Contents

1. Policy on progression requirements for SIMG candidates on the Specialist Pathway

This document sets out the requirements for progressing on the Specialist Pathway for Specialist International Medical Graduate (SIMG) candidates assessed as partially comparable by the Committee for Specialist International Medical Graduate Education (CSIMGE), as governed by the RANZCP Fellowship Regulations 2012.

2. Policy Statement

Specialist International Medical Graduate (SIMG) candidates must complete a number of RANZCP Fellowship requirements under the 2012 (competency-based) Fellowship Program in order to demonstrate their competence and comparability to an Australian/New Zealand trained psychiatrist. This policy relates to SIMG candidates assessed as partially comparable by the Committee for Specialist International Medical Graduate Education (CSIMGE).

3. Purpose

This document sets out the progression requirements necessary for the successful completion for SIMG candidates assessed as partially comparable under the 2012 Fellowship Program on the Specialist Pathway. The details of each of these requirements can be accessed from the 2012 Fellowship Program Regulations, policies and procedures web page.

It is the responsibility of the SIMG candidate to ensure that they are familiar with the relevant 2012 Training Regulations. Where no explicit guidance is provided in this policy, the relevant 2012 Training policy will apply to SIMG candidates.
4. **Timeframe requirements to achieve Fellowship**

All SIMG candidates assessed as partially comparable from January 2016 onwards under the RANZCP Fellowship Regulations 2012 are required to successfully complete a minimum of 24 months of full-time equivalent (FTE) time on the Specialist Pathway and successfully complete all requirements as specified in section 5 during this time.

The total time that SIMGs spend on the pathway will be divided into six-month FTE periods. SIMG candidates will have to ensure that they meet their Fellowship requirements at the end of each six-month FTE period as specified in section 5.

It is expected that full time partially comparable candidates will complete the requirements of the Specialist Pathway in 24 months. At 24 months a progress report will be submitted to AHPRA by the College, specifying the Specialist Pathway requirements that have been completed by that time.

The maximum timeframe on the pathway will be four (4) calendar years, subject to ongoing registration with the Medical Board of Australia or Medical Council of New Zealand. This is to enable part time candidates to complete the program and to allow for unexpected sick leave etc. CSIMGE can decide to review any candidate’s progress and continuation on the pathway on a case by case basis at any stage of the Specialist Pathway.

No extension for the Specialist Pathway will be given beyond four years.

SIMG candidates under the 2012 Fellowship Program need to be employed for at least 0.5 FTE in a position in Australia or New Zealand which will allow them to satisfactorily complete the requirements of the 2012 Fellowship Program. A SIMG candidate’s full-time equivalent (FTE) status is determined by their employment contract and is calculated as a full-time week including the on-call/after-hours/weekend roster. Part-time training is measured in direct comparison to its equivalence with full-time training. Full-time is equal to 1.0 FTE unit; therefore, for example, training at half time would be equal to 0.5 FTE.

SIMG candidates who undertake training on a part-time basis must fulfil the same Fellowship Program requirements as those who undertake full-time training. They will also be required to complete the minimum training time of 24 months FTE. If a SIMG candidate is completing the program part time, they need to submit a progression plan for CSIMGE’s approval prior to undertaking the program. Each case will be carefully considered by the CSIMGE with regard to the SIMG’s progression plan, the maintenance of standards, supervision and an adequate training experience overall, given the part-time nature of the experience.

SIMG candidates must carefully consider the implications of approaching the maximum limit on comparability status time of four (4) calendar years in relation to any medical registration conditions placed by Australian Health Practitioner Regulation Agency (AHPRA). The CSIMGE encourages completion of 2012 Fellowship requirements full time so as to ensure that the SIMGs do not have any time issues with AHPRA.

SIMG candidates must maintain their comparability status during their entire time on the Specialist Pathway in accordance with the Policy on Maintenance of Comparability Status on the Specialist Pathway.

5. **Employment requirements of the Specialist Pathway (Partial Comparability)**

A duly completed and signed ‘Employer support form’ indicating that the employer will support the candidate during their time on the Specialist Pathway must be provided with the Specialist Assessment application. The details of the accredited College supervisor, accredited for the 2012
Fellowship Program provided by the employer, should be specified in the form with the evidence of supervisor accreditation certificate provided.

Please note if there is a delay between the specialist assessment outcome and candidates starting on the Specialist Pathway, the College may ask for a current ‘Employer support form' at the time of starting on the Specialist Pathway.

During their time on the Specialist Pathway, candidates must be employed at all times unless they are currently in or have applied for break in comparability status.

In case the partially comparable candidates in the Specialist Pathway have a change in employers, it is their responsibility to inform the College about the change in job within 14 days of finishing employment in the previous job. They are also required to provide a new employer support form from the new employer. If it is later brought to the attention of CSIMGE that candidates have moved jobs without informing the College, this time will not be considered accredited time on the Specialist Pathway, which in turn will affect their ability to meet the RANZCP Fellowship requirements in a timely manner.

