



## Internal guidance

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9 April 2021

Managing the registration of international medical graduates who have exhausted the number of renewals permitted under the National Law

## 1. Summary

This guidance has been developed by the Medical Board of Australia (the Board) to support delegated decision makers to manage applications for limited registration in a consistent way. It is applicable in the following circumstances:

1. international medical graduates (IMGs) who are not in a registration pathway despite multiple renewals of registration and/or
2. IMGs who have been granted three renewals of limited registration in the National Scheme<sup>1</sup> and who are making a new application for limited registration and/or,
3. IMGs who have previously been granted three renewals of registration, have subsequently been granted at least one further period of limited registration and who are now applying for renewal of limited registration.

## 2. Background

Applicants for limited registration must meet the requirements in the relevant registration standard. This includes to provide evidence:

1. of eligibility for a registration pathway (competent authority, standard, specialist, short-term training in a medical specialty or area of need)
2. that they are satisfactorily progressing towards meeting the requirements for general or specialist registration. Applicants are exempt from this requirement if they will not apply for more than three renewals of registration.

Under the National Law,<sup>2</sup> limited registration can only be renewed up to three times (a total of four years of registration). However, an IMG who has exhausted the maximum renewals and who wishes to continue to practise in Australia, can make a new application for limited registration. New applications for registration must meet the Board's registration standards in place at the time.

## 3. Guiding principles

The Board's approach to managing IMGs who are required to demonstrate satisfactory progress towards attaining general or specialist registration:

- balances the public protection and workforce flexibility objectives in the National Law
- takes into consideration the National Law, the National Scheme [regulatory principles](#) and the Board's codes, standards and guidelines, and
- aims to achieve consistency in the way delegated decision makers manage these applicants.

### General principle

Decision-makers should grant registration if they are satisfied that the applicant is competent to practise safely in the proposed position and they are otherwise qualified<sup>3</sup>, eligible<sup>4</sup> and suitable<sup>5</sup> for the type of registration they are applying for.

Supportive work reports and the absence of notifications provide some information. However, they are not complete assurances that the applicant is practising safely. Therefore, additional information is often required to help decide whether a practitioner is safe to practise in the proposed setting. This document sets out some of the additional information that might help decision-making.

<sup>1</sup> National Registration and Accreditation Scheme

<sup>2</sup> Health Practitioner Regulation National Law, as in force in each state and territory.

<sup>3</sup> Sections 66 – 69, Health Practitioner Regulation National Law, as in force in each state and territory.

<sup>4</sup> Section 65, Health Practitioner Regulation National Law, as in force in each state and territory.

<sup>5</sup> Section 70, Health Practitioner Regulation National Law, as in force in each state and territory

#### 4. Managing international medical graduates who have exhausted their maximum number of renewals for limited registration and who are making a new application for limited registration

Applicants for **renewal of registration** are deemed to be registered while the Board assesses their application.

**Applicants for registration** who have exhausted their maximum number of renewals and are applying for registration afresh are not registered until the Board makes a decision to grant registration. To avoid workforce issues, it is recommended that the Board grants registration to this cohort, with conditions imposed, unless there are reasons to not grant registration.

##### 4.1 Applicant is in a pathway and making reasonable progress towards attaining general or specialist registration

If the applicant is otherwise qualified, eligible and suitable under the provisions of the National Law, the Board should **grant limited registration**.

##### 4.2 Applicant is not in a pathway

If the applicant is otherwise qualified, eligible and suitable under the provisions of the National Law, the Board should **grant limited registration with conditions**. The conditions should include that the applicant:

- a. complete the multi-source feedback (MSF) process by the Client Focused Evaluations Program (CFEP) that has been approved by the Board, and
- b. must meet the requirements for a registration pathway before they apply for the next renewal of registration, and
- c. must demonstrate reasonable progress towards attaining the qualification for general or specialist registration when they apply for the next renewal of registration.

Ahpra has developed standard wording for these conditions. See Appendix 1.

##### 4.3 Applicant is in a pathway but has not demonstrated reasonable progress towards attaining general or specialist registration

If the applicant is otherwise qualified, eligible and suitable under the provisions of the National Law, they should be **granted limited registration with conditions**. The conditions should include that the applicant:

- a. complete the MSF process by the CFEP that has been approved by the Board
- b. must demonstrate reasonable progress towards attaining the qualifications for general or specialist registration when they apply for the next renewal of registration.

Ahpra has developed standard wording for these conditions. See Appendix 1.

##### 4.4 Review of conditions

Under section 126 of the National Law, the Board may initiate a review of conditions to determine whether a change is required. After receiving an IMG's MSF results, the delegated decision-maker will initiate a review of conditions. This review will address any identified areas requiring amendment to an IMG's supervision arrangements and supervision plan, specific training or similar, or to take other action if the results indicate there are serious concerns about the practitioner's performance.

