

# Committee for Specialist International Medical Graduate Education (CSIMGE)

Application for new Area of Need support / extension of existing Area of Need support



## Eligibility for Area of Need support

- Area of Need support is only available to Specialist International Medical Graduates (SIMGs) who have undergone Specialist Assessment and are enrolled on the Specialist Pathway to Fellowship of the Royal Australian and New Zealand College of Psychiatrists (RANZCP).
- Only candidates who have been assessed to be Substantially Comparable may apply for support in specialist / consultant level Area of Need positions.
- Partially Comparable candidates may apply for support in registrar level Area of Need positions only.
- Please refer to the [Specialist Pathway handbook](#) for important information about applying for Area of Need support.

## Application submission

- The completed application form should be lodged with specified supporting documents and payment of the administrative fee (see section 6) by post to the Royal Australian and New Zealand College of Psychiatrists (RANZCP) Head Office:

Specialist International Medical Graduate Education  
Royal Australian and New Zealand College of Psychiatrists  
309 La Trobe Street  
Melbourne VIC 3000  
AUSTRALIA

- An acknowledgement email will be sent by the Specialist International Medical Graduate Education (SIMGE) team within seven (7) business days of receipt of the application.
- The application and supporting documentation must not be stapled, placed into folders, or bound in any way, otherwise the incomplete application fee (see section 6) will be charged.
- The application and supporting documentation must be submitted in single-sided print, otherwise the incomplete application fee will be charged.
- When the application is considered complete by the SIMGE team, the assessment fee (see section 6) will be payable by the applicant. The application will not proceed to assessment until this payment has been received and processed.

<b>Application type</b>	
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Section 1: Personal details					
Full name				RANZCP ID	
Email					
Home address					
Phone	(H)		(W)		(M)

Please provide an updated [Employer Support Declaration](#) form with your application.

<b>Section 2: Area of Need details</b>	
Position	
Employing Health Service	
Employer contact name	
Employer email	
Nominated supervisor	
Supervisor email	
Recruitment agent	
Agent email	
Locations of AoN	

**Section 3: Progression to Fellowship** *(only to be completed if applying for extended AoN support)*

Your cover letter should outline any reasons or extenuating circumstances that have prevented you from completing all requirements of the Specialist Pathway.

You must also submit an educational plan outlining how you will progress to Fellowship if an extension is granted. Please refer to section 9.1 of the [Maintenance of comparability status on the Specialist Pathway](#) policy for information on preparing an educational plan.

<b>Specialist Assessment</b>	
Date of Specialist Assessment outcome	
Date commenced work in Australia / New Zealand	
Current Comparability status expiry date	

<b>Previously granted extensions</b>	
Date of first extension	
Date of second extension	
Any other extensions	

**Outline your progression towards Fellowship in one or more of the following sections:**

<b>Progression in Substantial Comparability placement (if applicable)</b>				
Case based Discussion	Formative	Completed	Pending	
	One	Achieved	Did not achieve	Pending
	Two	Achieved	Did not achieve	Pending
	Three	Achieved	Did not achieve	Pending
Supervisor Report	2 month	Satisfactory	Not satisfactory	Pending
	6 month	Satisfactory	Not satisfactory	Pending
	10 month	Satisfactory	Not satisfactory	Pending
360° Feedback assessment		Satisfactory	Not satisfactory	Pending
Remediation / supplementary assessments <i>(please specify details and if complete)</i>				

**Section 3: Progression to Fellowship cont.** *(only to be completed if applying for extended AoN support)*

<b>Progression under 2003 Fellowship Program (if applicable)</b>		
Written examination	Not attempted	Dates attempted
	Attempted	
	Completed	
	Exempt	
MOSCE	Not attempted	Dates attempted
	Attempted	
	Completed	
MOCI	Not attempted	Dates attempted
	Attempted	
	Completed	
Additional training and experiences		

