

FELLOWSHIP



SPECIALIST PATHWAY

GUIDE



Revision History	
V1	2016
V2.1 - April 2018	Updated Application Process, Interview Guidelines, Assessment information, recency of practice policy.
V3 – September 2020	Updated assessment criteria, included criteria for Codified list, and updates to comply with revised MBA Standards: Specialist medical college assessment of specialist international medical graduates.
V4 – July 2022	Update criteria for Codified list as per revised College policy.

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ACRRM acknowledges Australian Aboriginal People and Torres Strait Islander People as the first inhabitants of the nation. We respect the traditional owners of lands across Australia in which our members and staff work and live and pay respect to their elders past present and future.

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ACRRM's Specialist Pathway

The Australian College of Rural and Remote Medicine (ACRRM) assesses specialist international medical graduates (SIMGs) for comparability to an Australian-trained specialist in the same field of specialty practice on behalf of the Medical Board of Australia (MBA). The assessment is carried out in accordance with the [Medical Board of Australia Standards: Specialist medical college assessment of specialist international medical graduates](#).

ACRRM is a professional college accredited by the Australian Medical Council (AMC) to define standards and deliver training in the medical specialty of general practice. Fellows of ACRRM receive specialist registration as a General Practitioner with the MBA and can practice in any location throughout Australia.

Rural Generalist Medical Practitioner

ACRRM's curriculum and training program prepares doctors to be Rural Generalist Medical Practitioners. A Rural Generalist medical practitioner is a General Practitioner who has specific expertise in providing medical care for rural and remote or isolated communities. A Rural Generalist medical practitioner understands and responds to the diverse needs of rural communities: this includes applying a population approach, providing safe primary, secondary and emergency care, culturally engaged Aboriginal and Torres Strait Islander peoples' health care as required, and providing specialised medical care in at least one additional discipline.

Assessment criteria

ACRRM's specialist pathway assesses if the training and experience of an SIMG is comparable to that of a Fellow of ACRRM. A Fellow of ACRRM (FACRRM) is a medical specialist who has been assessed as meeting the requisite standards for providing high-quality rural generalist medical practice.

This involves being able to:

- provide and adapt expert primary, secondary, emergency and specialised medical care to community needs
- provide safe, effective medical care while working in geographic and professional isolation
- work in partnership with Aboriginal, Torres Strait Islander peoples and other culturally diverse groups and
- apply a population approach to community needs.

SIMG's comparability is assessed against the competencies in the eight domains of rural and remote practice as described in the [Rural Generalist Curriculum](#)

1. Provide expert medical care in all rural contexts
2. Provide primary care
3. Provide secondary medical care
4. Respond to medical emergencies
5. Apply a population health approach
6. Work with Aboriginal, Torres Strait Islander, and other culturally diverse communities to improve health and wellbeing
7. Practise medicine within an ethical, intellectual and professional framework
8. Provide safe medical care while working in geographic and professional isolation

SIMGs are deemed non comparable to a FACRRM if they **cannot** demonstrate:

- achieving their qualification through completion of a supervised training program
- partial or substantial comparability in each domain
- at least three years providing clinical care away from ready access to specialist medical, diagnostic and allied health services, since achieving their specialist qualification
- extended practice relevant to community needs
- ongoing professional development that is comparable to Medical Board of Australia requirements.

SIMGs may also be deemed non-comparable based on the assessment of all the Rural Generalist competencies.

Doctors on the ACRRM Specialist Pathway must work in a rural health service ([MM4-7 location](#)) approved by the College to enable of rural competencies to be assessed.

Application process

Specialist International Medical Graduates (SIMGs), before applying to the College Specialist Pathway, are required to

- meet the [Medical Board of Australia - Registration Standards](#)
- have applied to the AMC for Primary Source Verification (PSV) of their primary and specialist medical qualifications.
- meet ACRRM eligibility requirements

Once these requirements have been met the SIMG applies to ACRRM for assessment of comparability by completing the [application form](#) and providing all relevant documents.

All applications must be typed and submitted online; handwritten documents will not be accepted. The application must include the EPIC ID number.