6. Fellowship requirements for partially comparable SIMG candidates

Partially comparable SIMG candidates under the RANZCP Fellowship Regulations 2012 are required to complete a series of workplace-based assessments (WBAs) and centrally administered summative assessments as specified in section 5.1 before they become eligible to apply for Fellowship.

Workplace-based assessments (WBAs) are formative assessments. WBAs assist a supervisor in providing structured feedback and assessing the overall competence attained by the candidate throughout their time on the Specialist Pathway, thereby informing the supervisor’s best judgement when entrusting Entrustable Professional Activities (EPAs) and completing the end-of-six-month In-Training Assessments (ITAs).

For those candidates where the State Assessment Panel has identified specific gap/s in training, the candidate will be required to participate in a specified period of relevant training and demonstrate relevant competencies.

6.1 Mandatory assessments to be completed

- Four (4) formative Observed Clinical Activities (OCAs) to be completed as per the OCA protocol outlined below
- Eight (8) summative Entrustable Professional Activities (EPAs) from Stage 3
- Four (4) summative end-of-six-month period In Training Assessment (ITA) Reports
- Objective Structured Clinical Examination (OSCE)
- Written Essay-style Examination

Other training and requirements

- Psychotherapy three patients for at least six sessions each (Stage 3 requirement)
- Leadership and Management training (Stage 3 requirement)
- Indigenous experience

If any partially comparable candidate believes that they have prior experience in the above training areas, they should apply to CSIMGE for Recognition of Prior Learning.
Additional training and requirements

- Any other additional training and/or requirements identified by the State Assessment Panel to rectify gaps in training. EPAs undertaken to rectify any gaps in training will be from Stage 2.

During each six-month FTE period on the Specialist Pathway, SIMG candidates will have to complete at least one (1) OCA, two (2) EPAs and one (1) ITA. Any unsuccessful ITA may result in the candidate not being credited with that six months of the pathway. This will extend the candidate’s time on pathway beyond the stipulated date given on the candidate’s final outcome letter and result in having to show cause as to why they should remain on the Specialist Pathway.

Failure to successfully complete two six-month terms on the Specialist Pathway or not submit In-Training Assessment (ITA) forms by the required time, may result in withdrawal of comparability status of the SIMG candidate. Candidates will be required to show cause as to why they should be allowed to remain on the Specialist Pathway.

Any extensions for the comparability status beyond the given expiry date will require candidates to complete a further specified number of Workplace based assessments such as Observed Clinical Activities (OCAs), Entrustable Professional Activities (EPAs) and In Training Assessments (ITAs) or any other requirements as determined by CSIMGE at the time of extension.

6.2 Additional training and requirements to be completed

SIMG candidates assessed as partially comparable but for whom gaps in training have been identified, are required to complete additional training in those areas as specified by State Assessment Panels. This will typically require the candidate to successfully complete a specified period of training in the relevant area of practice, and to demonstrate attainment of the associated Entrustable Professional Activities (EPAs).

The EPAs undertaken to rectify the identified gaps in training will be from Stage 2.

Candidates are required to provide the end-of-rotation ITA for the specified period in addition to the EPA Confirmation of Entrustment (COEs), signed off by their College accredited supervisor as evidence.

Please refer to the appropriate policy and procedure for Stage 2 EPAs on the 2012 Fellowship Program Regulations, policies and procedures web page.

Examples where additional training may be required are where candidates are found to have not spent sufficient time in Child-Rotation or Consultation-Liaison in their previous training.

If found deficient in psychotherapy long case or research experience, candidates may be required to complete Psychotherapy Written case or Scholarly project respectively.

Candidates may also be required to successfully pass Multiple-choice Written examination if their previous specialist qualification has not included externally assessed written examinations.

7. Observed Clinical Activity (OCA)

All partially comparable SIMG candidates are required to satisfactorily complete a minimum of four Observed Clinical Activities (OCAs) – a minimum of one (1) OCA will need to be completed per six-month FTE period. The OCA, as one the four College approved formative WBAs, may be used toward the entrustment of the required EPA/s in that rotation.

OCAs need to be conducted in accordance with the OCA protocol, and must be signed off by an accredited RANZCP supervisor.
The OCA is also recorded on the ITA Report for each six-month period. All OCA forms must be fully completed and attached to the end-of-six-month ITA Report for the relevant six-month FTE period and submitted to the SIMG team at the College for processing within 30 days of completion of that six-month FTE period.

SIMGs must ensure that they are familiar with the OCA protocol and OCA form. The details of the OCAs can be found on the 2012 Fellowship Program Workplace-based Assessments (WBAs) web page.

8. Entrustable Professional Activities (EPAs)

The procedures in relation to the conduct of EPAs under the 2012 Fellowship Program are outlined in the RANZCP Fellowship Regulations 2012 ‘Training’ chapter – see the Entrustable Professional Activities Policy and Procedure and the Workplace-based Assessments Policy and Procedure on the Regulations, policies and procedures web page.

