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1. **Introduction**

1.1 College Statement

The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) is the medical college responsible for the training and professional development of ophthalmologists in Australia and New Zealand. This includes responsibility for Specialist Recognition Assessment in evaluating the training, qualifications and experience of Specialist International Medical Graduates (SIMGs) for comparability with Australian trained ophthalmologists.

For RANZCO SIMGs represent a vital part of our College and we have a strong focus on assisting them in their journey to Fellowship. This Policy is designed to structure consistency in assessment process across Australia by applying common criteria and assessment methodology. Our application of this Policy is underpinned by our College vision and mission statements and these values inform our approach. The Guideline that accompanies this Policy provides further information to assist applicants with the assessment process and requirements. The College also provides a number of resources to assist SIMGs during the assessment period.

1.2 Policy adoption

This Policy governs the conduct of all Specialist International Medical Graduate (SIMG) Comparability Assessments and Area of Need (AoN) Suitability Assessments (Assessment(s)) undertaken by the Royal Australia and New Zealand College of Ophthalmologists (RANZCO) in Australia on and from the date of adoption of this Policy unless and until formally revoked, amended, replaced or repealed.

2. **Purpose and scope**

2.1 Policy purpose

The purpose is to guide the assessment of SIMGs by RANZCO to determine their eligibility for specialist registration and eligibility for Fellowship of RANZCO. RANZCO determines assessment decisions on the eligibility of SIMGs for specialist recognition in Australia. RANZCO also determines the eligibility of SIMGs for Fellowship of RANZCO.

2.2 Scope

The Board have adopted this Policy to describe the processes to be followed by RANZCO’s SIMG Committee (“Committee”) when undertaking Assessments. This Policy applies to all SIMGs undergoing comparability and area of need suitability assessment by RANZCO in Australia.

This policy only applies to SIMGs who are eligible for the specialist pathway.

This Policy does not apply to applicants who are seeking vocational registration in New Zealand with the Medical Council of New Zealand.
2.3 Objectives

The objective of this policy is to establish:

a) fair, transparent, efficient, effective and accountable Assessment process;
b) relevant procedure, criteria and evidentiary requirements; and

c) a reporting mechanism to assist the ongoing development of this Policy.

3. Definitions

3.1 General definitions

For the purposes of this Policy:

**AHPRA** means Australian Health Practitioner Regulation Agency (AHPRA) is the administrative body of the Australian Medical Board.

**AMC** means Australian Medical Council (AMC) is an independent national standards body for medical education and training. The AMC is an external accreditation entity for the purposes on the Health Practitioner Regulation National Law.

**AON** means Area of Need (AoN) are the geographical locations determined by state and territory governments, primarily in rural and remote areas, where there is an inability of employers to attract locally trained specialists.

**Applicant** means an SIMG who has lodged an Application pursuant to this Policy.

**Board** means the Board of RANZCO as appointed from time-to-time.

**CEO** means the Chief Executive Officer of RANZCO as appointed from time-to-time.

**Chair** means the Chair of the SIMG Committee as appointed from time-to-time.

**College** means The Royal Australian and New Zealand College of Ophthalmologists (RANZCO).

**Committee Member** means SIMG Committee member including the Chair as appointed from time-to-time.

**Comparability** means Not Comparable, Partially Comparable or Substantially Comparable as the case may be.

**Comparability Assessment** means an Assessment of Comparability conducted pursuant to this Policy.

**Conflict of Interest** means Conflict of Interest as defined in the RANZCO Conflict of Interest Policy.

**CPD** means Continuing Professional Development (CPD) is how health practitioners maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.

**Document Review** means a review of the Application in accordance with this Policy.

**Fellow** means a Member who has been admitted to Fellowship of the College.
**FRANZCO** means Fellow of the Royal Australian and New Zealand College of Ophthalmologists.

**MBA** means Medical Board of Australia – responsible for the registration of medical practitioners, developing standards, codes and guidelines as well as investigating complaints about medical practitioners.

**Not Comparable** refer to Section 15 of this Policy for Defined Term.

**Partially Comparable** refer to Section 15 of this Policy for Defined Term.

**RANZCO** means The Royal Australian and New Zealand College of Ophthalmologists.

**RRAP** means RANZCO Reconsideration, Review and Appeals Policy.

**SIMGs** means Specialist International Medical Graduates who have completed their primary and/or specialist medical training overseas; outside of Australia and/or New Zealand.

