SIMG

1. I will endeavour to successfully complete all the requirements of the SIMG assessment process as set out in the ANZCA regulations.
2. I acknowledge that each position for my clinical practice assessment must be prospectively approved by ANZCA, and will be supervised according to need. I agree, when in an ANZCA-approved position, to undertake the required assessments and to meet with my supervisor at least every three months (or earlier as required) to discuss my progress and future plans.
3. I understand that I will receive feedback on my performance and will be advised on how best to address any areas that need improvement. I accept that I may be required to move between hospitals.
4. I understand that ANZCA collects and holds personal data for the purpose of administering the SIMG Assessment Process, and for evaluating my progress. I consent to having this information used for these purposes and as authorised in the ANZCA Privacy Policy. If I wish at any time to request access to the information I have provided, I understand that I may contact ANZCA and request to review it.
5. I understand that ANZCA applications, SIMG assessment process documentation and / or materials will be provided to me during the course of the SIMG assessment process. I acknowledge that this material is owned by the college, is subject to intellectual property protection, and therefore cannot be used by me for purposes other than the SIMG assessment process, without the college's prior approval.

6. I agree to submit all required documentation and information required by ANZCA within the time limits or deadlines stipulated by ANZCA. I acknowledge that it is my responsibility to ensure that all time limits and deadlines are observed, including timely payment of all fees, and submission of required documentation.
7. I acknowledge that my SIMG assessment records may be accessed in whole or part by ANZCA's representatives including the SIMG Committee, SIMG Workplace Based Assessment assessors, my nominated Supervisor and ANZCA staff.
8. I acknowledge that it is my responsibility to be fully informed and aware of all requirements of ANZCA, particularly Regulation 23. This will include the monitoring of my progress through the SIMG Assessment Process and timely submission of all relevant documentation.
9. I undertake to observe all relevant ANZCA policies.
10. I undertake to abide by ANZCA's corporate policies in addition to any other policies that may apply at my place of employment.
11. I agree that if I have concerns regarding my SIMG assessment process, it is my responsibility to seek to have these concerns addressed. I acknowledge that I can approach and seek appropriate guidance from all or any of the following:
 - 11.1. My supervisors
 - 11.2. DPA SIMG
 - 11.3. Coordinator, SIMG Accreditation
 - 11.4. The Chief Executive Officer of ANZCA.
12. I agree and acknowledge that, whilst I may seek advice from my supervisors and relevant ANZCA fellows in relation to aspects of my SIMG assessment process, they are not authorised to vary the rules and guidelines for the SIMG assessment process, nor the policies of ANZCA in relation to the SIMG assessment process. Requests for any change or variation of these conditions, guidelines or policies or any extension of time must be made in writing to the Chair of the SIMG Committee and be confirmed to me in writing by ANZCA.
13. I am aware that if I disagree with any decision made about my SIMG assessment process, ANZCA has a formal reconsideration and review process that precedes the final appeals process. I agree to abide by the final decision of the appeals process.
14. I agree to participate, if required, in ANZCA's review processes in relation to unsatisfactory performance or progress in the SIMG Assessment Process, including a re-interview by the SIMG Committee.
15. I release ANZCA (and its representatives, including my Supervisor) from all claims or liability arising from advice or assistance given in good faith.
16. I certify that I am free from dependency on recreational and / or non-prescribed drugs, and have no illnesses that would preclude the safe practice of anaesthesia. I undertake to inform the college if I develop dependence on recreational and / or non-prescribed drugs, or if I develop an illness that would preclude the safe practice of anaesthesia. I acknowledge that if I develop any dependence on recreational or non-prescribed drugs, or any condition that precludes the safe practice of anaesthesia, this may result in the suspension or termination of my SIMG assessment process at any time, and prevent my admission to fellowship of ANZCA.
17. I undertake to notify the college if my medical registration is withdrawn or suspended, or conditions (including voluntary) are placed on my medical registration, or if I receive notice of any complaint to any medical registration authority.
18. I understand that email will be the primary means by which communication is maintained between me and the college and that the college will use the email address I designate as my primary email. I undertake to:
 - Regularly access the designated primary email account.
 - Ensure that at all times there is sufficient space in the primary email account to allow receipt of emails from the college, even those containing attachments that are several megabytes in size.

ANZCA responsibilities and declaration by ANZCA

ANZCA agrees to provide support to its representatives, including SIMG supervisors, to provide the SIMG with appropriate resources and support in the following areas:

19. Reviewing the SIMG's position description for each clinical placement, to ensure that it is suitable for the SIMG.

20. Advising the SIMG, as requested, on resources available to assist the SIMG in achieving the objectives.
21. Assisting the SIMG to attend any appropriate educational sessions.
22. Encouraging the SIMG to make time allowance to achieve learning needs.
23. Encouraging a climate that is free from bullying and harassment in the workplace in accordance with the college's Policy on bullying, discrimination and harassment for fellows, SIMGs and trainees acting on behalf of the college or undertaking college functions, and to address all grievances relating to bullying, discrimination or harassment promptly, sensitively and confidentially.