EPAs are specialised tasks that SIMGs must demonstrate their ability to perform competently with only distant (reactive) supervision. Each EPA consists of specific knowledge, skills and attitudes required of the task.

The specialised tasks are set to assess candidate competence in a representative sample of the professional activities of psychiatry training. The EPAs prescribed for RANZCP training are:

- tasks of high importance for daily practice
- high-risk or error-prone tasks
- tasks that are exemplary of a number of CanMEDS roles, which underpin the Fellowship Program.

Within the Fellowship Program, College-accredited supervisors utilise EPAs to assess and evaluate a SIMG’s learning at particular points on the Specialist Pathway. EPAs formalise the process by which supervisors capture and record their judgements about candidate performance and competence throughout training.

8.1 EPA requirements for SIMGs

In order to achieve satisfactory progress through the RANZCP Fellowship Program, all partially comparable SIMG candidates are required to attain a minimum of eight (8) EPAs. Each six-month FTE period on the Specialist Pathway requires the achievement of two specified EPAs.

Three (3) of the eight (8) EPAs must be selected from a prescribed CSIMGE EPA list. This list is provided at the end of this policy in Appendix 1.

The remaining five (5) EPAs can be selected from the Stage 3 EPAs as available to Generalist trainees on the website available on the Entrustable Professional Activity (EPA) forms web page.

As specified under ‘Training requirements to be completed’ above, EPAs undertaken to rectify any identified gaps in training by the State Assessment Panel upon assessment will be from Stage 2.

As detailed in the Workplace-based Assessment and Entrustable Professional Activities Policy and Procedure documents, SIMGs must complete a minimum of three WBAs with a College-accredited supervisor to contribute to the evidence base for each required EPA. However, the completion of three WBAs does not necessarily result in the achievement of an EPA. A supervisor considers the candidate’s performance in the three or more WBAs in addition to other evidence when determining whether a candidate has achieved an EPA. The supervisor may require further WBAs before the candidate can be entrusted to complete the activity with distant supervision. Additional WBAs may also be beneficial to SIMGs who may need or want further feedback.
The WBAs must be assessed at the junior consultant standard (Stage 3) as are the EPAs for which they form the evidence base.

Any of the available WBA tools (including the OCA) can be used toward the evidence base for an EPA.

The WBA tools used to support EPA attainment must be indicated on the end-of-rotation ITA Report. With the exception of the OCA form, which must be forwarded to the College, WBA forms should be retained by the candidate, and made available to subsequent supervisors.

8.2 EPA supervision

A SIMG candidate is entrusted with an EPA when a College-accredited supervisor, using all the data available to them, makes an informed decision that the candidate can be trusted to perform the specific task to the required standard with only distant (reactive) supervision. The SIMG candidate is expected to ask for additional help in a timely manner when assistance is required and the supervisor must be available to step in if needed.

An EPA may be achieved during or separate to the dedicated supervision time, depending on the nature of the EPA being assessed. A supervisor may decide to entrust a candidate with an EPA during the course of daily activities, or it may be the result of a more formal process during dedicated supervision time.

8.3 Recording of EPAs

Attained EPAs are recorded on the end-of-period ITA Report for each six-month period and must be achieved in order to be eligible to pass that ITA Report.

SIMGs working at less than full time must achieve a minimum of one EPA (with a minimum of 3 WBAs as an evidence base) per six calendar months. This will ensure that the competency requirements of the Fellowship Program remain linked with the time accredited to the candidate’s progression record.

A SIMG candidate’s achievement of an EPA is confirmed on the Confirmation of Entrustment (COE) form for that specific EPA. In addition to the EPA’s confirmation on the COE form, an entrusted EPA must also be recorded on the candidate’s Stage 3 end-of-six-month ITA Report in order for its achievement to be entered on the SIMG candidate’s progression record. After each EPA has been completed and confirmed on the COE form by the supervisor, the SIMG candidate is responsible for retaining the COE form. However, the principal supervisor and Committee for Specialist International Medical Graduate Education must have access to, and be able to sight the form at the time of completing the summative end-of-rotation ITA Report.

Supervisors may retain a copy of the COE form, but this is not required and will not invalidate the SIMG candidate’s obligation to maintain their own forms and records.

SIMG candidates must be entrusted with the eight (8) EPAs required for Stage 3 in addition to any Stage 2 EPAs (where applicable).

Where candidates need to spend extended time on the pathway in order to successfully complete the required centrally administered summative assessments of the Fellowship Program they must fulfill all Specialist Pathway requirements, including the achievement of a minimum of two EPAs (and a minimum of one OCA) per six-month period FTE.

9. In-Training Assessments (ITAs)
The procedures in relation to the end-of-rotation Assessment Reports under the 2012 Fellowship Program are outlined in the RANZCP Fellowship Regulations 2012 ‘Training’ chapter – see the Stage 3 Mandatory Requirements Policy.

