

By-law 16

Recognition as a specialist in pain medicine for international medical graduate specialists (IMGS) and admission to fellowship by assessment for IMGS

The Faculty of Pain Medicine (FPM) of the Australian and New Zealand College of Anaesthetists (ANZCA) does not register specialists. On request, FPM will conduct an assessment of IMGS regarding specialist recognition and provide advice to relevant authorities in Australia and New Zealand. Applications for assessment of specialist qualifications in Australia must be made directly to FPM and applications for medical registration must be made to the Medical Board of Australia (MBA). All applications in New Zealand must be made to the Medical Council of New Zealand (MCNZ).

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16.1 An assessment undertaken by FPM on information supplied to it does not imply any recognition by FPM.

16.2 Support for an application for registration as a specialist pain medicine physician (SPMP) will be automatic in the case of a graduate from a medical school recognised by the AMC, who holds the diploma of fellowship of FPM, who is in active clinical practice, and who is participating in a continuing professional development (CPD) program acceptable to FPM.

16.3 For all other applicants, FPM's support for an application for registration as a specialist in pain medicine in Australia and New Zealand requires that:

16.3.1 The applicant has a basic medical qualification that is recognised by the AMC or the MCNZ.

16.3.2 The applicant has acceptable documentation of registration as a specialist (or equivalent) in pain medicine in their country of training, together with acceptable proof of eligibility to work as a specialist in pain medicine in that country.

16.3.3 The applicant has satisfied all the requirements of the IMGS assessment process.

16.4 The IMGS assessment process is not a specialist training program, but an evaluation of the ability of an IMGS to practise in Australia or New Zealand as an unsupervised SPMP at a standard comparable with that expected of a fellow of FPM (FFPMANZCA). The IMGS assessment process will be coordinated by the FPM IMGS Committee.

16.4.1 Assessment of documentation provided by the IMGS or MCNZ is undertaken by the assessor(s) or their nominee on behalf of the FPM IMGS Committee. The assessment will generate a decision as to whether the applicant is potentially substantially comparable (SC), partially comparable (PC) or not comparable (NC) to a fellow of the FPMANZCA.

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The following criteria will be considered:

16.4.1.1 A primary medical qualification, followed by a rotating internship of at least 12 months.

16.4.1.2 A specialist qualification in anaesthesia, medicine, surgery, psychiatry or rehabilitation medicine that involves at least 36 months 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.

16.4.1.3 Training, qualification and experience in pain medicine. This would include a minimum of one year's FTE training, normally followed by a minimum of 12 months working at a consultant level (or equivalent).

16.4.1.4 Pain medicine practice for a duration of at least 2 months during the 12 month period prior to the interview.

16.4.2 Documents and recommendations will be reviewed by the FPM IMGS Committee. If the applicant is not satisfied with the FPM IMGS Committee's decision, the ANZCA reconsideration, review and appeals process can be invoked (see ANZCA regulations 30 and 31).

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16.4.2.1 Those assessed as NC are not considered further, and are so advised.

16.4.2.2 Those assessed as potentially SC or PC are invited to a face-to-face structured interview, the details of which are described in by-law 16.6.

16.4.3 Those confirmed as SC at interview will normally be required to spend 12 months full time equivalent (FTE) in clinical pain medicine posts in Australia and/or New Zealand that have been approved, prior to commencement, by the FPM IMGS Committee or its nominee. During this time they will be required to undergo a period of clinical practice assessment (CPA) and an IMGS workplace based assessment (IMGS WBA).

16.4.4 Those confirmed as PC at interview will normally be required to do 12 to 24 months FTE CPA in clinical pain medicine posts in Australia and/or New Zealand that have been approved, prior to commencement, by the FPM IMGS Committee or its nominee. They will also be required to complete two long case assessments, the clinical case study and fellowship examination requirements of the FPM training program, see by-laws 4.8, 4.9 and 4.10.

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16.4.5 All applicants must participate in a CPD program acceptable to FPM.

16.4.6 Applicants may be required to address other specific issues as assessed at the structured interview.

16.4.7 On completion of all requirements, applicants may apply for fellowship of the FPM. Any application for fellowship needs to be made within the time limit specified in by-law 16.14.

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16.5 Fees for components of the IMGS assessment process will be determined by the FPM Board.

16.6 The face-to-face structured interview will be conducted by an FPM IMGS interview panel (hereafter "the panel") that has mixed gender representation and community and/or jurisdictional representation.