Particular attention should be paid to ensure supervision arrangements are appropriate to address any areas flagged as 'red' in the MSF report. 'Red' areas are where the candidate is in the lower 10 per cent of the national benchmark. If there are serious concerns that arise from the MSF, delegated decision-makers can refer the practitioner for further action under Part 8 of the National Law.

Delegated decision-makers may also review conditions and specify precisely the progress the practitioner will be required to demonstrate prior to their next application for renewal.

#### **4.5 Advance notice of performance assessment under Part 7 of the National Law**

If limited registration is granted, applicants must be informed that they will be required to undergo a performance assessment when they next apply for renewal of limited registration.

##### **Multi-source feedback**

The Board proposes that these applicants be required to provide results of MSF. The CFEP MSF tool is well-validated in the literature. However, as with any other tool, used alone has limitations.

Reasonable results in the MSF and supportive work reports provide some assurance that the applicant is performing satisfactorily.

The CFEP MSF tool, as with any other single assessment tool, is not sufficiently robust to be used in a high stakes assessment. Therefore, decision-makers should not take immediate action solely on the results of the MSF. However, poor results from a MSF survey is an important piece of information. On the basis of poor results, decision makers may review the practitioner's supervision and training arrangements. If there are serious concerns about a practitioner's performance, delegated decision-makers can make an own motion notification under Part 8 of the National Law (investigation, performance assessment, health assessment, etc).

More information about the CFEP MSF tool is at Appendix 2.

## 5. Managing international medical graduates who have previously exhausted renewals of limited registration – first renewal in the subsequent period of registration

This guidance applies to applications from IMGs who:

1. have previously exhausted three renewals of registration
2. have subsequently been granted at least one further period of limited registration
3. are not in a registration pathway and/or have not demonstrated satisfactory progress towards attaining general or specialist registration, and
4. are now applying for renewal of registration.

### 5.1 At application for renewal of limited registration:

1. the applicant will be required to undergo a **performance assessment** pursuant to section 110 of the National Law to assess the applicant's ability to practise
2. if the applicant has attempted the AMC examination, the **transcripts** of the examination/s which detail results will be obtained from the AMC. Decision-makers will review the results to determine whether they raise significant concerns regarding the practitioner's knowledge or competence
3. the following **supplementary information** should be obtained from the applicant's **principal supervisor**:
  - a. an analysis of why the applicant has failed to become eligible for a registration pathway and/or make reasonable progress towards attaining general or specialist registration
  - b. to date, what supports have been provided to assist the IMG to become eligible for a registration pathway and/or make reasonable progress towards general or specialist registration
  - c. what additional supports and assistance will be provided if the application is approved so they can become eligible for a registration pathway and/or make reasonable progress towards general or specialist registration
  - d. commentary on the practitioner's MSF results from the previous year, particularly if there were any 'red' domains on the traffic light report
  - e. whether the practitioner is safe to practise in the particular context.

### 5.2 Decision about whether to grant renewal of registration

Delegated decision-makers will review the supplementary information from the principal supervisor, transcripts of the AMC examination/s (if in the standard pathway) and results of the performance assessment to decide whether to grant the applicant renewal of limited registration.

If the performance assessment finds that:

1. there are significant concerns about the practitioner's performance that cannot be remedied through the imposition of conditions - the decision-maker will have grounds to refuse to renew registration
2. the practitioner is safe to practise but should have additional supports - the decision-maker can renew registration with conditions imposed. The conditions should reflect the recommendations of the assessment and also require the applicant to demonstrate progress towards attaining general or specialist registration
3. the practitioner is safe to practise - the decision-maker can renew registration with conditions that require the applicant to demonstrate progress towards attaining general or specialist registration.

### 5.3 Frequency of performance assessments

Applicants will be required to have regular performance assessments and detailed work reports if they do not attain general or specialist registration. The process should be repeated at least every four years, aligned with a renewal of registration process.

### 6. What does progress towards attaining general or specialist registration look like?

The Board has published information for IMGs about how they can demonstrate satisfactory progress towards attaining general or specialist registration.

The information includes key milestones that IMGs must achieve to be granted general or specialist registration. The milestones are available at Appendix 3.

### 7. RACGP Practice Experience Program

Medical practitioners with limited registration who are in the RACGP Practice Experience Program must complete a minimum number of learning units and a set number of workplace-based assessments per term and their progress is monitored by the RACGP and their Regional Training Organisation. They are not allowed to sit the RACGP examinations until they have completed the required units and assessments. This has implications for the conditions that decision-makers will impose.