The In-Training Assessment (ITA) Report is a summative assessment form that a SIMG’s accredited supervisor is required to fill out, sign and submit to the College at the end of every six-month FTE period. The ITA Report details a SIMG’s progress under the RANZCP Fellowship Regulations 2012.

The ITA Report indicates whether the required EPAs have been entrusted and which WBAs were used to inform them. It also provides a record of the supervisor’s assessment of the candidates’ performance for each Stage 3 Learning Outcome, and indicates whether the candidate has passed or failed the overarching summative assessment for that rotation. It is used to assess the progress of SIMGs through the Specialist Pathway.

However, mid-period ITA forms are formative assessments which can be used by the supervisor to provide feedback to the SIMG candidate on their progress on the pathway and to highlight any potential progress concerns and/or identified issues, as well as to document supportive plans required to address these concerns. A copy of these ITA Forms must be retained by the candidate.

9.1 Supportive plan to meet requirements of the Specialist Pathway

As stated in the Stage 3 Mandatory Requirements Policy, should progression issues be identified that cause the supervisor to be concerned that the SIMG candidate is not meeting the required standards, a supportive plan must be documented on the mid-period (rotation) ITA Form and commenced immediately.

The documentation should identify the competencies that require attention and the action to be undertaken to support the candidate in achieving the standard required prior to the end of the rotation.

As part of a supportive plan, the supervisor must:
- discuss their concerns with the candidate
- discuss their concerns with the DOT where a DOT is available
- try to identify factors affecting the SIMG’s performance and bring to CSIMGE’s attention any issues perceived with the progress of the candidate
- review progress towards the identified goals with the SIMG within 3 months or earlier if appropriate.

As part of a supportive plan, the supervisor must ensure that timely (for example, within four weeks) and adequate feedback and support is provided to the SIMG candidate by the supervisor to enable the candidate to identify and correct any perceived difficulties.

9.2 End-of-six-month ITA Report submission to College

The end-of-six-month ITA Report indicates to the College SIMGE Department the information to be recorded on the candidates’ progression record for each six-month period. The ITA Report must be submitted within 30 days of completion of each six-month period to the SIMGE Department in order for the six-months to be credited on the candidate’s Progression Record.

The ITA Report must be fully completed, signed by the SIMG’s supervisor and be received by the College SIMGE Department within 30 days of the completion of the period. The candidate is responsible for ensuring that it is signed by the supervisors and for ensuring its submission. Candidates must attach the forms for all OCAs completed during a rotation to their ITA Report for submission to the College; therefore, at least one signed and fully completed OCA form must be attached to the end-of-six-month ITA Report for each six-month period. The candidate is responsible
for being aware of the requirement to submit this paperwork. An incomplete ITA Report or ITA Report without the required fully completed OCA form will not be accepted by the College and will be returned to the candidate.

- Non-receipt of a signed, completed ITA Report with a minimum of one fully completed and signed OCA form attached within 30 days of the completion of a six-month period will result in the delay being noted on the candidate’s record. The candidate will be sent correspondence noting the late ITA Report and reminding the candidate that the continued non-receipt by 15 days from the date on which the correspondence is sent will result in a failed ITA Report and the six-month period unless under exceptional circumstances, accepted by the College on a case-by-case basis.

- SIMG candidates are responsible for knowing the requirements of the Fellowship Program and of this policy. Non-receipt of correspondence from the College does not invalidate the SIMG’s obligation to adhere to the requirements it presents.

### 9.3 Failing an ITA Report and six-monthly progression requirement

A failed ITA Report indicates failure to meet six-monthly progression requirements. An ITA Report and its corresponding six-month period will be failed by any of the following:

- the supervisor indicating a ‘fail’ on the ITA Report
- the candidate failing to achieve two EPAs for the six-month period (two EPAs are mandatory for a six-month period)
- the candidate failing to complete the minimum required formative WBAs linked to the mandatory EPAs for the rotation (a minimum of three WBAs are required for each EPA)
- the candidate failing to complete a minimum of one OCA in the rotation (a minimum of one OCA is mandatory for a six-month period; the OCA may also contribute towards the evidence base for an EPA)
- the non-receipt of the ITA Report with the attached and fully completed OCA Form(s) within 30 days of the completion of a six-month period as per point 8.2.

Any unsuccessful ITA may result in the candidate not being credited with that six months of the pathway. This will extend the candidate’s time on pathway beyond the stipulated date given on the candidate’s final outcome letter.

Failure to successfully complete two ITAs (or not submit an ITA to the College within the specified time) may result in withdrawal from the Specialist Pathway and the candidate asked to show cause as to why they should be allowed to remain on the pathway.

SIMGs must ensure that they are familiar with the requirements of In-Training Assessment Reports as per the policy on Stage 3 Mandatory Requirements Policy. The details of the policy can be found on the 2012 Fellowship Program [Regulations, policies and procedures](https://example.com) web page.

### 10. Psychotherapy requirements

SIMG candidates must provide psychotherapy to a minimum of three patients for at least six sessions each, under individual or group supervision from a College-accredited supervisor, during their time on the Specialist Pathway.