**Substantially Comparable** refer to Section 15 of this Policy for Defined Term.

**Suitability Assessment** means an SIMG’s suitability for an AoN Position as determined in accordance with this Policy.

**Terms of Reference** means the Specialist International Medical Graduate (SIMG) Committee Terms of Reference as approved and amended from time-to-time.

**Vocational Training Program** (VTP) is a five-year vocational training program for medical practitioners wishing to pursue a career as a specialist Ophthalmologist.

### 3.2 Rules of interpretation

Formal defined terms and rules of interpretation of the Policy are set out in Section 15 of this Policy.

### 4. Background

#### 4.1 Regulatory framework in Australia

Section 57 of the *Health Practitioner Regulation National Law Act 2009* (National Law) provides that an individual is eligible for specialist registration if, among other things, they have successfully completed an examination or assessment required by an approved registration standard for the health profession to assess the individual’s ability to competently and safely practise their specialty.

#### 4.2 Authority and responsibilities

On 13 October 2010, RANZCO was appointed by the *Medical Board of Australia* (MBA) through the *Australian Health Practitioner Regulation Agency* (AHPRA) to conduct the assessment of internationally qualified specialists commencing 28 July 2010.

RANZCO is accredited by the Australian Medical Council (AMC) as the specialist medical college for specialist ophthalmologists in Australia and New Zealand.

a) has the authority and responsibility to assess SIMGs applying for an assessment of:

i. *comparability* for specialist recognition, and
ii. concurrent *comparability* for specialist recognition and *suitability* for an area of need position

b) undertakes these assessments on behalf of the Medical Board of Australia (MBA).

**4.3 Eligibility for assessment**

There are two assessment pathways for IMGs:

a) Specialist Pathway – specialist recognition
   i. for IMGs who are seeking recognition in order to obtain specialist medical registration to practise unsupervised or independently in Australia
   ii. applicants must have:
      - a primary qualification in medicine and surgery from a training institution listed on the Australian Medical Council website as being eligible to apply for AMC assessment; and
      - satisfied all the training and examination requirements to practise in the specialty in their country of training.

b) Specialist Pathway – area of need (AON), concurrent with specialist recognition
   i. applicants must:
      - have been offered a designated AoN position; and
      - meet the criteria for specialist assessment; and
      - also apply for specialist assessment.

**5. Governance**

**5.1 Roles and responsibilities**

In addition to setting out the policy and process to be followed in the RANZCO SIMG Assessment, this Policy sets out the roles and responsibilities of those involved in assessment.

**5.1.1 SIMGs**

All SIMG Applicants:

a) should be fully informed of, and comply with, the relevant Commonwealth, state or territory legislation and regulatory requirements that may affect their application;

b) are required to adhere to the policy for assessment issued by RANZCO and must openly disclose all information at the time of their application that may be relevant to their assessment;

c) should apply for specialist recognition only when they are ready to undertake the required assessments as detailed in this Policy (Section 6); and

d) notwithstanding any other provisions of the Policy it is the responsibility of SIMGs to supply adequate information to support their assessment and demonstrate comparability.
5.1.2 RANZCO

The CEO:

a) is responsible for ensuring that a Committee receives any and all necessary support required to implement this Policy;

b) may, at the request of the Committee and as and when reasonably required as determined by the CEO, engage external advisors to provide advice and assistance to the Committee in connection with the implementation of this Policy;

c) shall coordinate all Policy Reporting to the Board as specified in this Policy;

d) may approve proposed Policy amendments other than Significant Policy Amendments

e) is responsible for the CEO specific obligations arising under this Policy.

5.1.3 SIMG Committee

The Committee (including all Committee Members and the Chair):

a) are responsible for the implementation of this Policy;

b) must ensure the purpose and requirements of this Policy are followed;

c) are responsible for the Committee specific obligations arising under this Policy.

5.1.4 The Chair:

a) is responsible for making any request to the CEO for legal advice and assistance pursuant to 5.1.2(b);

b) preparing and submit a report to the CEO specifying the information identified in Paragraph 5.3.3 (Annual Committee Report);

c) is responsible for the Chair specific obligations arising under this Policy.

5.1.5 The Board:

a) is responsible for considering the Annual Committee Report; and

b) considering and approving Significant Policy Amendments as and when required.