**Section 3: Progression to Fellowship cont.** *(only to be completed if applying for extended AoN support)*

<b>Progression under 2012 Fellowship Program – Partial Comparability (if applicable)</b>		
<b>6-month FTE terms</b>		
First term requirements	Approved	Not approved
Second term requirements	Approved	Not approved
Third term requirements	Approved	Not approved
Fourth term requirements	Approved	Not approved
<b>Summative assessments</b>		
Essay-style Written examination	Not attempted	Dates attempted
	Attempted	
	Completed	
OSCE	Not attempted	Dates attempted
	Attempted	
	Completed	
<b>Additional training</b>		
Stage 3 Psychotherapy requirement	patients completed	
Leadership & Management	Completed	Not completed
Additional training & experiences <i>(please specify training required and if completed)</i>		

## Section 4: Referees

### A minimum of three (3) referees are required.

Preferably all three referees should be clinical supervisors and specialists in Psychiatry. **At least one referee must be a current clinical supervisor who is a specialist in Psychiatry.**

If you are already working in Australia, your referees must be Fellows of the College (FRANZCP) or Training Supervisors who are approved by the College.

Referees will receive one reminder only from the College. It is your responsibility to follow up missing referee reports.

Your application **will not** proceed to assessment if any referee reports are missing on the closing date.

*The College may seek additional specified referees or information to clarify issues arising from the references or the assessment.*

#### Referee one

Name			
Position		Qualifications	
Email		Dates supervised	
Address			

#### Referee two

Name			
Position		Qualifications	
Email		Dates supervised	
Address			

#### Referee three

Name			
Position		Qualifications	
Email		Dates supervised	
Address			

*Previous Heads of Department/Clinical Directors for whom you have worked may be contacted as part of this process. If there is any reason why such person may not provide a fair and unbiased assessment of your work, please identify them here:*

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<b>Section 5: Declaration of applicant</b>	
<p><b>Note:</b> If your registration has restrictions, conditions and/or limitations, the RANZCP will require full disclosure of the nature of the conditions, and will review the information provided on a case by case basis to determine the applicant's suitability.</p> <p>The content of this declaration will be used for the purpose of establishing important issues of suitability and allowing verification where required in relation to entry into the Specialist Pathway. A response to each item must be made.</p>	
<i>Qualifications</i>	
a) Do you hold the highest Specialist Psychiatry qualification to work as a Specialist Psychiatrist in the country in which you qualified as a Specialist Psychiatrist?	Yes No
b) Do you hold specialist registration to work as a Specialist Psychiatrist in the country in which you qualified as a Specialist Psychiatrist?	Yes No
<i>Caveats</i>	
<p><b>It is important to note that if you mark 'yes' to any of the caveats listed below, you are required to provide an outline of any relevant circumstances or facts by attaching the relevant details.</b></p>	
c) Have you, or anyone in your employment, been subject to any investigation or faced any form of disciplinary action by an Authority, in any country?	Yes No
d) Has your name been subject to report or removal from any Medical Register in any country because of misconduct in a professional sense, any incapacity or have you ever been refused registration for such reasons?	Yes No
e) Has your name been subject to report by a Regulatory Authority (or equivalent body) e.g. Health Care Complaints Commission, in any country, because of an alleged incompetence, incapacity or misconduct?	Yes No
f) Do you have any objections to written or telephone reports being obtained from your referees and from relevant Directors of Medical Services/Psychiatrists/Training Co-ordinators, for use by the Committee for Specialist International Medical Graduate Education?	Yes No
g) Are you aware of any health conditions which may interfere with your ability to perform the requirements and demands of the RANZCP?	Yes No
h) Do you have a health condition that may require your employer to provide you with services or facilities (e.g. adjustments) so that you can successfully carry out the requirements and demands of the Specialist Pathway?	Yes No
<p><b>Any adjustments you may require must be discussed with the relevant workplace.</b></p>	
<i>Undertakings</i>	
i) Do you undertake to abide by the rules and requirements of the RANZCP as they apply to IMGs (including remediation requirements) if your application is successful, in particular the RANZCP Code of Ethics?	Yes No
j) Will you advise the RANZCP of any changes to your medical registration within fourteen (14) days of this occurring?	Yes No

