



ANZCA  
FPM

## Regulation 23

Recognition as a specialist in anaesthesia or pain medicine; and eligibility for admission to fellowship by assessment for specialist international medical graduates (SIMGS)

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## REGULATION 23

# Recognition as a specialist in anaesthesia or pain medicine; and eligibility for admission to fellowship by assessment for specialist international medical graduates (SIMGs)

### 23.1 Preamble

With reference 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.

7.3.2: Without in any way limiting the power of the council under clause 7.3.1, the council may make, amend and repeal regulations in relation to:

7.3.2.1 The conduct of courses of training, study and/or examinations for admission to membership or for other diplomas or certificates of the college or otherwise, including prescribing fees pertaining to such courses of study and/or examinations.

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.

### 23.2 Related documents:

The SIMG Handbook complements this regulation and sets out in detail the requirements of the SIMG pathway leading to FANZCA or FFPMANZCA. The SIMG Handbook will be the usual source consulted by those seeking information about the SIMG pathway. Should there be conflict between this regulation and the SIMG Handbook, this regulation takes precedence.

### 23.3 Commencement

This regulation is effective from the date of publication by the College and will apply to assessments from that date, unless otherwise specified.

### 23.4 Purpose

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

- 23.4.1 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
- 23.4.2 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
- 23.4.3 Providing advice when requested about Area of Need (AoN) applications (Australia); and
- 23.4.4 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) who have successfully completed the SIMG process, noting that it is eligibility for fellowship rather than Fellowship that is a pre-requisite for inclusion on the specialist or vocational registers.

Applicants must comply with this regulation, the SIMG Handbook and other relevant policies and requirements of the College.

## 23.5 Scope

This regulation applies to:

- 23.5.1 Internationally qualified specialist anaesthetists who do not hold FANZCA requesting assessment for specialist / vocational registration with the MBA and / or the MCNZ.
- 23.5.2 Internationally qualified specialist pain medicine physicians who do not hold FFPMANZCA requesting assessment for specialist / vocational registration with the MBA and / or the MCNZ.
- 23.5.3 Internationally qualified specialist pain medicine physicians who do not hold FFPMANZCA requesting assessment for Area of Need assessment for registration with the MBA.
- 23.5.4 Internationally qualified specialist anaesthetists who do not hold FANZCA requesting assessment for Area of Need assessment for registration with the MBA.

This regulation does not apply to:

- 23.5.5 General, specialist or vocational or other categories of registration by the MBA or MCNZ.
- 23.5.6 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.
- 23.5.7 The ANZCA training program, which is described in regulation 37.
- 23.5.8 The FPM training program, which is described in by-law 4.

## 23.6 Process

The SIMG pathway is not a specialist training program. It is an assessment of comparability to an Australian and New Zealand trained specialist anaesthetist or specialist pain medicine physician, and an evaluation of their ability to practise in Australia and / or New Zealand. The College adheres to the guidelines issued by the MBA, the MCNZ and in line with all ANZCA and FPM policies for trainees and fellows.

The SIMG pathway will be coordinated by the SIMG Committee.

## 23.7 Application

Applications in Australia must be made directly to the College. Applications in New Zealand must be made to the Medical Council of New Zealand (MCNZ).

- 23.7.1 The College assesses 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), cultural safety, and non-technical professional attributes.
- 23.7.2 Assessments undertaken by the College on information supplied to it do not imply recognition or support for specialist recognition by the College.
- 23.7.3 In Australia the College's support for applications for registration as specialists in anaesthesia or pain medicine will be based on successful completion of the SIMG pathway.
- 23.7.4 In New Zealand the College'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 pathway and MCNZ criteria.

## 23.8 Preliminary review

The preliminary review will be conducted by the SIMG Committee or their nominees.

23.8.1 In Australia, the preliminary review is undertaken to determine whether the application is complete and if the applicant satisfies the criteria to attend an interview as outlined in Regulation 23.8.5. In New Zealand, it is undertaken when requested by the Medical Council of New Zealand (MCNZ) to provide preliminary advice about the comparability of the applicant's qualifications, training and experience and what assessment pathway is applicable.