5.1.6 SIMG Staff

SIMG Staff are responsible for providing necessary administrative support to enable the Committee to carry out its responsibilities in accordance with this Policy and the Committee’s Terms of Reference.

5.2 SIMG Committee Structure

5.2.1 SIMG Committee

The Committee is constituted by and subject to the requirements of the Specialist International Medical Graduate (SIMG) Committee Terms of Reference (as amended or replaced from time-to-time).
5.2.2 Document Review Panel

The document review panel is a sub-group of the Committee comprising not less than three (3) Committee Members including the Chair (Document Review Panel). The composition of a given Document Review Panel shall be determined by the SIMG Staff based on a consideration of:

a) Committee composition;
b) Committee workflow; and
c) Committee Member availability.

The composition of the Document Review Panel is not subject to Reassessment pursuant to the RANZCO Reconsideration, Review and Appeals Policy (RRAP).

5.3 Committee Processes

5.3.1 Statement of intent

All Committee processes subject to this Policy must be conducted always:

a) in good faith;
b) in accordance with the principles of procedural fairness and natural justice; and
c) in compliance with RANZCO’s Conflict of Interest Policy (CoIP).

5.3.2 Conflict of Interest

Where a Committee Member has a Conflict of Interest in connection with the Assessment of an Application, that Committee Member must not take part in any deliberations concerning that Application. For the purpose of the CoIP, all deliberations and Assessments in connection with an Application are considered “College Business”.

5.3.3 Reporting

In addition to any reporting required pursuant to the Terms of Reference, in January each year the Chair shall prepare an Annual Committee Report for the CEO including:

a) total number of Applications received in the preceding year (ending 31 December);
b) total Number of interim Assessments made in the preceding year;
c) total number of final Assessments made in the preceding year;
d) average time taken to reach interim Assessments during the preceding year;
e) average time taken to reach final Assessments during the preceding year;
f) total number of SIMGs undertaking Further Requirements (including a breakdown of numbers across Further Requirement Categories);
g) total number of Reassessments lodged in accordance with the RRAP relating to final Comparability and AoN Assessments;
h) any proposed amendments to the Policy.

For the purpose of paragraph 5.3.3, the Chair may delegate the preparation of the Annual Committee Report to SIMG Staff.
The CEO shall upon receipt of the Annual Committee Report:

a) consider any proposed Policy amendments;

b) approve, as appropriate, proposed Policy amendments (other than Significant Policy Amendments);

c) provide the Annual Committee Report to the Board at the next Board meeting together with any recommendations concerning significant proposed policy amendments specified therein.

5.4 SIMG Application Procedure

5.4.1 Application requirements

All Applicants must apply to have their medical qualifications verified by the AMC through the Educational Commission for Foreign Medical Graduates (ECFMG) Electronic Portfolio of International Credentials (EPIC) or Electronic International Credentials Services (EICS) prior to lodgement of an Application and must provide an EPIC or EICS number to RANZCO with their application.

All Applications made pursuant to this Policy must be lodged with RANZCO by Post, addressed to:

The SIMG Officer
RANZCO
94-98 Chalmers Street
Surry Hills, NSW, 2010

Until the Online Application feature is available on the website.

5.4.2 Completed requirements

RANZCO can only consider an application if it:

a) is complete and submitted in the required format which is the form published on RANZCO’s website (as amended or replaced from time-to-time); and

b) the Application Fee is paid to RANZCO upon lodgement.

Subject to conditions outlined in 5.4.3 below, an Application shall not be successfully lodged with RANZCO unless and until it is complete, and the Application Fee has been paid in full. For the purpose of this paragraph, “complete” means that all information including relevant specified supporting information and EPIC and EICS numbers have been provided with the Application.

5.4.3 Incomplete application

Where RANZCO receives an incomplete Application, SIMG Staff shall contact the Applicant in writing and request provision of specified information or payment of the Application Fee, as the case may be, within a specified timeframe.

Where the Applicant is unable or unwilling to provide information requested by SIMG Staff, the Applicant may in writing within the timeframe specified in the request given,
request that the Application proceed in the absence of the requested information (Request to Proceed).

Notwithstanding these conditions, an Application shall not proceed where an Applicant has failed to provide an EPIC or EICS number with the Application or has failed to pay the Application Fee in full.

5.4.4 Request to proceed

Where an Applicant issues a Request to Proceed in accordance with 5.4.3, the Application shall be assessed in accordance with this Policy at the Applicant’s risk. For the avoidance of doubt, an Application is less likely to be successful if an Application does not include all requested information.