In 2019, the Royal Australian College of General Practitioners (RACGP) introduced the Practice Experience Program (PEP) for non-VR doctors. This includes non-specialist IMGs and practitioners with general registration.

The PEP is a targeted, supported, self-directed education program designed to support medical practitioners to gain the RACGP fellowship (and specialist registration in general practice). The PEP replaces the current General Practice Experience (Practice Eligible) (GPE) Pathway which is being phased out.

From 2022, medical practitioners (including IMGs with limited registration) will only be able to sit the Fellowship examinations of the RACGP if they are in a structured RACGP training program (Australian General Practice Training (AGPT), Remote Vocational Training Scheme (RVTS) or PEP). Medical practitioners in the existing GPE pathway can sit the Fellowship examinations at any time before 2022.

The PEP does not allow any attempts at the Fellowship examinations until the IMG has satisfactorily completed the requirements defined in the PEP Program Agreement. Therefore, decision makers will need to ensure that any current or future conditions imposed on registration of IMGs who are in the PEP or who wish to enroll in the PEP align with the requirements of this program. The requirements of the program are outlined in guidance to delegated decisions makers – *‘Revised guidance for delegated decision makers managing international medical graduates on the Royal Australian College of General Practitioners (RACGP) Practice Experience Program (PEP)’*.

Standard wording for conditions for IMGs who are in the PEP or who wish to enrol in the PEP is available at Appendix 1. The PEP revised guidance is available at Appendix 4.

### **7.1 Review of conditions for IMGs in the PEP or IMGs who wish to enrol in the PEP**

Under section 126 of the National Law, the Board may initiate a review of conditions to determine whether a change is required. IMGs who have a condition that they must attempt the RACGP exam within the next registration period and who are in PEP, or IMGs who want to enrol in the PEP should have their condition amended to include:

- evidence of enrolment in PEP and
- a requirement to remain enrolled in the PEP and
- a requirement to provide evidence of progress in PEP.

The delegated decision-maker will choose a suitable milestone for the IMG's stage of PEP based on the Program Agreement.

Standard wording for conditions is available at Appendix 1.

### **8. Feedback to the National Board**

If a delegated decision-maker makes a decision about an application for registration that is not consistent with this guidance, they must report the name of the applicant, the decision and the reasons for not following this guidance to the National Board. The National Board will continue to review feedback and may amend the guidance if this is necessary.

## Appendix 1

### Standard wording for conditions

#### 1. Applicants who are not on a registration pathway

Practitioners who are **not in a pathway** do not meet the Board's registration standards for limited registration for area of need or limited registration for postgraduate training or supervised practice. Therefore, under s. 65(2) of the National Law, the Board can only grant registration by imposing conditions under s. 83.

If otherwise qualified, eligible and suitable, and after complying with the show cause process that is required in the National Law, delegates should register these practitioners with the following conditions:

1. The practitioner is required to complete the Board approved CFEP multi-source feedback (MSF) tool
2. The practitioner authorises CFEP to provide the results of the MSF tool to the Medical Board of Australia
3. The practitioner must provide evidence that HE/SHE has <describe a realistic and reasonable milestone> to confirm that they are in the competent authority, standard or specialist pathway when he/she applies for the next renewal of limited registration> and
4. The practitioner must provide evidence that HE/SHE has <describe a realistic and reasonable milestone> that demonstrates progress towards attaining qualifications for general or specialist registration when HE/SHE applies for the next renewal of limited registration>.

Under section 83(2) of the National Law, a review period of five months has been set for conditions 1 & 2 and 12 months for conditions 3 & 4. Please note that, when reviewing the conditions, the Board may determine that IT/THEY be removed or that IT/THEY REMAINS/REMAIN for a further period.

#### 2. Applicants who are on a registration pathway but cannot demonstrate reasonable progress towards attaining the qualifications required for general or specialist registration

Practitioners who are **in a pathway** but cannot demonstrate reasonable progress towards attaining the qualifications required for general or specialist registration do not meet the Board's registration standards for limited registration for area of need or limited registration for postgraduate training or supervised practice. Therefore, under s. 65(2) of the National Law, the Board can only grant registration by imposing conditions under section 83.

If otherwise qualified, eligible and suitable, and after complying with the show cause process that is required in the National Law, delegates should register these practitioners with the following conditions:

1. The practitioner is required to complete the Board approved CFEP multi-source feedback (MSF) tool.
2. The practitioner authorises CFEP to provide the results of the MSF tool to the Medical Board of Australia.
3. The practitioner must provide evidence that HE/SHE has <describe a realistic and reasonable milestone that demonstrates progress towards attaining qualifications for general or specialist registration when HE/SHE applies for the next renewal of limited registration>.