16.6.1 The FPM IMGS Committee will select a panel that will comprise three FPM fellows, including at least one FPM fellow from the same primary specialty as the applicant, plus at least one community and/or jurisdictional representative. The panel should contain at least one member from the FPM IMGS Committee, the Board of Faculty and, the director of professional affairs (DPA). Other panel members may be fellows of good standing with the FPM. The dean should not normally be a member of the panel. The chair of the FPM IMGS Committee or a nominated representative will chair the panel.

16.6.2 The panel will use the following criteria in assessing an applicant:

16.6.2.1 Evidence of completion of at least 12 months of broadly-based clinical experience prior to entering specialist training that could include surgery, general medicine and related subspecialties.

16.6.2.2 Comparability of the IMGS's specialist pain medicine training with the FPM training program with regard to duration, structure, content, specific pain medicine experience, supervision and assessment. The onus will be on the applicant to provide evidence in this regard. The comparability of the health system of the country within which the training occurred to that in Australia and New Zealand will be considered, as will training in the context of a nationally consistent program that requires training institutions to be accredited regularly against external standards.

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16.6.2.3 Specialist qualifications and acceptable documentation indicating specialist status in the country of training. All documentation must be either originals or certified copies.

16.6.2.4 Experience as a specialist, in terms of case mix, use of equipment and drugs, and compliance with standards of pain medicine practice as promoted in FPM Professional Documents and, as practised in Australia and/or New Zealand. Consideration will be given to the curriculum vitae, references, and details of practice as a specialist pain medicine physician in arriving at this opinion. Experience must be substantiated by acceptable documentation. The comparability of the health system of the country or countries in which clinical experience as a specialist was obtained, to those in Australia and New Zealand will be considered.

16.6.2.5 Evidence of participation in CPD, comparable to the FPM CPD Program or program of an Australian and New Zealand College of the same primary discipline. Continuous involvement in recent years is particularly important.

16.6.3 The Panel will recommend that the IMGS be allocated to one of the following categories:

16.6.3.1 Substantially Comparable (SC): Eligible to proceed to a CPA period, normally of 12 months FTE, in a position approved by the IMGS committee or their nominee. An IMGS WBA must be completed satisfactorily.

16.6.3.2 Partially Comparable (PC): Eligible to proceed to a CPA period, normally of 12 to 24 months FTE, in a position approved by the IMGS committee or their nominee and required to fulfil the long case assessments, clinical case study and fellowship examination requirements of the FPM training program.

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16.6.3.3 Not Comparable (NC): Ineligible for further consideration under the IMGS assessment process.

16.7 Summative assessment

16.7.1 All aspects of the long case assessments, clinical case study and fellowship examination requirements need to be completed. See by-law 4.8, 4.9 and 4.10.

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16.7.2 The fellowship exam is conducted by the examination committee.

16.7.3 A satisfactory CPA report covering at least 3 months FTE must have been received by the closing date for applicants to present for the fellowship examination.

16.7.4 Provided the requirement of 16.7.3 is met, an application to sit the fellowship examination may be submitted to the FPM at any time subsequent to the structured interview.

16.7.5 An application form must be submitted and the fee paid by the specified closing date for the fellowship examination.

16.7.6 Announcement of successful candidates will occur at the completion of the fellowship examination and such candidates will be presented to the court of examiners.

16.8 The CPA period serves to familiarise the applicant with pain medicine practice in Australia or New Zealand and to facilitate assessment of practice performance. In some cases, it may also address specific deficiencies in pain medicine training or experience.

16.8.1 The duration of the CPA period will be determined by the Panel and will normally require a minimum of 12 months with a maximum of 24 months FTE. The total duration of training and clinical experience may not be less than the minimum duration required for trainees in Australia and New Zealand.

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16.8.2 The CPA period must be structured to allow the IMGS to satisfy any other specific requirements stipulated by the panel.

16.8.3 The CPA will be assessed by the panel at interview, or by the IMGS Committee subsequent to the interview.

16.8.4 The FPM IMGS Committee will provide details of the criteria for CPA placements.

16.8.5 The CPA period must be undertaken in Pain Medicine units (or other organisations) in Australia/New Zealand accepted by the FPM IMGS Committee as appropriate for the assessment period. Positions of less than 3 months will not be considered.

16.8.6 The CPA period may be undertaken on a part-time or interrupted basis; requests will be assessed by the panel which will make a recommendation to the FPM IMGS Committee. A part-time appointment should not normally be less than 0.5 FTE in pain medicine.