Applications are required to be accompanied by a Curriculum Vitae meeting the [Ahpra requirements](#). The College has a [CV proforma](#) which meets these requirements and may be used.

Placements and supervisors must be approved by ACRRM. Approval for the rural placement may be sought as part of the application process or at any time prior to commencing the pathway.

Applications are reviewed by the College staff to ensure documentation is compliant with the ACRRM requirements. The applicant is advised where documentation is not complete.

Pathway fees

Application and assessment fees apply for an assessment of comparability on this pathway.

Fees for completing the pathway will depend on the degree of comparability and the upskilling and assessment requirements set by the Interview Panel.

The fees are detailed on the ACRRM website [here](#).

Eligibility

Applicants must hold a qualification in general practice or family medicine included on the College's "Codified list" to be eligible to apply for the ACRRM Specialist Pathway.

The Codified list is subject to change, qualifications may be added or removed. The Codified list is published on the [ACRRM website](#).

Codified list criteria

Training programs and their qualifications must meet the following criteria to be included on the ACRRM Codified list of comparable GP qualifications.

The qualification has the following features:

- comparable definition to the Australian definition of a general practitioner
- accredited as a General Practice/Family Physician training program/qualification by medical board, medical council or relevant authority
- leads to specialist medical registration in own country
- recognised by other GP Colleges in other countries as a GP specialist qualification

The training program has the following features:

- a published curriculum
- two or more years of supervised placements
- accredited training sites and supervisors
- uses a range of teaching and learning approaches
- uses a range of appropriate validated assessment methods and standard setting processes to set the pass mark

Assessment of comparability

The assessment of comparability to an Australian-trained Fellow of ACRRM is an ongoing process. It commences with the interim assessment, continues while on the pathway working under supervision and finishes once Fellowship is awarded.

Interim assessment

The interim assessment considers any qualifications, previous training and assessment, recent specialist practice, continuing professional development (CPD) activity completed by a SIMG to determine whether all these components together are comparable to the requirements for an Australian trained Fellow of ACRRM. The ACRRM interim assessment has two components, the Paper Based Assessment and Structured Interview.

Interim assessment reports are sent to the applicant and AMC concurrently.

Paper Based Assessment

Complete applications are progressed to a Paper Based Assessment (PBA) by an ACRRM appointed Fellow.

The SIMG is provided a summary of the preliminary review (SPR) of the PBA before an assessment decision is made. The SPR sets out a summary of the information provided by the SIMG in their application mapped against the college's assessment criteria.

The SPR gives the SIMG an opportunity to:

- ensure the college has taken into consideration and assessed all the information provided by the SIMG
- provide clarification or submit additional evidence if they believe there are errors of fact, perceived gaps or omissions in the information assessed.

Once a response has been received from the SIMG and assessed by the College or 21 calendar days has elapsed, the College will issue a report which either:

- confirms eligibility and invites the SIMG to proceed to structured interview for further assessment of comparability or
- determines the SIMG is not eligible and / or not comparable and reports the outcome to the SIMG and the AMC.

Structured Interview

Eligible applicants processed through the PBA process, are required to participate in a structured interview to:

- clarify and confirm details of the SIMG's qualifications, training, experience, recent practice in the specialty and CPD provided in the written documentation and set out in the SPR and, if necessary, to seek any additional information
- determine the SIMG's suitability to commence a period of supervised practice
- approve a specific 'Area of Need' or another rural placement (if applicable).

The interview panel consists of three Fellows of ACRRM. One of the panel members is appointed as the Panel Chair. All interviews are conducted via videoconference at an agreed date and time. It is the SIMGs responsibility to ensure that their equipment meets the IT

requirements set by the College and that they abide by the rules and regulations for undertaking interviews via videoconferencing link.

Interim assessment outcome

The College will assess the SIMGs comparability and determine an outcome in accordance with three MBA approved definitions that describe a SIMG's level of comparability to an Australian trained specialist in the same field of specialist practice: 1. substantially comparable 2. partially comparable 3. not comparable.

The description for the substantially comparable and partially comparable levels comprises two components:

- the definition of comparability, and
- the additional requirements defined by the college which must be met by the SIMG to become eligible for specialist recognition.