Under section 83(2) of the National Law, the NAME OF COMMITTEE/BOARD has proposed a review period of five months for conditions 1 & 2 and 12 months for condition 3. Please note that, when reviewing the CONDITION/CONDITIONS, the COMMITTEE/BOARD may determine that they be removed or that they remain for a further period.



## Appendix 1 cont.

### 3. Variation to condition to attempt RACGP examination for IMGs enrolled in RACGP PEP\*

1. The practitioner must provide evidence that HE/SHE has <describe a realistic and reasonable milestone and/or a requirement within the PEP Program Agreement that demonstrates progress towards attaining qualifications for general or specialist registration when HE/SHE applies for the next renewal of limited registration>.

Under section 83(2) of the National Law, the NAME OF COMMITTEE/BOARD has proposed a review period of <enter reasonable timeframe> for this condition. Please note that, when reviewing the CONDITION/CONDITIONS, the COMMITTEE/BOARD may determine that they be removed or that they remain for a further period.

### 4. Variation to condition to attempt RACGP examination for IMGs who want to enrol in RACGP PEP\*

1. Dr SURNAME must provide evidence of enrolment in the Royal Australian College of General Practitioners (RACGP) Practice Experience Program
2. Dr SURNAME must maintain continuous enrolment in the Royal Australian College of General Practitioners (RACGP) Practice Experience Program while holding <limited/provisional> registration
3. Dr SURNAME must provide evidence that HE/SHE has <describe a realistic and reasonable milestone and/or a requirement within the PEP Program Agreement that demonstrates progress towards attaining qualifications for general or specialist registration when HE/SHE applies for the next renewal of limited registration>.

Under section 83(2) of the National Law, the NAME OF COMMITTEE/BOARD has proposed a review period of <enter reasonable timeframe> for condition 1 and at each renewal of registration for condition 2 and <enter a reasonable timeframe> for condition 3. Please note that, when reviewing the CONDITION/CONDITIONS, the COMMITTEE/BOARD may determine that they be removed or that they remain for a further period.

\*The timeframes for review of variations to existing conditions will vary dependent on the individual circumstances of the medical practitioner. However, timeframes for review should return to standard review timeframes once a medical practitioner is enrolled in the PEP as described above for applicants in a pathway and for applicants not in a pathway.

## Appendix 2

### CFEP and the multi-source feedback process

#### 1. What is the MSF tool?

The [CFEP](#) (Client Focused Evaluation Program) has a multi-source feedback (MSF) tool that has been validated with Australian IMGs. The MSF tool forms part of a process that has been approved by the Medical Board of Australia (the Board) to be undertaken by applicants for limited registration who have previously had three renewals of registration under the National Scheme and are not in a pathway to registration and/or demonstrated progress towards attaining qualifications for general or specialist registration.

#### 2. Cost

The MSF process is relatively inexpensive (\$451)<sup>6</sup> and the CFEP has agreed to coordinate it. The registrant will be responsible for all costs associated with the process. It is efficient as it is not time consuming to complete and much of it can be done via a secure online portal.

#### 3. Process

The MSF process is made up of three parts. Each must be completed and reported to the Board.

##### *MSF tool*

The tool is made up of three components:

a. *Colleague Feedback Tool*

15 colleagues are nominated and a minimum of 12 have to participate. The following should be nominated:

- Five medical practitioners including three that are close to the candidate and two that are from outside the candidate's immediate practice
- Five health practitioners, who are not medical practitioners, such as nurses, pharmacists, physiotherapists, etc
- Five managerial or administrative staff. This includes a mix of people within the candidate's practice and from elsewhere.

b. *Self-assessment by the practitioner*

c. *Patient Tool*

CFEP posts 40 patient questionnaires to the practitioner with instructions on how these should be collected. Questionnaires are given to patients after the consultation and the practitioner or their staff are not permitted to open sealed questionnaires. When 30 questionnaires have been completed, they are sent to CFEP.

A sample report of the MSF tool is available on the Ahpra intranet.

##### *Self-reflection*

The practitioner reflects on the report and completes the mandatory reflection tool.

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<sup>6</sup> Prices are subject to change.

## Appendix 2 cont.

### *Discussion with the practitioner's supervisor*

After reflecting on the results, the practitioner must discuss the report and its implications with their supervisor (particularly where results vary from practitioner and/or supervisor expectations) and submit the outcomes of that reflection to the Board.

A sample mandatory reflection tool is available on the Ahpra intranet.

The MSF together with supportive work reports, provides some assurance that the practitioner is performing satisfactorily. Although the CFEP MSF tool has relatively high validity, it is not sufficient on its own for a high stakes assessment. However, together with the reflective exercise and the discussion with the practitioner's supervisor, it can provide useful information to guide decisions about conditions on registration that are aimed at protecting the public.