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.

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).

23.8.2 Applications for assessment via the SIMG pathway from ANZCA and FPM trainees in the speciality for which they are training, will be accepted only if they have withdrawn from the training program or are in an approved period of interrupted training as per Regulation 37/by-law 4.

23.8.3 In Australia, a summary of the preliminary review (SPR) will be issued to the applicant within 21 calendar days of completion of the preliminary review. This will set out:

23.8.3.1 A summary of the information provided by the applicant;

23.8.3.2 The SIMG's registration status or eligibility to practise as a specialist in their field of specialty practice in their country of training; and

23.8.3.3 Any other information obtained by the college about the SIMG which will be relied on to make an interim assessment decision.

The applicant will have 21 calendar days from the date of the SPR to provide clarification or submit additional evidence if they believe there are errors of fact, perceived gaps or omissions in the information assessed. The college will consider the applicant's response in making its interim assessment decision.

23.8.4 In New Zealand the College will interview all those referred by the MCNZ for interview

23.8.5 In Australia, to be invited to interview applicants must have evidence of the following):

23.8.5.1 Having been awarded a primary qualification in medicine and surgery, by a training institute recognised by both the Australian Medical Council and the World Directory of Medical Schools; and

23.8.5.2 Completion of a period of internship, or comparable broadly-based clinical experience, of at least 12 months full-time equivalent (FTE).

23.8.5.3 For those applicants seeking assessment for anaesthesia the following requirements must be met:

23.8.5.3.1 Completion of a specialist anaesthesia training program; and

23.8.5.3.2 A specialist qualification in anaesthesia. Proof of registration as a specialist (or equivalent) and eligibility to work as an independent specialist in anaesthesia in that country; and

- 23.8.5.3.3 The total combined minimum duration of medical internship, prevocational medical education and training (PMET), vocational training, additional training, and specialist experience must be at least 72 months FTE
  - 23.8.5.3.3.1 For those applicants who completed their specialist anaesthesia training in a comparable health environment, the training program must be at least 36 months FTE in duration.
  - 23.8.5.3.3.2 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.
  - 23.8.5.3.3.3 Consideration will be given to any additional anaesthesia training which is:
    - 23.8.5.3.3.3.1 Not a requirement of that country's structured anaesthesia training program; and
    - 23.8.5.3.3.3.2 Adds value to training; and
    - 23.8.5.3.3.3.3 Is not a repetition of previous anaesthesia training; and
    - 23.8.5.3.3.3.4 Is at least 3 months FTE in duration.
- 23.8.5.4 For those applicants seeking assessment for pain medicine the following requirements must be met:
  - 23.8.5.4.1 Completion of a specialist pain medicine training program; and
  - 23.8.5.4.2 A primary specialist qualification that is acceptable as per FPM by-law 3.1.4.; and
  - 23.8.5.4.3 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 and pain medicine in that country; and
  - 23.8.5.4.4 Completion of at least 12 months FTE employment as a specialist pain medicine physician; and
  - 23.8.5.4.5 Pain medicine practice for a duration of at least two months FTE during the 12 month period prior to the interview; and
  - 23.8.5.4.6 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
- 23.8.6 A certificate of registration status (CORS) 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 will be reviewed during the assessment of their application.
- 23.8.7 The College considers the duration of a training program to be the minimum length of time in which the program could be completed.