Please refer to Section 4.4 of Stage 3 Mandatory Requirements Policy as given on the 2012 Fellowship Program [Regulations, policies and procedures](https://example.com) web page (under ‘Training’, ‘Stage 3 requirements’).

### 11. Leadership and management requirements

Leadership and management content forms part of the Stage 3 knowledge base.

Candidates should undertake leadership and management training, planning with supervisors and
taking into account what training is available locally and on the College website.

Please refer to Section 4.3.3 and 4.3.4 of Stage 3 Mandatory Requirements Policy as given on the 2012 Fellowship Program Regulations, policies and procedures web page.

12. Indigenous experience

Unless exempted, the Indigenous experience is a training requirement for all SIMG candidates. This training requirement is intended to increase awareness of the mental health issues facing the Indigenous peoples of Australia and New Zealand. The training also facilitates more effective partnerships with these communities to provide more effective mental health services.

Please refer to the SIMG candidate experience in mental health of Aboriginal and Torres Strait Islander People/s or Maori for further details on the SIMG candidate Indigenous experience requirement.

13. Written Essay-style Examination

The policy and procedures in relation to the Written Examinations under the 2012 Fellowship Program are outlined in the RANZCP Fellowship Regulations 2012 ‘Examinations’ chapter – see the Stage 3 Mandatory Requirements Policy.

- All SIMG candidates assessed as partially comparable are required to successfully complete the Written Essay style Examination.
- They are not required to complete the Multiple Choice (MCQ)-style Examination unless specifically required by the State Assessment Panel (see section 5.2).
- Both the Essay-style Examination and the MCQ-style Examination are set at a junior consultant standard.
- The Essay-style Examination will have a clinical focus and will assess capacity for critical thinking about clinical practice.
- The Essay-style Examination comprises Modified Essay Questions (MEQs) and a Critical Essay Question (CEQ). SIMG candidates must pass the CEQ component in order to be eligible to pass the Essay-style Examination.
- The Essay-style Examination is a paper-based test.
- The Essay-style Examination is not a barrier to a SIMG’s eligibility for the OSCE.
- Candidates must attempt the Essay-style Examination within 24 months of their partial comparability placement start date.

SIMG candidates can have only three attempts for passing the Essay-style Examination (or the Multiple choice-style Examination, where applicable). Failure to pass Written Examinations in three attempts will result in a requirement for the SIMG candidate to show cause to the CSIMGE as to why they should be allowed a further attempt at this assessment and continue towards Fellowship.

SIMGs must ensure that they are familiar with the requirements of Written Examinations policy and procedures. The details of the policy can be found in the Examinations chapter of the Regulations, policies and procedures.

14. Objective Structured Clinical Examinations (OSCEs)

The policy and procedures in relation to the Objective Structured Clinical Examinations (OSCEs) under the 2012 Fellowship Program are outlined in the RANZCP Fellowship Regulations 2012 ‘Examinations’ chapter – see the Stage 3 Mandatory Requirements Policy.
The OSCE is a summative clinical assessment of the Fellowship Program. This exam consists of a multi-station assessment using eleven examination scenarios including eight ‘short’ stations and three ‘long’ stations. The OSCE aims to test competency in skills, knowledge and professional attitudes of SIMG candidates in a valid and reliable way.

- The OSCE will be assessed at the standard of a Junior Consultant.
- If the MOSCE was not completed under the 2003 Fellowship Program then the OSCE must be passed prior to the SIMG candidate being eligible to apply for RANZCP Fellowship.
- Candidates must attempt OSCEs within 24 months of their partial comparability placement start date.
- SIMG candidates can have only three attempts for passing OSCEs. Failure to pass OSCEs in three attempts will result in a requirement for the SIMG candidate to show cause to the CSIMGE as to why they should be allowed a further attempt at this assessment and continue towards Fellowship.

SIMGs must ensure that they are familiar with the requirements of OSCE policy and procedures. The details of the policy can be found in the Examinations chapter of the Regulations, policies and procedures.

15. Additional training required

If SIMG candidates are deemed to require additional training e.g. Psychotherapy, Child and Adolescent, Scholarly Project, over and above the basic program, then this should be done at the Stage 2 (proficient) standard.

The relevant Trainee Regulations Policy and Procedures will apply for the additional training requirements.

16. Remediation

SIMG candidates on the partial comparability placement are not required to undertake a formal remediation if they fail their summative assessments. It is expected that their supervisors will be providing formal and informal feedback during their entire time on the Specialist Pathway.

The CSIMGE strongly advises candidates to develop a Learning and Development Plan at the beginning of their placement with the assistance of their supervisors. CSIMGE from time to time may require candidates to provide their Learning and Development Plan for its review.

A template of a Learning and Development Plan can be accessed on the Forms and documents – overseas specialists web page.