### *Validation*

The validation of this feedback tool can be found in the following articles published on the [CFEP website](#):

- Campbell, J., Narayanan, A., Burford, B. and Greco, M. 2010, 'Validation of a multi-source feedback tool for use in general practice', Education for Primary Care. Vol.21
- L Baker, M J Greco and A Narayanan, 2010 'Doctors using patient feedback to establish professional learning goals: Results from a communication skill development programme', Pease, W.; Cooper, M. and Gururajan, R. Biomedical Knowledge Management: Infrastructures and Processes for E-Health Systems. IGI Publishing, Pennsylvania USA, Chapter 22
- Narayanan, A. and Greco, M. 2007, 'What distinguishes general practitioners from consultants, according to colleagues?' Journal of Healthcare Management and Marketing, Vol.1 No.1, 80-87.

## **4. Practical considerations**

### *Time to complete*

The MSF process takes on average eight weeks to complete and can take up to four months. Therefore, candidates should be given up to four months to complete the process.

Review of conditions is proposed at five months, giving the delegated decision-makers an additional month to consider the results.

### *Responsibility of practitioner*

Once the delegated decision-maker decides to require the MSF process, the practitioner will be responsible for contacting CFEP to arrange the MSF. The notice advising the practitioner of the proposal for registration with conditions will include contact details for CFEP.

The practitioner will be responsible for all costs associated with the MSF process.

The practitioner will initiate the MSF process by completing a specific Ahpra / MBA application form that can be accessed from the CFEP website. The application form also captures explicit consent for the MSF report to be provided to the Board, and requires the relevant fee to be paid directly to CFEP.

### *Support from CFEP*

CFEP has agreed to manage the MSF process, including follow up for slow responses. CFEP can provide a monthly update to Ahpra / MBA of all practitioners who have applied and where they are up to in the process.

CFEP will provide practitioners a specific guideline outlining the MSF process, the roles of CFEP and the practitioner, and the nature of CFEP communication with the Board.

## Appendix 2 cont.

### *Consideration of previous MSF results*

CFEP's MSF process comprises three components. The Board has agreed that if a practitioner has completed one or more component within the last 18 months, they can elect to rely on those components and only complete outstanding components. That is, candidates do not have to complete all three components afresh.

### *Traffic light report*

CFEP will provide a traffic light report to the Board. This report will identify the domains in which the practitioner's mean score falls:

- In the highest 75 per cent of all means
- between the lowest 10 per cent and the highest 75 per cent of all means, and
- in the lowest 10 per cent of all means.

The lowest 10 per cent of all means will be highlighted with a 'red light' and will flag areas of specific concern. The Board expects that specific plans will be developed to address short comings and this may result in additional conditions and/or amendments to the supervision plan and arrangements. If there are serious concerns, the practitioner may be managed under Part 8 of the National Law.

A sample traffic light report is available on the Ahpra intranet.

## Appendix 3

### Key milestones

Standard pathway – AMC Clinical Examination		
Milestone 1 (at new application of registration)	Milestone 2	Milestone 3
<ul style="list-style-type: none"> <li>• A supervised practice plan.</li> <li>• A training plan or professional development plan that will support the applicant to achieve the key milestones:               <ul style="list-style-type: none"> <li>○ The applicant and the proposed principal supervisor will develop a training plan or professional development plan that includes:                   <ul style="list-style-type: none"> <li>▪ Identification of the applicant's learning needs for safe practice</li> <li>▪ Identification of activities that will prepare the applicant to sit and pass the AMC clinical exam</li> <li>▪ Confirmation of the support that the supervisor and employer will provide to assist the applicant to prepare for the AMC clinical exam.</li> </ul> </li> </ul> </li> </ul> <p>The training plan or professional development plan should be reviewed and updated by the applicant and the principal supervisor as required to meet the learning needs of the applicant.</p>	<p>Evidence of being awarded the AMC Certificate.</p>	<p>Evidence of satisfactory completion of 47 weeks (FTE) of supervise practice in Australia as defined in the Board's registration standard '<i>Granting general registration to medical practitioners who hold an Australian Medical Council Certificate</i>'.</p>
<p>The order of milestones 2 and 3 are interchangeable. They are not sequential.</p>		
<p>If the applicant has not applied for general registration, at each renewal of their limited registration, the applicant will be asked to provide the following evidence of their progress against the milestones:</p> <ol style="list-style-type: none"> <li>1. A satisfactory work performance report for the previous registration period – WRIG-30</li> <li>2. A statement of progress against the training plan or professional development plan (whichever applies)</li> <li>3. An updated training plan or professional development plan developed by the Board approved principal supervisor and the applicant for the next period of registration (if granted). The plan should address how barriers to achieving milestones will be overcome, how areas for improvement will be addressed (including areas failed in any AMC exam attempts) e.g. what learning and preparation will the applicant complete and what support will be provided by the supervisor and employer to help the applicant achieve the milestones</li> <li>4. Any other information requested by the Board or Ahpra.</li> </ol>		