- 23.8.8 Where multiple qualifications are utilised to meet the minimum time requirements in regulation 23.8.5.3.3 & 23.8.5.4.6, the College will determine what portion of each qualification will be considered.
- 23.8.9 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. 12 months of practice means a minimum of 47 weeks FTE practice. Annual leave is not included in the 47 weeks. Any period of training and / or employment undertaken part-time will be considered pro-rata.
- 23.8.10 During the assessment the College 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 Interview

- 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 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 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 Panel will use the following criteria in assessing an applicant. (The onus will be on the applicant to provide evidence. In the absence of which comparability will not be assumed).
  - 23.9.3.1 Comparability of the health system in the country in which the training, qualifications, specialist practice and CPD occurred: and
  - 23.9.3.2 Comparability of the applicant's prevocational medical education and training (PMET) including the medical internship; and
    - 23.9.3.2.1 For PMET purposes the date of completion of all requirements for university studies is the date of graduation from medical school. This is not necessarily the date of conferment of the degree diploma.
    - 23.9.3.2.2 In training programs that do not require the PMET experience specified within the ANZCA or FPM training, up to 12 months of PMET experience completed after the specialist training may be considered
  - 23.9.3.3 Comparability of the applicant's specialist training with the relevant ANZCA or FPM Training Program; and.
  - 23.9.3.4 Comparability of the applicant's specialist qualification(s) to FANZA/FFPMANZCA; and
    - 23.9.3.4.1 Consideration will be given to any additional specialist qualifications gained within 3 years of completion of the country's structured specialist training program that are not a requirement of their specialist training. Qualifications obtained more than 3 years after completion of specialist training are considered as part of the applicant's CPD assessment.

- 23.9.3.5 Comparability of the applicant's specialist experience incorporating clinical and ANZCA / FPM roles, including case mix, exposure to a range of equipment and drugs, clinical scope of practice, and compliance with standards of practice. Particular attention is paid to specialist practice undertaken within the 36 months preceding the interview. Experience must be substantiated by acceptable documentation: and
- 23.9.3.6 Comparability of the applicant's participation in CPD consistent with the ANZCA & FPM Continuing Professional Development Standard. Continuous involvement throughout the applicant's professional career is relevant. Particular attention is paid to activities undertaken within the 36 months preceding the interview. Evidence of participation must be substantiated by acceptable documentation: and
- 23.9.3.7 Demonstrate commitment to professional and ethical practice standards in current practice; and
- 23.9.3.8 Demonstrate an understanding of cultural safety as it applies to healthcare delivery in Australia and 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).
  - 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 that can be in any hospital and at any seniority level (noting Regulation 23.13); and
      - 23.9.4.1.1.1 The Panel may reduce the CPA period by up to 6 months FTE if the applicant has previously worked in the Australian or New Zealand health care system in a suitable position for at least 6 months.
    - 23.9.4.1.2 The SIMG Performance Assessment (SIMG PA).
  - 23.9.4.2 Partially Comparable (PC): Eligible to proceed to:
    - 23.9.4.2.1 A CPA period of 12 to 24 months. The CPA period must be undertaken in a site accredited for FANZCA or FFPMANZCA training and may be at any seniority level (noting regulation 23.13.1);
      - 23.9.4.2.1.1 The CPA period can be undertaken in any hospital / unit if there is evidence of training, qualifications, specialist practice (clinical practice and performance of ANZCA / FPM roles) and CPD comparable to that of an ANZCA or FPM fellow.
      - 23.9.4.2.1.2 The Panel may reduce the CPA period by up to 6 months FTE if the applicant:
        - 23.9.4.2.1.2.1 Has previously worked in a suitable position in the Australian or New Zealand health care system for 12 months FTE or greater; or
        - 23.9.4.2.1.2.2 Is working in a position suitable for the CPA period at the time of interview for at least 6 months prior to interview.