All SIMGs assessed as substantially comparable or partially comparable must complete a defined period of supervised practice in Australia. The purpose of the additional requirements is to provide additional information so that the college can confirm or modify the interim assessment decision and make a final decision about whether to recommend to the Board that a SIMG be granted recognition as a specialist.

Comparability definitions

1. Substantially comparable

- Applicants have been assessed as suitable to undertake their intended scope of practice, taking full responsibility for individual patients with only oversight of their practice by a supervisor approved by the college. To be considered substantially comparable an applicant must have satisfied the college that they are at the standard of an Australian trained specialist commencing practice (at the level of a newly qualified Fellow), taking into consideration the applicant's intended scope of practice as well as their previous training and assessment, recent specialist practice, experience and CPD.
- Applicants assessed as substantially comparable will be required to undertake up to a maximum of 12 months full time equivalent (FTE) practice, with a minimum of three months, with a supervisor approved by the college. This period of supervised practice may include the satisfactory completion of a workplace-based assessment(s) (WBA).
- If the college determines that a SIMG requires more than 12 months FTE supervised practice to demonstrate the required standard, then the SIMG cannot be assessed as substantially comparable and will be assessed as partially comparable or not comparable.

2. Partially comparable

- Applicants have been assessed as suitable to undertake their intended scope of practice under the supervision of a college approved supervisor. To be considered partially comparable an applicant must satisfy the college that they will be able to reach the standard of an Australian trained specialist within a maximum period of 24 months FTE practice. The standard expected is that of an Australian trained specialist commencing practice (at the level of a newly qualified Fellow), taking into consideration the SIMG's intended scope of practice as well as their previous training and assessment, recent specialist practice, experience and CPD.

- Applicants assessed as partially comparable will be required to undertake up to a maximum of 24 months FTE supervised practice, with a minimum of six months, and further training with any associated assessment/s with a supervisor approved by the college. They may be required to undertake formal examination/s or other assessment.
- If a college determines a SIMG requires more than 24 months FTE of supervised practice and further training to reach the required standard, then the SIMG will be assessed as not comparable.

3. Not comparable

- Applicants who do not satisfy the college that they are at the standard of an Australian trained specialist commencing practice (at the level of a newly qualified Fellow), having taken into consideration their intended scope of practice as well as their previous training and assessment, recent specialist practice, experience and CPD or who are assessed as unable to reach comparability within 24 months FTE practice will be assessed as not comparable.
- Not comparable applicants will not be offered a placement on the Specialist Pathway. The reasons will be provided. Information will be provided on other pathways to achieve Fellowship of ACRRM and referred to Ahpra for other options on medical registration pathways.

New assessment

A SIMG may only request a new assessment where they can provide evidence of a further significant period of training or experience since they were initially assessed by the college that is verifiable and acceptable to the college.

Timeframes of Interim Comparability Assessment

Activity	Targeted timeframe	Possible outcomes
Paper Based Assessment	College sends summary of preliminary review to applicant within 21 days of complete application Applicant has 21 days to respond to summary of preliminary review	1. Eligible to proceed to interview 2. Not comparable
Structured Interview	Interview available within 4 months of complete application received Outcome report within 14 days of interview, sent to applicant and AMC concurrently	1. Substantially comparable 2. Partially comparable 3. Not comparable

Pathway

The time the SIMG spends on the pathway allows for the assessment of competencies, knowledge and skills expected of an Australian trained Fellow of ACRRM, as detailed in [Rural Generalist Curriculum](#). It also provides the opportunity to be orientated to the Australian health care system and their workplace while working under supervision.

The time required on the pathway will be no less than three months and no more than 24 months, these limits are set by the MBA. The time set during the interim assessment may be extended or reduced by the College within these limits, as comparability is assessed in the workplace.

Pathway requirements

The pathway requirements are set by the Interview Panel and documented in the Specialist Pathway Candidate Agreement.

All SIMGs are required to:

- complete an orientation program provided or facilitated by their employer
- enroll and participate in ACRRM's Professional Development Program (PDP)
- complete an Advanced Life Support course that meets PDP requirements, plus
- other activities as determined by the panel.