## Appendix 3 cont.

Standard pathway – AMC workplace-based assessment (WBA)		
Milestone 1 (at new application of registration)	Milestone 2	Milestone 3
<ul style="list-style-type: none"> <li>• A supervised practice plan.</li> <li>• Evidence of acceptance in an AMC accredited WBA program.</li> </ul>	Evidence of being awarded the AMC Certificate.	Evidence of satisfactory completion of 47 weeks (FTE) of supervised practice in Australia as defined in the Board's registration standard ' <i>Granting general registration to medical practitioners who hold an Australian Medical Council Certificate</i> '.
The order of milestones 2 and 3 are interchangeable. They are not sequential.		
<p>If the applicant has not applied for general registration, at each renewal of their limited registration, the applicant will be asked to provide the following evidence of their progress against the milestones:</p> <ol style="list-style-type: none"> <li>1. A satisfactory work performance report for the previous registration period – WRIG-30</li> <li>2. A statement of progress against the training plan or professional development plan (whichever applies)</li> <li>3. An updated training plan or professional development plan developed by the Board approved principal supervisor and the applicant for the next period of registration (if granted). The plan should address how barriers to achieving milestones will be overcome, how areas for improvement will be addressed e.g. what learning and preparation will the applicant complete and what support will be provided by the supervisor and employer to help the applicant achieve the milestones</li> <li>4. Any other information requested by the Board or Ahpra.</li> </ol>		

## Appendix 3 cont.

RACGP – PEP for non-specialists in the standard pathway (Eligibility for the PEP program includes the requirement that applicants hold current medical registration)					
Milestone 1 (at new application of registration)	Milestone 2	Milestone 3	Milestone 4	Milestone 5	Final Milestone - can apply for specialist registration
<ul style="list-style-type: none"> <li>A supervised practice plan.</li> <li>Evidence of passing the AMC MCQ Examination.</li> </ul>	Evidence of satisfactory completion of the PEP Program Agreement.	Evidence of passing the Fellowship Applied Knowledge Test (AKT).	Evidence of passing Key Features Problems Exam (KFP).	Evidence of passing Objective Structured Clinical Exam (OSCE) or the Remote Clinical Exam (RCE) or the Clinical Competency Exam (CCE).  *In 2020, the RACGP replaced the OSCE with the RCE. The RCE will be replaced by the CCE.	Evidence of eligibility for Fellowship of the RACGP <b>OR</b> Evidence of Fellowship of the RACGP.
<p>Milestone 2 must be met before proceeding to Milestone 3.</p> <p>Applicants must pass the Fellowship AKT and KFP before sitting the clinical examination.</p>					
<p>If the applicant has not applied for general or specialist registration, at each renewal of their limited registration, the applicant will be asked to provide the following evidence of their progress against the milestones:</p> <ol style="list-style-type: none"> <li>A satisfactory work performance report for the previous registration period – WRIG-30</li> <li>If not previously provided, a PEP Program Agreement. This is only required once</li> <li>A RACGP Letter of status (confirms applicant's current status in the PEP program e.g. current, withdrawn etc) and a RACGP progress report confirming progress to date (e.g. 40 CPD points per year and satisfactory completion of 12 workplace-based assessments per term (six-month terms)</li> <li>If the applicant has successfully completed the PEP Program Agreement, results of Fellowship exam attempts</li> <li>Any other information requested by the Board or Ahpra.</li> </ol> <p><b>NOTE:</b> Applicants in PEP cannot enrol to sit the Fellowship exams until they have satisfactorily completed the requirements of the PEP Program Agreement and the college's experience requirements. A RACGP Letter of status will indicate whether the applicant is a candidate for the Fellowship exams. The RACGP gives PEP participants up to three years to pass exams for Fellowship from the candidates first enrolment in an exam. More detailed information is available on the <a href="#">RACGP website</a>.</p>					