- 23.9.4.2.1.3 For anaesthesia SIMGs – If a CPA period of 24 months FTE is required, it must be undertaken in a site accredited for at least 104 weeks of FANZCA training.
- 23.9.4.2.2 For anaesthesia SIMGs - the SIMG Examination or SIMG PA.
- 23.9.4.2.3 For pain medicine SIMGs - the SIMG PA or the FPM Fellowship Examination. (as per By-law 4); and
- 23.9.4.3 Not Comparable (NC): Ineligible for further consideration under the SIMG pathway (Regulation 23).
- 23.9.4.3.1 The Panel will categorise the applicant as NC if:
  - 23.9.4.3.1.1 The applicant is assessed as not being capable of fulfilling the role of a specialist equivalent position; or
  - 23.9.4.3.1.2 The applicant is assessed as requiring FANZCA / FPMFANZCA training of 3 or more months FTE in an equivalent post; or
  - 23.9.4.3.1.3 The applicant is assessed as requiring greater than 24 months FTE CPA period or 12 months FTE CPA period; or
  - 23.9.4.3.1.4 The applicant is assessed as having significant deficiencies in respect to CPD participation (noting Regulation 23.9.3.6) and recency of specialist practice (noting Regulation 23.10).
- 23.9.5 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 (as a participant not as a faculty member) in a range of simulation / course experience in the last 36 months that target similar processes to the EMAC course.
- 23.9.6 SIMGs categorised as PC or SC must participate in the ANZCA and FPM CPD program.
- 23.9.7 SIMGs categorised as PC or SC must complete multi-source feedback during their CPA period.
- 23.9.8 SIMGs may be required to address other specific deficiencies as assessed at the structured interview.
- 23.9.9 The SIMG assessment will remain valid for 24 months from the date of interview. Failure to commence the individual program within this time will require reapplication and incur the associated fees to re-enter the SIMG pathway.

## 23.10 Recency of practice

- 23.10.1 Anaesthesia applicants must complete a formalised individual program where there has been a break of 12 or more months in clinical anaesthesia practice. This program must follow the principles set out in Professional Document PG50(A) Guideline on Return to Anaesthesia Practice for Anaesthetists,
- 23.10.2 Pain medicine applicants must complete a formalised individual program where there has been a break of 12 or more months in pain medicine practice. This program must follow the principles set out in the Medical Board of Australia registration standard; recency of practice.

- 23.10.3 Additional requirements for these individual programs are as follows:
- 23.10.3.1 The return to practice program (RTP) 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.
  - 23.10.3.2 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.
  - 23.10.3.3 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).
  - 23.10.3.4 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 is credited towards the required CPA period, will be determined by the DPA SIMG / FPM Assessor will be determined on a case by case basis.
- 23.10.4 It is the responsibility of the applicant to obtain position/s suitable for the return to practice program.

## **23.11 Clinical practice assessment period**

The CPA period serves 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 address specific deficiencies in training or experience.

- 23.11.1 The CPA period must be structured to allow the SIMG to satisfy any 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 the College.
- 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 It is the responsibility of the SIMG to obtain positions suitable for the CPA period including the provision of adequate supervision and reporting.
- 23.11.5 All positions to be considered for the CPA period must be prospectively approved by the DPA (SIMG) for anaesthesia or the FPM Assessor for pain medicine or their nominees.
- 23.11.6 Positions of less than 3 continuous months FTE in duration will not normally be approved for CPA.
- 23.11.7 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.
  - 23.11.7.1 A part-time appointment should be at least 0.5 FTE.
  - 23.11.7.2 The duration of continuous or cumulative interruption of the CPA period should not exceed a total of 12 calendar months. Once the period of interruption has reached 12 calendar months the Individual Program will automatically recommence.

- 23.11.8 The CPA Supervisor must be approved prospectively by the DPA (SIMG) for anaesthesia or the FPM Assessor for pain medicine or their nominees (noting Regulation 23.9.5).
- 23.11.9 In order to be eligible to be a SIMG supervisor they must hold fellowship of ANZCA/FPM and must comply with:
  - 23.11.9.1 In Australia, with the MBA “Guidelines – supervised practice for international medical graduates”
  - 23.11.9.2 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”.
- 23.11.10 The Supervisor must complete a structured report of the SIMG’s practice each 3 months. Based on these reports, the time may be credited towards the required duration of CPA and / or the SIMG Committee may conduct a review of progress under regulation 23.14.
- 23.11.11 CPA reports must be submitted within 6 calendar months of the end date of CPA period covered by 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.
- 23.11.12 CPA reports must continue to be submitted until all other requirements have been met.

## **23.12 Examinations**

The anaesthesia SIMG examination will be conducted by the Final Examination Subcommittee. The FPM examination will be conducted by the FPM Examination Committee.