ANZCA and its representatives agree to use reasonable endeavours in the following areas:

24. Providing the SIMG with access to educational material related to the SIMG assessment process.
25. Ensuring that any information held by the college on a SIMG is stored in a manner which ensures confidentiality in accordance with college policies.
26. Answering in an accurate and timely manner any queries the SIMG may have on the SIMG assessment process and the requirements to progress.
27. Responding to any other enquiries in a timely manner.
28. Undertaking to make its best efforts to contact the SIMG by secondary email or telephone in the event that the designated primary email account is inactive or does not have sufficient space to receive emails from the college.

Acceptance by SIMG

Please tick here to confirm that you agree to be bound by the terms and conditions for this application and the rights and responsibilities set out in this agreement and agree to be bound by and accept relevant college regulations and policies in relation to this application and assessment.

10. Authority to receive information about an applicant for SIMG assessment

If you wish to allow the college to liaise with a third party regarding your application please complete the below form. In keeping with the ANZCA [Privacy Policy](#) the college is generally not permitted to disclose personal information about a college candidate / applicant to a third party (e.g. a relative, friend or agent) without the consent of the candidate / applicant. A candidate / applicant may authorise a third party (agent) to communicate and / or act on their behalf by completing the following details.

Candidate/applicant authorisation (Please print clearly)

I, (full name)

authorise my agent to (please tick appropriate box/es):

Communicate with the college by telephone, email or written correspondence on my behalf regarding the processing and progress of my application.

Communicate with the college on my behalf regarding the results of relevant assessments.

Undertake any other action reasonably necessary for the processing of my application on my behalf, except withdrawal forms / letters (they must be completed by the candidate / applicant).

I agree to be bound by information supplied by my agent and the college may accept all information decisions and requests given my agent in connection with this application.

Agent's consent (Please print clearly)

Check here to consent to act as agent of

(applicant's name)

as stated above

I, (full name)

consent to act as

agent of (candidate / applicant's name)

as authorised above.

My contact details are:

Company

Address

Business phone

Mobile phone

Email address

Checklist of the documentation to be submitted with this application:

The following documents must accompany any application for assessment via the SIMG and Area of Need pathways:

Completed "Application to be assessed for recognition as a specialist" and (if applicable) "Application for Area of Need assessment".

Completed SIMG agreement. The SIMG agreement forms part of this application form.

Authority to receive information (if required).

Curriculum vitae (using the ANZCA form).

Evidence of participation in a continuing professional development program:

CPD statement of participation for the last three years.

Certificates of all simulation courses completed – e.g. ATLS, APLS, ACLS, EMAC, CICO.

Copy of the front sheet of all audits / surveys / MSF etc. that report on your personal clinical work completed in the last three years.

Completed SIMG application fee form. For those applying for assessment in both anaesthesia and pain medicine you must submit the combined application fee form.

Evidence of English language proficiency.

Certificate(s) of good standing – which covers the last ten years of practice and be dated within six months of the application (certified or original will be accepted).

Certificate(s) of registration status showing the date you were first registered as a medical practitioner (certified copy or original will be accepted) and your specialist registration status.

Evidence of submission of all qualifications to the AMC or MCNZ. You must submit your primary medical qualification (MBBS or equivalent) and specialist medical qualifications. For those who trained in the United Kingdom, you must submit both the FRCA and CCT for verification.

For those applying for assessment in pain medicine, you must submit your primary medical qualification, specialist qualifications plus your pain medicine qualification for verification.

Copy of your current passport (the copy of your original passport page(s) must contain your name, nationality, date of birth, gender, place and country of birth, photograph, expiry date, passport number, signature. If your passport shows only the year you were born rather than the day, month and year, you must submit a statutory declaration to explain why your date of birth only shows the year you were born on your passport identification page rather than the day, month and year as shown on your application form. You should state in the statutory declaration your full date of birth.)

Statutory declaration or certified copy of evidence of change of name (if applicable).

Additional documents required for applicants also applying for area of need assessment:

AoN declaration (issued by the health department in the state or territory in which the position(s) is located).

Application for approval of a position.

Letter of offer of employment.

Area of Need application fee.

It is not necessary to provide a copy of your logbooks with this application. Any additional unsolicited documents which are provided will not be considered. If there is additional information that you would like to be considered, please include it in the application form or attach additional pages if there is insufficient room on the form.