## Appendix 3 cont.

RACGP – PEP specialist pathway – substantially comparable applicants		
Milestone 1 (at new application of registration)	Milestone 2	Final Milestone - can apply for specialist registration
<ul style="list-style-type: none"> <li>• A supervised practice plan.</li> <li>• Evidence of being assessed by RACGP as substantially comparable (Report 1 or Combined report).</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence of satisfactory completion of PEP Program Agreement, <b>AND</b></li> <li>• Evidence of satisfactory completion of requirements defined in Report 1 or Combined report.</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence of eligibility for Fellowship of the college <b>OR</b></li> <li>• Report 2 (confirming completion of college requirements and recommendation for specialist registration). <b>OR</b></li> <li>• Evidence of being awarded Fellowship of the college.</li> </ul>
<p>If the applicant has not applied for specialist registration, at each renewal of their limited registration, the applicant will be asked to provide the following evidence of their progress against the milestones:</p> <ol style="list-style-type: none"> <li>1. A satisfactory work performance report for the previous registration period WRIG-30</li> <li>2. If not previously provided, a PEP Program Agreement outlining the requirements to be completed This is only required once</li> <li>3. A RACGP Letter of status (confirms applicant’s current status in the PEP program e.g. current, withdrawn etc) and a RACGP progress report confirming progress against PEP requirements</li> <li>4. Any other information requested by the Board or Ahpra.</li> </ol>		



## Appendix 3 cont.

RACGP – PEP specialist pathway – partially comparable applicants					
Milestone 1 (at new application of registration)	Milestone 2	Milestone 3	Milestone 4	Milestone 5	Final Milestone – can apply for specialist registration
<ul style="list-style-type: none"> <li>A supervised practice plan.</li> <li>Evidence of being assessed by RACGP as partially comparable (Report 1 or Combined report).</li> </ul>	<ul style="list-style-type: none"> <li>Evidence of satisfactory completion of PEP Program Agreement.</li> </ul>	Evidence of passing the Fellowship Applied Knowledge Test (AKT).	Evidence of passing Key Features Problems Exam (KFP).	Evidence of passing Objective Structured Clinical Exam (OSCE) or the Remote Clinical Exam (RCE) or the Clinical Competency Exam (CCE).  *In 2020, the RACGP replaced the OSCE with the RCE. The RCE will be replaced by the CCE.	<ul style="list-style-type: none"> <li>Evidence of eligibility for Fellowship of the college <b>OR</b></li> <li>Report 2 (confirming completion of college requirements and recommendation for specialist registration) <b>OR</b></li> <li>Evidence of being awarded Fellowship of the college.</li> </ul>
Milestone 2 must be met before proceeding to Milestone 3. Applicants must pass the Fellowship AKT and KFP before sitting the clinical examination.					
If the applicant has not applied for specialist registration, at each renewal of their limited registration, the applicant will be asked to provide the following evidence of their progress against the milestones: <ol style="list-style-type: none"> <li>A satisfactory work performance report for the previous registration period WRIG-30</li> <li>If not previously provided, a PEP Program Agreement outlining requirements to be completed. This is only required once</li> <li>A RACGP Letter of status (confirms applicant's current status in the PEP program (e.g. current, withdrawn etc) and a RACGP progress report confirming progress against PEP requirements</li> <li>If the applicant has successfully completed the PEP Program Agreement and any other requirements in Report 1 or Combined report, results of Fellowship exam attempts</li> <li>Any other information requested by the Board or Ahpra.</li> </ol> <p><b>NOTE:</b> Applicants in the PEP Specialist stream who have been assessed as partially comparable cannot enrol to sit Fellowship exams until they have satisfactorily completed the requirements of the PEP Program Agreement and college's experience requirements. A RACGP Letter of status will indicate whether the applicant is a candidate for the Fellowship exams. The RACGP gives PEP participants up to three years to pass exams for Fellowship from the candidates first enrolment in an exam. More detailed information is available on the <a href="#">RACGP website</a>.</p>					

## Appendix 3 cont.

Specialist pathway – specialist recognition		
Milestone 1 (at new application of registration)	Milestone 2	Final Milestone - can apply for specialist registration
<ul style="list-style-type: none"> <li>• A supervised practice plan.</li> <li>• Evidence of being assessed by college as substantially comparable or partially comparable (Report 1 or Combined report).</li> </ul>	<p>Evidence of satisfactory completion of college requirements as defined in Report 1 or Combined report.</p>	<ul style="list-style-type: none"> <li>• Evidence of eligibility for Fellowship of the college <b>OR</b></li> <li>• Report 2 (confirming completion of college requirements and recommendation for specialist registration) <b>OR</b></li> <li>• Evidence of being awarded Fellowship of the college.</li> </ul>
<p>If the applicant has not applied for specialist registration, at each renewal of their limited registration, the applicant will be asked to provide the following evidence of their progress against the milestones:</p> <ol style="list-style-type: none"> <li>1. A satisfactory work performance report for the previous registration period – WRIG-30</li> <li>2. A statement of progress against the training plan or professional development plan (whichever applies)</li> <li>3. For partially comparable IMGs, results of Fellowship exam attempts</li> <li>4. Any other information requested by Ahpra.</li> </ol>		

## Appendix 4

### Internal guidance

#### Revised guidance for delegated decision makers managing international medical graduates on the Royal Australian College of General Practitioners (RACGP) Practice Experience Program (PEP)

##### Summary

The Medical Board of Australia (the Board) provides guidance to assist delegated decision makers to manage applications for registration, in a consistent way, from international medical graduates (IMGs) who are required to demonstrate satisfactory progress towards attaining general or specialist registration.