17. Transitioning candidates to the 2012 Fellowship Program

Transition candidates are defined as those SIMG candidates who were on the RANZCP Specialist Pathway (2003 Program) at or before 1 January 2016 and were transitioned to the 2012 Fellowship Program on January 1, 2016; and held medical registration in Australia or New Zealand at that time. SIMG candidates enrolled on the Specialist Pathway with either Category I or Category II status will transfer to the requirements of the 2012 Fellowship Program from January 2016. Category I and Category II candidates will be known as ‘partially comparable’ candidates.

Transition to the new requirements will take into account the exemption status time remaining that candidates have on the Specialist Pathway and the requirements that they have already completed prior to commencing the new requirements.

After transitioning to the RANZCP Fellowship Regulations 2012, SIMG candidates will be required to follow the relevant regulations, policies and procedures under the RANZCP Fellowship Regulations 2012.
SIMG candidates who do not have sufficient exemption status time remaining (that is at least two years starting from January 2016) will not transition to the new Fellowship program.

17.1 Time requirement to achieve Fellowship

The minimum and maximum time a SIMG candidate has to complete all requirements under the 2012 Fellowship Program is dependent on the requirement/s they have outstanding from their progression to RANZCP Fellowship under the 2003 Fellowship Program.

For example as shown below in the table, a transitioning candidate who has all 2003 requirements outstanding such as their training gaps, Written examinations, MOCIs and MOSCEs will require to complete under the 2012 Fellowship Program their outstanding training, OCAs, EPAs, ITAs, Essay examination, Psychotherapy 3 cases, Leadership and Management module and OSCEs.

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<th>Writtens completed?</th>
<th>MOSCE completed?</th>
<th>MOCI completed?</th>
<th>Rules for progress time</th>
<th>Requirements to complete</th>
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18. Supervision

- All SIMG candidates under the 2012 Fellowship Program require a designated supervisor who is a College-accredited supervisor and is fully aware of the 2012 Fellowship Program.
- It is the responsibility of the SIMG candidate and their employer to find a suitable supervisor for the candidate.
- The supervisor must be an accredited supervisor and preferably should be of at least equal seniority as the candidate being supervised. Supervision by a direct subordinate should be avoided.
- Clinical supervision of SIMG candidates must be maintained at a minimum of four hours per week over 40 weeks. Of these hours, a minimum of one hour per week must be individual supervision of a SIMG candidate’s current clinical work.

All workplace based assessments of SIMG candidates will be required to be signed off by College-accredited supervisors. It will be the responsibility of the employer and the candidate to ensure that appropriate supervision is in place.
As supervisors will be required to conduct workplace based assessment, it is imperative that employers provide support to SIMG candidates including access to a College-accredited supervisor. Employers will need to provide a signed ‘Employer Support Declaration’ form at the time of application by SIMG candidates to the Specialist Pathway.

19. Forms

2012 Fellowship Program forms (ITA, EPA, OCA etc.) should be submitted to the SIMGE team at the College for processing within 30 days of completion of each six-month period.

SIMG candidates must maintain a portfolio of their 2012 Fellowship Program forms. This includes their workplace based assessment forms, Entrustable Professional Activity forms, Observed Clinical Activity forms, copies of all supervisor report forms, as well as any other documentation relevant to the completion of RANZCP Fellowship under the 2012 Fellowship Program.

20. Monitoring of progression requirements

The CSIMGE through its Partial Comparability Assessment Review Panel will monitor the progress of SIMG candidates assessed as partially comparable on the Specialist Pathway.

The monitoring process will manage the identification, support and, potentially, the exit of underperforming and/or non-progressing SIMG candidates from the Specialist Pathway.

21. Extension of comparability status

The Partial Comparability program is designed for candidates in fulltime employment with an expectation of completion over a period of two years of all requirements. If any candidate has exceptional circumstances and has a delay in their progress toward Fellowship, OR is otherwise unable to meet the specified time requirements, then CSIMGE may consider an application from the candidate for an extension of time. Applications will be considered on a case by case basis. Applications submitted to CSIMGE should include (as relevant):

- an outline of reason/s for delay in progression to Fellowship
- supporting documentation for exceptional circumstances
- an educational plan by the candidate

It is expected that full time partially comparable candidates will complete the requirements of the Specialist Pathway in 24 months. At 24 months a progress report will be submitted to AHPRA by the College, specifying the Specialist Pathway requirements that have been completed by that time.

The maximum timeframe on the pathway will be four (4) calendar years, subject to ongoing registration with the Medical Board of Australia or Medical Council of New Zealand. This is to enable part time candidates to complete the program and to allow for unexpected sick leave etc. CSIMGE can decide to review any candidate’s progress and continuation on the pathway on a case by case basis at any stage of the Specialist Pathway.

No extension for the Partial Comparability Specialist Pathway will be given beyond four years.

Please refer to the policy on Maintenance of Comparability Status on the Specialist Pathway for details.

22. Break in comparability status
A SIMG candidate on the Specialist Pathway (Partial or Substantial), who due to exceptional circumstances intends to interrupt their progression to Fellowship at any stage, must notify CSIMGE. Exceptional circumstances include for example a serious medical condition; need to care for a family member, or pregnancy/parental leave.