- 23.12.1 The anaesthesia SIMG Examination will comprise:
  - 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.
- 23.12.2 The FPM examination will comprise
  - 23.12.2.1 Four structured viva voce examination stations; and
  - 23.12.2.2 Four objective structured clinical examination stations.
- 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 pathway.
- 23.12.4 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.
- 23.12.5 An application to sit the examination may be submitted at any time after the structured interview.
- 23.12.6 Following each examination the SIMG committee will review the performance of each SIMG as per Regulation 23.14.
- 23.12.7 An SIMG who has been unsuccessful in five attempts at any examination will not be permitted to re-sit the assessment or to remain in the SIMG pathway.

### **23.13 SIMG performance assessment**

The SIMG PA is a comprehensive assessment held over one day in the hospital/unit in which the SIMG is employed. The SIMG PA assesses professional performance against the standard that would be expected of a FANZCA / FFPMANZCA and covers all of the ANZCA / FPM roles.

- 23.13.1 The SIMG PA 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.
- 23.13.2 The SIMG PA may be held at any point in the final three months of the CPA period.
  - 23.13.2.1 A satisfactory CPA report for at least three months must be approved prior to application to arrange the SIMG PA.
- 23.13.3 The SIMG PA will normally be conducted by two Fellows of ANZCA / FPM (the PA Assessors), and at times an observer who must come from outside the SIMG's hospital/unit.
- 23.13.4 The SIMG will be notified by the College of the outcome of the SIMG PA.
- 23.13.5 The SIMG may choose to apply to present for the relevant examination in preference to the SIMG PA. In these circumstances, the examination will function as a surrogate for the SIMG PA within the SIMG pathway.

### **23.14 Review of progress**

- 23.14.1 Review of the progress of SIMGs by the SIMG Committee may occur for reasons including:
  - 23.14.1.1 Unsatisfactory performance in the examination
  - 23.14.1.2 Unsatisfactory CPA or return to practice report
  - 23.14.1.3 Lapse of the SIMG pathway
  - 23.14.1.4 Unsatisfactory performance in the SIMG PA
  - 23.14.1.5 Changes to an SIMG medical registration as per Regulation 23.19.
  - 23.14.1.6 Failure to make satisfactory progress through the SIMG pathway.
- 23.14.2 The review may be initiated on advice from the DPA (SIMG), the FPM Assessor, the Chair of the Final Examination Sub-committee, the Chair of the FPM Examination Committee, the applicant's authorised Supervisor or the SIMG Committee.
- 23.14.3 Reports from the SIMG's Supervisor and other referees, performance in the examination or SIMG PA and overall progress in the individual program may be considered during the review.
- 23.14.4 The review may include a re-interview.
- 23.14.5 The review may result in one or more of the following:
  - 23.14.5.1 More frequent CPA reports.
  - 23.14.5.2 Remedial activities to address areas of weakness.
  - 23.14.5.3 Extension of the required CPA period.
  - 23.14.5.4 Change to the conditions of the CPA period including restrictions on location and or level of position required.
  - 23.14.5.5 Changes to requirements for either examination or SIMG PA.
  - 23.14.5.6 The SIMG being withdrawn from the SIMG pathway.
  - 23.14.5.7 Change to a different category. See Regulation 23.9.4.

## **23.15 Duration of SIMG assessment**

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

- 23.15.1 SIMGs that are categorised as PC must satisfactorily complete all requirements within 48 calendar months from the date of commencement of their individual program.
- 23.15.2 SIMGs that are categorised as SC must satisfactorily complete all requirements within 24 calendar months from the date of commencement of their individual program.
- 23.15.3 If the SIMG pathway is not completed within the specified timeframe, the SIMG Committee will consider all relevant issues prior to deciding whether to remove the SIMG from the pathway or grant an extension of time.