This revised guidance is provided for delegated decision makers managing IMGs on the RACGP PEP.

##### Royal Australian College of General Practitioners (RACGP) Practice Experience Program (PEP)

In 2019, the Royal Australian College of General Practitioners (RACGP) introduced the Practice Experience Program (PEP) for non-VR doctors (non-specialist IMGs and general registrants).

The PEP is a supported, self-directed education program designed to support medical practitioners to gain the RACGP fellowship (and specialist registration in general practice). The PEP replaces the current General Practice Experience (Practice Eligible) (GPE) Pathway which is being phased out.

From 2022, medical practitioners (including IMGs with limited registration) will only be able to sit the fellowship examination of the RACGP if they are in a structured RACGP training program (Australian General Practice Training (AGPT), Remote Vocational Training Scheme (RVTS) or PEP). Medical practitioners in the existing GPE pathway can sit the fellowship exam at any time before 2022.

##### PEP Eligibility

To be eligible for PEP, applicants must have:

- current Australian medical registration
- a general practice job (or offer), and
- successful completion of the PEP entry exam - the PEP Entry Assessment (PEPEA) which is an Applied Knowledge Test (AKT) and Situational Judgement Test (SJT).

##### PEP Program requirements

PEP participants are required to complete a minimum number of PEP learning units per year and a set number of workplace-based assessments per term (six-month terms):

- PEP learning units: participants must complete self-directed online learning units equating to a minimum of 40 continuing professional development (CPD) points per year. The learning units are accredited by the RACGP for CPD points.
- Workplace-based assessments (WBAs): participants must complete a minimum of 12 WBAs per term (six-month terms). The WBAs are defined by the Registered Training Organisations and must include a minimum four mini-clinical exams, two case-based/random case analyses, and an additional six WBAs which can be a mix of mini-clinical exams or case-based discussions.

The minimum time in the program is two terms (12 months) and the maximum duration is five terms (30 months) (not including leave or extensions). A participant's program requirements will be outlined in a Program Agreement. There are four set program commencement dates per year (January, April, July, October).

Progress is monitored by the RACGP and Regional Training Organisations (RTO) and there is a process for remediation when this is required. The Program Agreement must be satisfactorily completed before the applicant can sit the fellowship exams. RACGP allow applicants six attempts at the exams over a three-year period.

## **Fellowship exam preparation – 24-week optional program**

The RACGP offers participants, for a fee, the option to undertake a 24-week Fellowship exam preparation course (PEPEXP). The PEPEXP can only be undertaken in the last term of the Program Agreement and only once per program.

## **Managing progress of PEP participants**

As the PEP does not allow any attempts at the exam until the participant has completed all the requirements in the program agreement, decision-makers will need to ensure that any current or future conditions imposed on the registration of IMGs who are in the PEP or who wish to enrol in the PEP align with the requirements of this program including participants who are undertaking the PEPEXP before they sit exams. The table at Appendix 1 outlines how IMGs in the PEP can demonstrate progress against the milestones at each renewal of registration. (Appendix 1 also includes the requirements of other pathways to registration.)

## **Review of conditions for IMGs in the PEP or who wish to enrol in the PEP**

Under section 126 of the National Law, the Board may initiate a review of conditions to determine whether a change is required. For IMGs who have a condition that they must attempt the RACGP exam within the next registration period and who are in the PEP or who want to enrol in the PEP, the condition should be varied to include evidence of enrolment in PEP, requirement to remain enrolled in the PEP and provide evidence of progress in PEP. The delegated decision-maker will choose a suitable milestone for the IMG based on their stage of PEP.

## **PEP specialist stream**

There is a PEP specialist stream program for specialist IMGs (SIMGs) assessed as substantially comparable (SC) or partially comparable (PC) under the specialist pathway. SC and PC SIMGs must complete a six-month term consisting of:

- core learning units and a reflective activity
- workplace based assessments
- supervised practice, and
- any other requirements defined in Report 1 (e.g. Fellowship exams for PC SIMGs).

## **Information on how IMGs on RACGP PEP can demonstrate progress towards attaining general or specialist registration**

The PEP internal guidance document reproduced here includes the table of milestones on how IMGs can demonstrate satisfactory progress towards attaining general or specialist registration. The table has not been reproduced here but can be found in Appendix 3 of this document.