Please refer to the policy on Maintenance of Comparability Status on the Specialist Pathway for details.

23. Ethical and professional conduct

- SIMG candidates are expected to abide by the policies of the RANZCP, in particular the RANZCP Code of Ethics and Code of Conduct.
- SIMG candidates are expected to be respectful and courteous at all times to their colleagues, College members and staff of the College.
- CSIMGE will also monitor evidence from Workplace based assessments (such as EPA and ITA forms), referee reports, reports from external bodies (including employers) and Regulatory bodies.

- It is the responsibility of the SIMG candidate to notify the RANZCP within 14 days if their medical registration is withdrawn or suspended, or conditions placed on their medical registration, or if they receive notice of any complaint to any medical registration authority.

- It is the responsibility of the SIMG candidates to notify the RANZCP within 14 days if their employment is terminated or they move to a new employment.

- The monitoring of candidates will involve regular assessment of candidates’ professional and ethical conduct throughout their time on the Specialist Pathway, including their interactions with the College and workplace. Any concerns identified by CSIMGE in relation to the above matters will be fully reviewed by the Committee, and where appropriate may result in SIMG candidate’s withdrawal of comparability status (see the policy on Maintenance of the Comparability Status on the Specialist Pathway).

24. Personal Declaration

- It is the SIMG candidates’ responsibility, as per the declaration signed in the Specialist Pathway assessment application form signed by SIMG candidates to abide with the terms agreed in the application form. They should be fully informed and aware of all requirements of the RANZCP, particularly rules, guidelines, time limits and policies in relation to the Specialist Pathway and the 2012 Fellowship Program, including information available on the RANZCP website.

If any aspect of the personal declaration is later found to be misleading or incorrect, this will constitute a breach of the RANZCP Code of Conduct and Code of Ethics and will lead to automatic withdrawal from the Specialist Pathway.

- It is important for SIMG candidates to be aware of the maximum comparability status time they have available to complete the requirements of the Specialist Pathway outlined in this policy, and are aware that no further comparability status time can be granted beyond the maximum comparability status time available for SIMG candidates to complete the prescribed assessments/additional training to Fellowship of the College.
25. **Review of decisions**

Any request by a SIMG candidate for review of a decision in relation to an unsuccessful assessment or other element of the assessment process should follow the education review process.

26. **Successful completion of all requirements**

SIMG candidates who have passed all assessments and successfully completed all training requirements, as outlined in their 2012 Fellowship Program final outcome letter, will be eligible to apply for admission to Fellowship with the College.

27. **Monitoring, evaluation and review**

The Education Committee shall implement, monitor and review this policy and report on anomalies and issues as these arise. This policy will be reviewed biennially and updated as required.
Appendix 1

Three (3) of the eight (8) EPAs for SIMG candidates must be selected from the below prescribed CSIMGE EPA list:

<table>
<thead>
<tr>
<th>EPA identification</th>
<th>Title</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Addiction psychiatry</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ST3-ADD-FELL-EPA1</td>
<td>Acute assessment and diagnosis of substance use.</td>
<td></td>
</tr>
<tr>
<td>ST3-ADD-FELL-EPA2</td>
<td>Long-term management of severe alcohol use disorders.</td>
<td></td>
</tr>
<tr>
<td>ST3-ADD-FELL-EPA4</td>
<td>Management of comorbid substance use, including tobacco dependence and other mental health problems.</td>
<td></td>
</tr>
<tr>
<td><strong>Adult psychiatry</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ST3-AP-AOP-EPA3</td>
<td>Assess and manage treatment-refractory psychiatric disorders.</td>
<td></td>
</tr>
<tr>
<td>ST3-AP-FELL-EPA5</td>
<td>Complex work with families and/or carers.</td>
<td></td>
</tr>
<tr>
<td>ST3-AP-AOP-EPA6</td>
<td>Physical comorbidity 3.</td>
<td></td>
</tr>
<tr>
<td>ST3-AP-FELL-EPA8</td>
<td>Demonstrate leadership skills in a multidisciplinary team setting (Adult).</td>
<td></td>
</tr>
<tr>
<td>ST3-AP-FELL-EPA9</td>
<td>First presentation of a complex mental disorder.</td>
<td></td>
</tr>
<tr>
<td>ST3-AP-FELL-EPA12</td>
<td>Assess and manage adults with cultural and linguistic diversity. <em>(OR ST3-INDAU-FELL-EPA1 below)</em></td>
<td></td>
</tr>
<tr>
<td><strong>Indigenous mental health – Australia</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ST3-INDAU-FELL-EPA1</td>
<td>Formulation of a case involving an Aboriginal or Torres Strait Islander patient.</td>
<td></td>
</tr>
<tr>
<td><strong>Psychiatry of old age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ST3-POA-FELL-EPA1</td>
<td>Formal capacity assessment and report.</td>
<td></td>
</tr>
<tr>
<td>ST3-POA-FELL-EPA2</td>
<td>Demonstrate leadership skills in a multidisciplinary team setting.</td>
<td></td>
</tr>
</tbody>
</table>