k) Do you undertake to notify the RANZCP if your medical registration is withdrawn or suspended, or conditions are placed on your medical registration, or if you receive notice of any complaint to any medical registration authority, within 14 days?	Yes No
l) Do you acknowledge that it is your responsibility to be fully informed and aware of all requirements of the RANZCP, particularly rules, guidelines, time limits and policies in relation to the Specialist Pathway, including information available on the RANZCP website?	Yes No
m) Do you agree to participate in the RANZCP review process in relation to your performance on the Specialist Pathway, including seeking and providing feedback about your training, as appropriate?	Yes No
n) Do you acknowledge that the RANZCP has a Reconsideration and Appeals Policy regarding any decision with which you are dissatisfied?	Yes No
o) Do you agree to conduct yourself in accordance with the RANZCP Examination Code of Conduct throughout the Specialist Pathway assessment process and while progressing to RANZCP Fellowship?	Yes No
p) Do you agree to not misrepresent your position, qualification, or title, and are you aware that the use of the term 'psychiatrist' is only to be used appropriately by Fellows or those who genuinely hold the Specialist Qualification?	Yes No
q) Do you solemnly declare that the information provided in this application and in all future communication with the RANZCP is true and accurate and do you understand that the making of a false statement may lead to exclusion from the College?	Yes No
<b>The Committee reserves the right to seek independent opinion or information on any matters put forward, by contacting parties considered likely to assist in the process.</b>	
Name of applicant	
Signature of applicant	
Date	



## Section 6: Payment details

- Fees cannot be refunded if application is rejected due to incomplete or incorrect completion of this form.
- Fees are payable in AUD or NZD, as appropriate.
- Fees will be deducted within 7 working days of receipt of application. Please ensure that funds are available during this time.
- RANZCP application fees are inclusive of GST.
- Acceptable payment methods include Cheque, Visa, MasterCard or Electronic Funds Transfer (EFT).
- Electronic funds transfer must include reference details.

**Please note: This application form becomes a TAX INVOICE once paid. ABN: 68 000 439 047**

### 2019 Fee schedule (please tick the relevant fee and type of payment)

	Administrative fee	<b>AUD / NZ \$421.00</b>
	Incomplete application fee	<b>AUD / NZ \$210.00</b>
	New Area of Need support assessment fee	<b>AUD / NZ \$2,380.00</b>
	Extension of Area of Need support fee	<b>AUD / NZ \$824.00</b>

	<b>Electronic Funds Transfer</b>	Date of transfer	
<b>Australian EFT payments to:</b>		<b>New Zealand EFT payments to:</b>	
<b>Bank</b>	Westpac Banking Corporation	<b>Bank</b>	Westpac NZ
<b>SWIFT code</b>	WPACAU2S	<b>Account number</b>	03-0207-00285242-0000
<b>BSB</b>	033178	<b>Account name</b>	RANZCP
<b>Account number</b>	801076	<b>Reference</b>	Extension   "Surname"
<b>Account name</b>	RANZCP		
<b>Reference</b>	Extension "Surname"		

	<b>Cheque enclosed</b>	Made payable to RANZCP
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	<b>Credit card payment</b>	Card type	
Card number		Expiry date	
Card holders name			
Signature			

## Section 7: Application checklist

Review the checklist below and make sure ALL required documentation has been received by the College. Applications cannot be processed until ALL required documentation **and** payment have been received

### *Application for new Area of Need support*

Completed RANZCP application form (typed)

Cover letter outlining reasons for application

Names and contact details of three (3) current referees (section 4)

RANZCP administrative fee (section 6)

Completed [Employer Support Declaration](#)

Updated CV (either the [RANZCP CV template](#) or your own format)

Area of Need certification

Position description

Work Performance Statements from each hospital / training scheme or practice at which you have been employed during the last 24 months

Current Certificate of Registration Status with the Medical Board of Australian (MBA)

Evidence of participation in Continuing Medical Education (CME)

### *Application for extension of Area of Need support (additional documentation to the above)*

Educational Plan (refer to section 9.1 of the [Maintenance of comparability status on the Specialist Pathway](#) policy)

RANZCP [Area of Need Ongoing Assessment](#) form

Details of progression towards Fellowship of the RANZCP (section 3)

The completed application form, accompanied by the fee and documentation as outlined above, should be **mailed** to:

Specialist International Medical Graduate Education  
RANZCP  
309 La Trobe Street  
MELBOURNE VIC 3000  
AUSTRALIA

All information received in applications will be held and used by the College in accordance with the College's [Privacy Policy](#).