Committee for Specialist International Medical Graduate Education (CSIMGE)

Application for extension of Comparability status and Area of Need support

The Royal Australian & New Zealand College of Psychiatrists

Your Health in Mind

Please refer to the Maintenance of comparability status on the Specialist Pathway and policy for important information about applying for an extension of Comparability status and Area of Need support.

Application type	Please select

Section 1: Personal details			
Full name		RANZCP ID	
Email			
Home address		Phone numbers	
		(H)	
Employer address		(W)	
		(M)	
Employer email			

Please provide an updated Employer Support Declaration form with your application.

Section 2: Progression to Fellowship

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.

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

Previously granted extensions	
Date of first extension	
Date of second extension	
Any other extensions	
Extension duration request	
Duration request (months) *(Maximum: 12 months)*	

Progression under 2012 Fellowship Program				
6-month FTE terms				
First term requirements		Approved		Not approved
Second term requirements		Approved		Not approved
Third term requirements		Approved		Not approved
Fourth term requirements		Approved		Not approved
Summative assessments				
Modified Essay Questions (MEQ) Examination		Not attempted Attempted Completed	Dates attempted	
Critical Essay Question (CEQ) Examination (if applicable) *Discontinued in June 2025*		Not attempted Attempted Completed	Dates attempted	
OSCE Equivalent • Clinical Competency Assessment – Modified Portfolio Review (CCA-MPR) or, • Clinical Competency Portfolio Review (CC-PR)		Not attempted Attempted Completed	Dates attempted	
Critical Thinking in Psychiatry learning modules		Not attempted Attempted Completed	Dates attempted	

Additional training	
Stage 3 Psychotherapy requirement	Please select Patients completed
Leadership & Management	☐ Completed ☐ Not completed
Additional training & experiences *(please specify training required and if completed)*	

Section 3: Area of Need *(only to be completed if applying extended for AoN support)*	
Position	
Locations of AoN	
Employing Health Service	
Employer contact name	
Employer email	
Nominated supervisor	
Supervisor email	
Recruitment agent	
Agent email	

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:

Section 5: Declaration of applicant

Note: 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.

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.

Qualifications

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

Caveats

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.

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? **Any adjustments you may require must be discussed with the relevant workplace.**	☐ Yes ☐ No

Undertakings

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

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.

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

Amount paid	Please select

☐	***Electronic Funds Transfer***	Date of transfer	

Australian EFT payments to:		***New Zealand EFT payments to:***	
Bank	Westpac Banking	**Bank**	Westpac
SWIFT	WPACAU2	**Account number**	03-0207-00285242-0000
BSB	033178	**Account name**	RANZCP
Account number	801076	**Reference**	Extension 'Surname'
Account name	RANZCP		
Reference	Extension 'Surname'		

☐	***Credit card payment***	Card type	Please select

For security purposes, the RANZCP encourage payments by Electronic Funds Transfer. Applicants wishing to pay by credit card will need to contact the RANZCP Administrative Officer, Accounts Receivable.

Please phone **+61 3 9236 9152** to provide your credit card payment details over the phone and note the application type and fee amount for processing.

Please forward your completed application form along with a copy of your current Certificate of Registration Status from the relevent Medical Registration Board and your payment to:

Fax: **+61 (3) 9642 5652**

Email: simge@ranzcp.org

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 extension of Comparability status	
☐	Completed RANZCP application form (typed)
☐	Cover letter outlining reasons or extenuating circumstances that have prevented you from completing all requirements of the Specialist Pathway
☐	Educational Plan (refer to section 9.1 of the Maintenance of comparability status on the Specialist Pathway policy)
☐	Names and contact details of three (3) current referees (section 4)
☐	RANZCP application fee (section 6)
☐	Completed Employer Support Declaration
☐	Updated CV (either the RANZCP CV template or your own format)
☐	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 from the relevant medical board
☐	Evidence of participation in Continuing Medical Education (CME)
Application for extension of Comparability status and Area of Need support (additional documentation to the above)	
☐	Covering letter from employing Health Service requesting continued RANZCP support
☐	RANZCP Area of Need Ongoing Assessment form
☐	Position Description
☐	Area of Need Certification (issued by the relevant Health Department)

The completed application form, accompanied by the fee and documentation as outlined above, should be submitted **via email to: simge@ranzcp.org**

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