16.8.7 If, prior to the interview, the applicant is already working in a position suitable for the CPA period, this previous experience may be approved. Requests will be assessed by the panel which will make a recommendation to the FPM IMGS Committee. Such retrospectively credited experience can be considered for a maximum of three months, provided the post meets the criteria determined at interview, and a suitable CPA supervisor is nominated who is willing to act retrospectively in this capacity and provide a CPA report for that period. The CPA Supervisor must be a fellow of the Faculty of Pain Medicine. Retrospective accreditation of work experience will only be granted to those applicants who have evidence of working on a formally contracted basis at consultant (or equivalent) level within the regulatory region of the professional body granting their overseas specialist pain medicine qualification for a minimum of 12 months FTE. The final decision as to whether retrospective CPA will be approved will not be made until all other requirements have been completed satisfactorily.

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16.8.8 In all other circumstances, the position and CPA supervisor must be approved prospectively. The applicant may commence the CPA period from the date of the structured interview.

16.8.9 The Panel at interview, or the IMGS Committee subsequent to the interview, will approve a CPA supervisor nominated by the employer to oversee each applicant's CPA period. The supervisor will provide a report to the assessor (or deputy) on the applicant's practice every 3 months. Based on these reports, the time may or may not be credited towards the required duration of CPA and/or the FPM IMGS Committee may review the initial assessment of the applicant.

16.8.10 The applicant will be responsible for maintaining a logbook during their CPA. The logbook will need to be presented to the CPA supervisor on a 3 monthly basis for confirmation that relevant clinical experience goals are being attained.

16.8.11 The duration of CPA may be extended from the duration decided at the structured interview until all requirements have been fulfilled. If the IMGS assessment process has not been completed within the specified time frame, the FPM IMGS Committee will terminate the IMGS assessment process unless exceptional circumstances exist. In such exceptional circumstances, the FPM IMGS Committee may grant an extension of time. Such exceptional circumstances will be determined in accordance with guidelines developed by ANZCA

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16.8.12 The FPM has no responsibility to obtain positions suitable for the CPA period on behalf of applicants.

16.9 The IMGS WBA will be held during the final 3 months of the CPA. It will take place at the organisation where the applicant practices clinical pain medicine.

16.9.1 The WBA assesses professional performance with regard to the standard that would reasonably be expected of a Fellow of FPM at a comparable stage of his/her career.

16.9.2 The WBA will be conducted by two fellows of FPM, at least one of whom must come from outside the applicant's region of practice and at least one fellow from the same primary specialty as the applicant. Members of the panel may be WBA assessors.

16.9.3 The assessors will be provided with relevant information about the applicant and the circumstances in which he/she practises.

16.9.4 The applicant will be provided with detailed information about the process and the responsibilities of the applicant regarding the planning of each day's activities.

16.9.5 The WBA may include assessment activities such as preliminary interview, an assessment of pain medicine records, observation of clinical practice, multi-source staff interviews, review of log books, case-based discussions and an end-of-assessment interview.

16.9.6 Following the WBA, the Assessors will prepare a structured report that will be reviewed by the Chair of the FPM IMGS Committee, or his/her nominee. The applicant will be notified by the FPM of the decision. When all other requirements for Fellowship have been satisfactorily completed, the IMGS will be notified. In New Zealand, the final recommendation is only forwarded to the MCNZ for those applicants who are not already vocationally registered and for whom the WBA is part of the MCNZ assessment process.

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16.9.7 The fee for this process is determined by the FPM Board and is the responsibility of the applicant or the hospital administrator.

16.10 A serious breach of patient care or disciplinary action in respect of employment or medical registration is a matter for the employer or the relevant medical board/council and not FPM. 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. The applicant must maintain medical registration, without any conditions, limitations or restrictions unless those conditions are approved by the FPM. It is the responsibility of the applicant and the CPA supervisor to inform the FPM IMGS Committee of any breaches of patient care, complaints or disciplinary action that reflect adversely on the applicant's practice.

16.11 Review of the progress of applicants by the FPM IMGS Committee may occur for reasons including: unsatisfactory performance in the Fellowship Examination, failure in the fellowship examination for a second or subsequent time, a significantly unsatisfactory CPA report, lapse of the IMGS assessment process, an unsatisfactory WBA, or failure to make satisfactory progress through the FPM IMGS assessment process.

16.11.1 The purpose of the review process is to identify barriers to completion of the FPM IMGS assessment process.

16.11.2 The review may be initiated on advice from the chair of the examination committee, the applicant's authorised CPA supervisor or the FPM IMGS Committee.

16.11.3 The review may include a re-interview conducted by a panel nominated by the chair of the FPM IMGS Committee.

16.11.4 The review may include gathering further information from work colleagues who are familiar with the applicant's professional practice.