## **23.16 Reapplication**

- 23.16.1 In exceptional circumstances a reapplication to the process may be accepted and will be considered on a case-by-case basis.
- 23.16.2 SIMGs who address deficiencies in recency of practice and / or CPD may request to reapply.
- 23.16.3 SIMGs assessed under a previous version of Regulation 23 or those who voluntarily withdrew from the process may request to reapply.
- 23.16.4 SIMGs may request a new assessment if there has been a material change to their training and experience since they were initially assessed by the college.
- 23.16.5 Reapplications will not be accepted from SIMGs removed from the SIMG pathway under regulation 23.14.
- 23.16.6 If a reapplication is accepted, the SIMG will be allowed the time remaining from their original process to complete any outstanding requirements. Any exam attempts and other requirements that the SIMG has previously completed will also be carried over.

## **23.17 Area of Need (Australia only)**

The Area of Need (AoN) process addresses medical workforce shortages in designated areas.

- 23.17.1 AoN posts are declared by the Department of Health or other jurisdictional body.
- 23.17.2 The AoN Process does not lead to Fellowship of ANZCA or FPM nor to support for specialist registration by the MBA.
- 23.17.3 Applications for AoN assessment must be submitted to the College with an application for SIMG assessment. Applications for AoN assessment alone will not be accepted.
- 23.17.4 AoN applications will be considered against the criteria in Regulation 23.8.5.
- 23.17.5 The College will provide preliminary advice to the jurisdiction about the applicant's suitability for a particular position.
- 23.17.6 The Supervisor must complete a structured report of the AoN doctors practice each 3 months.
- 23.17.7 Structured reports must be submitted within one calendar month of the end date of the period covered by the report. The SIMG is responsible for ensuring submission of these reports.
- 23.17.8 Where there are concerns about standards of care they will trigger a review of the AoN doctor by means of an on-site assessment. The College will withdraw support should such concerns be confirmed.
- 23.17.9 Information obtained during AoN assessments and / or reviews may be used in any College assessment.

## **23.18 Specialist recognition and Fellowship**

SIMGs will be recommended for specialist recognition following satisfactory completion of all requirements specified by the College. They will be eligible to apply for admission to Fellowship of ANZCA or FPM by assessment under Regulation 6.2 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.

## **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 the College. SIMGs must inform the College 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 of progress under Regulation 23.14.

## **23.20 Fees**

Fees for components of the SIMG pathway will be determined annually by ANZCA Council. 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 pathway. Those applicants applying for assessment via the AoN pathway must submit the combined AoN and SIMG application fee.

SIMG and / or AoN applications received without the application fee will not be assessed until the fee is paid.

### **23.20.2 Interview fee**

Applicants invited 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 fee. The first of these must be paid within 4 weeks of the date of their SIMG interview. Subsequent annual fees are due by the anniversary of their SIMG interview date. SIMGs that have not paid their annual 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 PA 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 will be withdrawn from the SIMG process. Should they subsequently wish to recommence the SIMG process an application must be submitted to the college justifying the resumption of their SIMG process. 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 PA fee**

SIMG PA fees must be paid prior to commencement of the arrangements for SIMG PAS.

23.20.5 Examination fees

Fees for the SIMG examination can be found in regulation 37.

Fees for the FPM examination can be found in by-law 3

23.20.6 SIMGs experiencing financial hardship

SIMGs experiencing financial hardship, which makes payment impossible within the timeframes required, should apply prospectively to the DPA (SIMG) 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 College 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 or by email to [ceo@anzca.edu.au](mailto:ceo@anzca.edu.au).

## 23.23 Definitions, Interpretation and Non-Binding Decisions

23.23.1 Any decision, approval, consent or the exercise of any discretion by the College 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
- "College" means the Australian and New Zealand College of Anaesthetists and the Faculty of Pain Medicine; 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.





### Change control register

| Version | Author | Approved by | Approval date | Sections modified              | Next review |
|---------|--------|-------------|---------------|--------------------------------|-------------|
| 2.0     | EU     | EEMC        | October 2021  | Plain English review           | 2022        |
| 2.1     | EU     | EEMC        | October 2022  | 23.10.3.5 – return to practice | 2023        |