SIMGs are encouraged to undertake online courses and workshops provided by ACRRM and other providers that align to the Rural Generalist Curriculum.

The SIMG must meet all requirements during their period of supervised practice and agree that they will notify ACRRM immediately if there are any barriers to meeting requirements.

During their period of supervised practice, SIMGs will undertake workplace-based assessments and, if required, other assessments as determined by the panel. The assessments are selected from the ACRRM assessments modalities. These assessments are described in the [Fellowship Assessment Handbook](#).

It is strongly recommended that the SIMG satisfactorily complete their orientation and educational requirements with the first six months on the pathway prior to any formal assessments being undertaken. SIMGs must meet requirements as described in the [Assessment Eligibility policy](#).

The comparability assessment determination may be changed during the period of supervised practice if performance in workplace-based assessments do not support the interim assessment.

The College may:

- reduce the period of supervised practice to no less than, three months for substantially comparable doctors or six months for partially comparable doctors or
- increase the period of supervised practice, upskilling and assessment requirements or
- change the determination to not comparable and withdraw the doctor from the pathway.

Advanced Specialised Training

Doctors on the Specialist Pathway are required to demonstrate extended knowledge and skills as may be required to meet the healthcare needs of the local population.

Doctors on this pathway are **not** required to complete a formal Advanced Specialised Training program. Doctors may choose to complete Advanced Specialised Training either before or after Fellowship. See <https://www.acrrm.org.au/fellowship/discover-fellowship/ast> for further information on ASTs offered by ACRRM. Doctors interested in O&G training should refer to the Advanced Diploma of the Royal Australian and NZ College of Obstetricians and Gynaecologists ([DRANZCOG Advanced](#)) program, or for Anaesthetics the Joint Consultative Committee on Anaesthesia ([JCCA training program](#)).

Commencing the pathway

The SIMG must have gained registration, arrived in Australia, have a College approved placement and supervisor, and commenced practice to commence the pathway.

The pathway must be commenced within 12 months from the date of the structured interview. If the SIMG is unable to achieve this timeframe, they must inform the College of the delay. The SIMG may be required to undertake a review meeting to ensure the SIMG's ongoing intention to participate in the pathway.

Once the SIMG has arrived in Australia and commenced work, a virtual meeting will be facilitated between the SIMG, their supervisor and a College Medical Educator to confirm their understanding of their pathway requirements. Further virtual meetings with the Medical Educator will occur during the review period, additional fees apply.

Approved placements

The SIMG is responsible for finding employment in an Australian rural area (MM4-7). The placement and the supervisor must be approved by the College. Approval may be sought during the interim assessment or at any time prior to commencing the Pathway. Applications for College approval are made using the [Application for Placement and Supervisor Approval/Accreditation form](#). Prior approval must be gained from ACRRM for any changes to employment and supervisors.

Doctors working in a College approved placement on the Specialist Pathway may seek College approval to be placed on the Register of Approved Placements for a Medicare Provider Number, see [Medicare Provider Number Application policy](#).

The supervision level should be at least Level three. This means the SIMG takes primary responsibility for each individual patient and the supervisor ensures that there are mechanisms in place for monitoring that the doctor is practising safely. The doctor is permitted to work alone provided that the supervisor is contactable by phone or video conference. See [Medical Board of Australia Guidelines](#) for further information on levels of supervision.

Supervisors must meet the MBA requirements and must also be approved by the Medical Board see [Supervised practice guidelines](#).

On the Specialist Pathway a supervisor's responsibilities include:

- undertaking responsibility for the overall clinical and educational supervision
- monitoring the doctor's performance against their pathway requirements
- being accessible and available to the SIMG

- sharing professional knowledge and skills
- undertaking formative assessments and providing feedback to the doctor
- helping prepare the doctor for their Fellowship assessments
- providing ACRRM and the Medical Board with reports
- providing or facilitating orientation to the:
 - health service
 - local cultural adaptation
 - Australian health care and support systems
 - rural and remote context
 - Aboriginal and Torres Strait Islander culture

Completion of pathway

Once the SIMG has completed their period of supervised practice and allocated education and assessments, a Completion of Specialist Pathway Report is prepared by the College staff for approval and acceptance by the SIMG. This report includes a self-declaration that they are not under investigation or the subject of disciplinary proceedings under any jurisdiction, has maintained medical registration and compliance with the pathway requirements including financial status.