16.11.5 Reports from the applicant's CPA supervisor and other referees, and performance in the fellowship examination or WBA will be considered during the review.

16.11.6 The review may result in one or more of the following:

16.11.6.1 More frequent CPA reports.

16.11.6.2 A requirement for remedial activities to address areas of weakness.

16.11.6.3 Extension of the required CPA period.

16.11.6.4 The applicant being withdrawn from the IMGS assessment process. The FPM Board will be notified of applicants who have been withdrawn from the Process.

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16.11.6.5 Change to a different category. See by-law 16.6.3.

16.12 Applicants will be recommended for specialist recognition following satisfactory completion of all requirements specified by the FPM and will be eligible to apply for admission to fellowship of FPM by assessment.

16.13 An applicant may request reconsideration and subsequent review of the FPM's decision. This latter decision may be formally appealed in accordance with ANZCA's reconsideration, review and appeals process (see ANZCA regulations 30 and 31).

16.14 For those IMGS who are categorised as PC, any IMGS Assessment not completed satisfactorily within four years (FTE) from the date of the structured interview, taking into account by-laws 16.8.8 and 16.11, will lapse and the IMGS will be notified. For those IMGS who are categorised as SC any IMGS Assessment not completed satisfactorily within two years (FTE) from the date of commencement of the CPA period, taking into account by-law 16.8.8 and 16.11, will lapse and the IMGS will be notified. In exceptional circumstances a reapplication to the process may be accepted. If a reapplication is accepted the IMGS will be required to submit a new application which may incur the associated fees.

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16.15 Interpretation and non-binding decisions

16.15.1 Any decision, approval, consent or the exercise of any discretion by the FPM or other committee or authority under by-law 16 will be considered on a case-by-case basis, having regard to the particular circumstances of each case.

16.15.2 Notwithstanding by-law 16, FPM Board may exercise or dispense other decisions after consideration of relevant circumstances.

16.15.3 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 by-law 16.

16.16 Area of need (Australia only)

16.16.1 The area of need (AoN) process applies to Australia only. It is a process that is used to address medical workforce shortages in designated areas.

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16.16.2 The AoN Process is not an FPM process and the assessments associated with AoN appointments do not lead to fellowship of FPM or to FPM support for specialist registration by the MBA. An IMGS must apply to the MBA for, and be granted, limited registration prior to commencing work in an area of need. Limited registration is site-specific and not transferrable to another site or position.

16.16.3 As applicants for AoN posts are normally IMGS, FPM has a role in advising the jurisdictions on the suitability of the particular IMGS for that particular position.

16.16.4 The status of an AoN post is declared by the Department of Health and Ageing or other jurisdictional body. Prescribed documentation regarding a potential appointee is sent to FPM to facilitate a fast-track paper assessment of "fitness for task". This is not an assessment of the comparability of that IMGS's qualifications, training and experience with that of a FFPM. The fast-track paper assessment matches an applicant's qualifications, training and experience as indicated in his/her current curriculum vitae to the requirements stated in the position description and the selection criteria. A key issue is the need for and the availability of suitable supervision. FPM will advise the, hospital administrator and jurisdictional officer regarding the applicant's suitability for appointment to the post and whether any conditions should be applied to the appointment. FPM will review the appointee after 2 months via a comprehensive on-site assessment. Results of this assessment will be provided to the MBA, AoN doctor and hospital administrator. Should the assessment determine that the appointee's standards of care are unsatisfactory, FPM will withdraw support.

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16.16.5 FPM's support for an IMGS in an AoN position will normally be for a period of 12 months. Extensions of support for up to 3 further 12-month periods may be granted if the IMGS continues to fulfil all conditions set out in the letter of support. Such re-appointments must be supported by the IMGS's supervisor.

16.16.6 It is expected that an IMGS in an AoN position will undertake the formal IMGS assessment process as described elsewhere in by-law 16. The IMGS assessment process is separate and different from the AoN assessments as the former is an assessment of comparability with Fellows of FPM. Successful completion of the IMGS process results in eligibility to apply for Fellowship of FPM and specialist registration by the MBA.

16.16.7 Any information obtained during the AoN assessment may be subsequently used in any FPM IMGS assessment.

16.17 Communications

All enquiries, applications, and communications regarding by-law 16 must be made in writing and addressed to the general manager, Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists, 630 St Kilda Road, Melbourne, Victoria 3004, Australia.

Note: Dates in italics flag the dates of recent changes to the by-laws, for example, 10/04 indicates a change made to the above paragraph in October 2004.