

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



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 | |
|-------------------------|--|

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 | |

| 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 | Dates attempted |
| | Attempted | |
| | Completed | |
| Critical Essay Question (CEQ) Examination (if applicable) <i>Discontinued in June 2025</i> | Not attempted | Dates attempted |
| | Attempted | |
| | Completed | |
| OSCE Equivalent <ul style="list-style-type: none"> Clinical Competency Assessment – Modified Portfolio Review (CCA-MPR) or, Clinical Competency Portfolio Review (Available from September 2026) | Not attempted | Dates attempted |
| | Attempted | |
| | Completed | |
| Critical Thinking in Psychiatry learning modules (Optional until August 2026) | Not attempted | Dates attempted |
| | Attempted | |
| | Completed | |

| Additional training | |
|---|---|
| Stage 3 Psychotherapy requirement | Patients completed |
| Leadership & Management | <div>Completed</div> <div>Not completed</div> |
| Additional training & experiences <i>(please specify training required and if completed)</i> | |
| Section 3: Area of Need <i>(only to be completed if applying extended for AoN support)</i> | |
| 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 | |
|--|-----------|
| <p>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.</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>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.</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>Any adjustments you may require must be discussed with the relevant workplace.</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 |

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| 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 | |
|--------------------|--|

| | | | |
|------------------------------------|----------------------------------|-------------------------------------|-----------------------|
| <input type="checkbox"/> | 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' | | |

| | | | |
|--------------------------|----------------------------|-----------|--|
| <input type="checkbox"/> | Credit card payment | Card type | |
|--------------------------|----------------------------|-----------|--|

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 relevant 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

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|--------------------------|--|
| <input type="checkbox"/> | Completed RANZCP application form (typed) |
| <input type="checkbox"/> | Cover letter outlining reasons or extenuating circumstances that have prevented you from completing all requirements of the Specialist Pathway |
| <input type="checkbox"/> | Educational Plan (refer to section 9.1 of the Maintenance of comparability status on the Specialist Pathway policy) |
| <input type="checkbox"/> | Names and contact details of three (3) current referees (section 4) |
| <input type="checkbox"/> | RANZCP application fee (section 6) |
| <input type="checkbox"/> | Completed Employer Support Declaration |
| <input type="checkbox"/> | Updated CV (either the RANZCP CV template or your own format) |
| <input type="checkbox"/> | Work Performance Statements from each hospital / training scheme or practice at which you have been employed during the last 24 months |
| <input type="checkbox"/> | Current Certificate of Registration Status from the relevant medical board |
| <input type="checkbox"/> | Evidence of participation in Continuing Medical Education (CME) |

Application for extension of Comparability status and Area of Need support (additional documentation to the above)

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Covering letter from employing Health Service requesting continued RANZCP support |
| <input type="checkbox"/> | RANZCP Area of Need Ongoing Assessment form |
| <input type="checkbox"/> | Position Description |
| <input type="checkbox"/> | 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](#).