5.4.5 Non-compliance

Where specified information is not received by RANZCO in accordance with a request made under 5.4.3 and the Applicant has not made a Request to Proceed within three (3) months from the date of receipt of the Application, SIMG Staff shall:

a) return the Application to the Applicant; and

b) refund, from the Application Fee, minus a 10% administration fee to the Applicant.

Any decision to return an Application is a final decision of the SIMG Staff and, irrespective of the terms of the RRAP, shall not be subject to Reassessment of any kind.

5.5 RANZCO Fees

RANZCO may charge fees for:

a) Document Review Stage Assessment;

b) Interview Stage Assessment;

c) Further Requirement (Examination costs, reporting costs, supervising etc.);

d) Further Requirement Completion Stage Assessment;

e) Access to RANZCO resources including CPD programs;

f) AoN Suitability Assessment; and

g) Reassessment pursuant to the RRAP.

RANZCO’s schedule of fees, specifying the costs associated with the Assessment process is published on its website.

6. RANZCO Assessment of Comparability Policy

6.1 Overview

Specialist International Medical Graduates (SIMGs) who want to be assessed for eligibility for specialist registration in order to practice as ophthalmologists in Australia must apply to RANZCO. RANZCO is charged with the task of assessing whether a SIMG
possesses the professional attributes, knowledge and clinical skills comparable to Australian trained specialists (Comparability Assessment).

RANZCO assessment of SIMGs will be conducted in a procedurally fair manner. Supporting guidelines for SIMG assessment outlining processes, timeline and requirements are published on the website. For more information regarding Comparability Assessment, visit AHPRA and MBA websites.

6.2 Purpose

The purpose of the assessment of comparability is to determine the following:

a) SIMGs level of comparability with an Australian trained ophthalmologist;

b) competency and experience for a specific ‘Area of Need’ position; and

c) to identify specific areas required for further training or professional development and recommend further requirements or assessments to achieve the desired level for registration as a specialist ophthalmologist in Australia.

6.3 Assessment Criteria

The criteria used to assess a SIMG’s comparability are aligned with the RANZCO VTP and Curriculum requirements. The RANZCO Advanced Clinical Examination (RACE) may be used as an assessment tool. The assessment process is outlined in the process overview detail (6.4 and 6.5) below.

A general overview of the basis for Comparability Assessments is specified in Section 7.

6.4 Process Overview

The Comparability Assessment process is a staged process. Staging is determined on a case-by-case basis depending on the current Committee Assessment as to Comparability.

RANZCO has a four (4) stage assessment process:

a) Stage 1: Document Review

b) Stage 2: Structured Interview

c) Stage 3: Further Requirements Completion

d) Stage 4: Final Assessment

6.5 Stages Defined

6.5.1 Stage 1 – Document Review

The Document Review Panel conducts the Document Review of the application. The onus is placed on the applicant to provide evidence to support their application.

The outcome of the Document Review will be either:

a) Not Comparable to an Australian trained ophthalmologist and both the AMC and applicant will be informed.

b) Comparability yet to be determined and proceed to Structured Interview for interim assessment of comparability to an Australian trained ophthalmologist.
Applicants assessed as Not Comparable will not be eligible to proceed and will exit the process.

6.5.2 Stage 2 – Structured Interview

The interview is conducted by a panel of SIMG Committee members and applicants are required to attend in person. The purpose of the interview is, in conjunction with the documentation, to further determine the applicant’s level of comparability. The panel will use various criteria to determine whether a SIMG is substantially, partially or not comparable to an Australian trained Ophthalmologist.

The interim determination following the Structured Interview will be confirmed as:

a) **Not Comparable** to an Australian trained ophthalmologist
b) **Partially Comparable** to an Australian trained ophthalmologist
c) **Substantially Comparable** to an Australian trained ophthalmologist

Applicants assessed as **Not Comparable** (6.5.2a) will be ineligible to proceed and will exit the process.

Applicants determined as **Partially Comparable** (6.5.2b) will be required to undertake Further Requirements (see stage 3 below).

Applicants determined as **Substantially Comparable** (6.5.2c) may be required to undertake Further Requirements (see stage 3 below). If no Further Requirements are required (Final Assessment), the applicant will be invited to apply for FRANZCO.