The report is endorsed by the Censor in Chief of the College and ratified by the ACRRM at the next Board meeting. Once the ACRRM Board awards Fellowship this is communicated to the SIMG via email. The College provides the SIMG and the AMC with a final report confirming specialist registration is recommended.

Pathway policies

Medical Board Specialist Pathway policies

The following policies are set by the Medical Board of Australia for the Specialist Pathway.

Full-time equivalent practice

Full-time equivalent (FTE) practice is 38 hours per week within a SIMG's scope of practice. Practice includes all aspects of the SIMG's scope of the specialty and may include clinical and non-clinical practice. The maximum number of hours that can be counted per week is 38 hours.

SIMGs who work part-time must complete the same minimum number of hours of practice, this can be completed part time.

Twelve months of practice means a minimum of 47 weeks FTE practice. Annual leave is not included in the 47 weeks.

Leave from the pathway

Doctors may apply for up to 12 months leave from the pathway for personal or professional reasons. Leave granted for 'exceptional circumstances' is not counted as part of the maximum timeframe. The request, including the reasons for the leave, must be sent to img@acrrm.org.au.

Maximum timeframes for the pathway

The pathway must be completed within the maximum timeframes:

- 'Substantially comparable' SIMGs – a total of two years to complete up to 12 FTE months of supervised practice
- 'Partially comparable' SIMGs – a total of four years to complete up to 24 FTE months of supervised practice and upskilling with associated assessment including formal examinations where required.

This includes those completing the pathway part-time. The starting point for the maximum timeframe is the date a SIMG starts practice in a College approved position.

Extension to complete the pathway

SIMGs may request an extension to complete assessment requirements. Extensions cannot exceed the maximum pathway timeframes. The request, including the reasons for the extension, must be sent to img@acrrm.org.au.

Where it is identified by the College that an extension may be required due to a failed result in assessments, the College will contact the SIMG to discuss.

Confirmation of extension arrangements will be provided to the SIMG in writing. A copy of the correspondence will also be provided to the MBA and AMC.

College Fellowship Pathway policies

The policies below apply to the Specialist Pathway and other pathways to achieve an ACRRM Fellowship, a brief description is provided and a link to the full policy.

[Medicare Provider Number](#)

The policy defines the situations where ACRRM will support an application to be placed on the Register of Approved Placements while in training, and when advice will be provided to Department of Human Services (DHS) to remove a doctor from the Register of Approved Placements.

[Registrar in Difficulty](#)

This policy defines 'a registrar in difficulty' in the context of the Training Program and defines the responsibilities for the SIMG, training post, and the college when a difficulty is identified.

[Withdrawal from Training](#)

This policy defines voluntary and involuntary withdrawal from training, the reasons for actioning involuntary withdrawal and the actions that follow withdrawal.

[Assessment Eligibility](#)

This policy defines eligibility requirements to enrol in and undertake assessments, rules around reattempting assessments and undertaking assessments while on leave from training.

[Special Consideration policy](#)

This policy describes the criteria by which candidates may apply for reasonable adjustments to accommodate for circumstances beyond their control and which are likely to affect participation in assessment.

[Academic Code of Conduct](#)

The Code of Conduct aims to provide a clear statement of the College's expectations of doctors participating in education or training programs in respect to personal and professional conduct and a duty to disclose a review of or changes to medical registration.

[Academic Misconduct](#)

The Academic Misconduct Policy defines how alleged breaches of the Academic Code of Conduct are investigated and the penalties that may be applied for proven misconduct.

[Access to Training](#)

This policy describes how the College seeks to ensure that doctors with a disability can access and participate in the ACRRM Training Program on the same basis as other doctors. It applies to selection into training and training.

[Complaints](#)

The complaints policy outlines the principles and processes for handling complaints. It is applicable to any person accessing College services or programs.

[Reconsideration, Review and Appeals](#)

This policy defines College decisions that can be reconsidered, reviewed, or appealed. The policy defines the processes and timeframes and the possible outcomes.