STG3 AP AOP EPA20 (Rehabilitation TBA)
28. Definitions and abbreviations – to include the term and its meaning

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>EC</td>
<td>Education Committee</td>
</tr>
<tr>
<td>CSIMGE</td>
<td>Committee for Specialist International Medical Graduate Education</td>
</tr>
<tr>
<td>RANZCP or College</td>
<td>The Royal Australian and New Zealand College of Psychiatrists</td>
</tr>
<tr>
<td>Candidate</td>
<td>Specialist International Medical Graduate (SIMG) candidate enrolled on the Specialist Pathway of the College</td>
</tr>
<tr>
<td>Transition candidates</td>
<td>Transition candidates are defined as those SIMG candidates who were on the RANZCP Specialist Pathway (2003 Program) at or before 1 January 2016 and were transitioned to the 2012 Fellowship Program on January 1, 2016; and held medical registration in Australia or New Zealand at that time.</td>
</tr>
<tr>
<td>College-accredited</td>
<td>RANZCP accredited as part of the responsibility delegated to the Branch Training Committees (BTCs) and undertaken in accordance with the Accreditation of Training Programs: Standards for Accreditation.</td>
</tr>
<tr>
<td>EPAs</td>
<td>Entrustable Professional Activities: summative assessment components of the Fellowship Program.</td>
</tr>
<tr>
<td>FTE</td>
<td>Full-time equivalent: the proportion of time compared to full time, where full time is 1.0. A trainee’s FTE status is determined by his/her employment contract.</td>
</tr>
<tr>
<td>AHPRA</td>
<td>Australian Health Practitioner Regulation Agency</td>
</tr>
<tr>
<td>ITA</td>
<td>In-Training Assessment: formative and summative assessment components of the Fellowship Program.</td>
</tr>
<tr>
<td>OCA</td>
<td>Observed Clinical Activity – a WBA tool, the use of which is mandatory for each 6-month FTE rotation.</td>
</tr>
<tr>
<td>OSCE</td>
<td>Objective Structured Clinical Examination: one of the two clinical examinations in the Fellowship Program.</td>
</tr>
<tr>
<td>Stage</td>
<td>Training under the RANZCP Fellowship Regulations 2012 falls into three Stages (Stage 1, Stage 2 and Stage 3), which can be defined as basic, proficient and advanced training as per the Developmental Trajectory. SIMGs are expected to complete their assessment requirements at Stage 3 level. Any training requirements to be completed that are identified as gaps is required to be completed at Stage 2 level.</td>
</tr>
</tbody>
</table>

13. Associated documents

1. **Policy**: Maintenance of comparability status on the Specialist Pathway
   - Reviews and appeals education training policy
   - RANZCP Privacy Policy
   - RANZCP Code of Ethics
   - 2012 Fellowship Program Regulations, Policies and Procedures Training
2. Procedure: Reviews and appeals education training procedure

4. Forms: OCA Form and Protocol
   In-Training Assessment Form
   Confirmation of Entrustment Form
   Break in comparability status notification form

5. Other: Supervisor Guide

DOCUMENT CONTROL

<table>
<thead>
<tr>
<th>Responsible department:</th>
<th>Responsible position:</th>
<th>Version:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>Team Leader, SIMGE</td>
<td>0.5</td>
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<table>
<thead>
<tr>
<th>Responsible committee:</th>
<th>Date approved by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Committee for Specialist International Medical Graduate Education</td>
<td>RANZCP Board: May 2016</td>
</tr>
</tbody>
</table>

REVISION RECORD

<table>
<thead>
<tr>
<th>Date</th>
<th>Version</th>
<th>Revision description</th>
<th>Approval process</th>
</tr>
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<tbody>
<tr>
<td>June 2017</td>
<td>V1.1</td>
<td>The policy updated and clarified especially in relation to employer support, notification of change in employment while on specialist pathway, maximum time on the Specialist Pathway, professionalism and ethical and professional conduct.</td>
<td>Approved by CSIMGE (24 February 2017); EC (31 March 2017); CGRC (11 May 2017); Board (3 June 2017)</td>
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<td></td>
<td>v.0.5</td>
<td>Revisions made to the policy clarifying the wording of the policy, clarifying additional and other training requirements, including section on remediation and learning plan and specifying that candidates need to do their summative assessments within 24 months of the start date</td>
<td>Approved by CSIMGE (4 April 2016); EC (11 April 2016); CGRC (28 April 2016); Board (May 2016)</td>
</tr>
<tr>
<td>November 2015</td>
<td>v.0.4</td>
<td>First draft of the requirements for the partially comparable candidates, aligning the requirements to the 2012 Fellowship Program</td>
<td>Approved by CSIMGE, EC (Oct 2015), CGRC (Oct 2015), Board (Nov 2015)</td>
</tr>
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