Any final assessment is an assessment of the Committee and is subject to Reassessment pursuant to the RRAP. An interim Assessment is not subject to any form of Reassessment pursuant to the RRAP.

6.5.3 Stage 3 – Further Requirements Completion

All applicants determined as **Substantially** or **Partially Comparable** who are required to undertake Further Requirements need to complete those Further Requirements before they can proceed to the Final Assessment Stage.

Applicants at Stage 3 assessment are assessed as suitable to undertake a defined scope of practice in a supervised capacity. Further Requirements are defined below. The length of supervised practice/period of oversight and nature of assessment is determined by the SIMG Committee.

**Summary of SIMG responsibilities**

The applicant:

a) Is responsible for securing a suitable placement in an Australian hospital or private practice, not RANZCO. The placement must:
   i. allow the applicant to gain suitable experience in any areas recommended by the SIMG Committee;
   ii. be approved by the SIMG Committee.

b) Must have regular meetings with their supervisor(s) and ensure the required documentation is completed for each reporting period.

c) Should engage fully with the process and respond constructively to feedback and areas for development.
d) Must communicate with RANZCO at all times on concerns, changes and developments that impacts completion of Stage 3 requirements.

e) Should familiarise themselves with the MBA Guidelines – Supervised practice for IMGs.

**Partially Comparable**

All applicants determined as **Partially Comparable** (6.5.2b) must undertake a Period of Supervised Practice. During this period of up to 24 months, the applicant will undertake upskilling with associated assessment under a supervisor(s) approved by RANZCO. The applicant’s work performance is reviewed every three (3) months. In addition, applicants may be required to sit the RACE Clinical examination. The RACE Clinical examination must be attempted at the first available sitting after completion of the Period of Supervised Practice.

**Substantially Comparable**

All applicants determined as **Substantially Comparable** with Further Requirements (6.5.2c) must undertake a Period of Oversight of up to 12 months.

**6.5.4 Stage 4 – Final Assessment**

All Applicants determined as **Partially Comparable** (6.5.2b) and **Substantially Comparable** (6.5.2c) at Stage 2 will be reviewed by the SIMG committee as part of Stage 4 Final assessment at the conclusion of their Further Requirements.

The final determination at Stage 4 will be assessed as:

a) **Not Comparable** – unsatisfactory completion of Further Requirements.

b) **Substantially Comparable** - satisfactory completion of Further Requirements.

Applicants determined as **Not Comparable** (6.4.4a) at this final determination point will exit the process.

Applicants determined as **Substantially Comparable** (6.4.4b) at this final determination point will be invited to apply for FRANZCO.

Table 6.1 provides a general overview of the Comparability Assessment process including staging, available Assessments, status of assessments and resulting actions.

**Table 6.1 RANZCO Comparability Assessment Process**

<table>
<thead>
<tr>
<th>Stage</th>
<th>Available Assessment</th>
<th>Status of Assessment</th>
<th>Resulting Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Review</td>
<td>Not Comparable</td>
<td>Final</td>
<td>Applicant exits process</td>
</tr>
<tr>
<td></td>
<td>Comparability yet to be determined</td>
<td>Interim</td>
<td>Applicant progresses to Interview stage</td>
</tr>
<tr>
<td>Interview</td>
<td>Not Comparable</td>
<td>Final</td>
<td>Applicant exits process</td>
</tr>
<tr>
<td></td>
<td>Partially Comparable</td>
<td>Interim</td>
<td>Applicant undertakes Further Requirements</td>
</tr>
<tr>
<td>Stage</td>
<td>Available Assessment</td>
<td>Status of Assessment</td>
<td>Resulting Actions</td>
</tr>
<tr>
<td>-------</td>
<td>----------------------</td>
<td>----------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>6-24 months Period of Supervised Practice and may be required to sit RACE Clinical</td>
</tr>
<tr>
<td></td>
<td>Substantially Comparable</td>
<td>Interim</td>
<td>Applicant undertakes Further Requirement</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3-12 months Period of Oversight</td>
</tr>
<tr>
<td></td>
<td>Substantially comparable</td>
<td>Final</td>
<td>Applicant invited to apply for FRANZCO</td>
</tr>
</tbody>
</table>

**Further Requirements Completion**

Applicants complete Further Requirements such as Period of Supervised Practice and/or Examination or Period of Oversight

**Final Assessment**

<table>
<thead>
<tr>
<th>Available Assessment</th>
<th>Status of Assessment</th>
<th>Resulting Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Comparable (unsatisfactory work performance at 12 months and 24 months Period of Supervised Practice) and/or unsatisfactory RACE Clinical results (if required)</td>
<td>Final</td>
<td>Applicant exits process</td>
</tr>
<tr>
<td>Substantially Comparable (satisfactory Period of Supervised Practice and/or Examination or Period of Oversight)</td>
<td>Final</td>
<td>Applicant Invited to apply for FRANZCO</td>
</tr>
</tbody>
</table>

### 6.6 Concurrent AoN Assessment

RANZCO conduct concurrent Comparability and Suitability Assessments.

SIMGs require RANZCO to make a positive Suitability Assessment before they can take up an AoN position. An SIMG must apply for an AoN Suitability Assessment concurrently with a Comparability Assessment. Where a Suitability Assessment is requested by a SIMG, the Committee will conduct that assessment in accordance with **Section 12**.

RANZCO will publish supporting guidelines for SIMG assessment that outline processes, timeline and requirements. For more information regarding AoN Assessment, visit AHPRA and MBA websites.

### 6.7 SIMG Comparability Assessment Timeframe

RANZCO shall endeavour to complete all:
a) Document Review Stage Assessments within four (4) to six (6) weeks from the date of lodgement of a complete Application;

b) Interview Stage Assessments within three (3) months from the date of the Document Review Stage Assessment.

6.7(2) SIMGs assessed as Partially Comparable shall have a total of four (4) years to complete up to twenty-four (24) full time equivalent (FTE) calendar months of Further Requirements (typically Period of Supervised Practice/Upskilling).

6.7(3) SIMGs assessed as Substantially Comparable shall have a total of two (2) years to complete up to twelve (12) FTE calendar months of Further Requirements (typically a Period of Oversight).

For the purpose of paragraphs 6.7(2) and 6.7(3), the starting date for the maximum timeframes is the date a SIMG starts practice in a position approved for completion of any Further Requirements.

6.7(5) The length of time permitted to lapse between the interim assessment decision and the start of practice shall not be greater than 24 months.

6.7(6) The maximum timeframes specified in paragraphs 6.7(2), 6.6(3) and 6.7(5) for SIMGs assessed as Partially Comparable or Substantially Comparable shall only be permitted to be extended by the Committee:

a) where the Committee have determined that additional Further Requirements are necessary;

b) where a written application is lodged by the Applicant with the CEO not less than one (1) month prior to the conclusion of the maximum timeframe; and

c) exceptional circumstances are identified by the Committee having regard to the information contained in the written application lodged in accordance with point (b) above; and

d) only if the extension is permitted under AHPRA guidelines.

A determination by the Committee pursuant to Paragraph 6.7(6) is an interim determination and is not subject to Reassessment pursuant to RANZCO’s RRAP.

7. Comparability Assessment Policy

7.1 Overview

The Comparability Assessment is based on the professional attributes, knowledge and clinical skills expected of an Australian trained ophthalmologist.

In order to be Assessed as Substantially Comparable, an Applicant must satisfy RANZCO’s requirements in relation to previous training, assessment, recent specialist practice and continuing professional development (CPD). Application Evidence must also demonstrate that previous training, assessment, recent specialist practice and CPD has given the Applicant the professional attributes, knowledge and clinical skills expected of an Australian trained ophthalmologist.
7.2 Professional Attributes

In order to satisfy RANZCO’s requirements concerning relevant professional attributes, the Application Evidence must demonstrate that the Applicant possesses the professional attributes expected of an Australian trained ophthalmologist as identified in the “Key Roles of an Ophthalmologist” specified in Schedule 1.

7.3 Knowledge and Clinical Skills

In order to satisfy RANZCO’s requirements concerning relevant knowledge and clinical skills, the Application Evidence must demonstrate that the Applicant possesses the knowledge and clinical skills expected of an Australian trained ophthalmologist covered in RANZCO’s VTP, Curriculum Standards and research requirements as specified in Schedule 2.

7.4 Available Assessments and Appeal Rights

This Policy adopts the definition of Substantially Comparable, Partially Comparable and Not Comparable as published by the MBA/AHPRA at the date of this Policy and thereafter, as amended by MBA/AHPRA from time-to-time.

A Comparability Assessment may result in one of the following assessments:

a) Substantially Comparable;
b) Partially Comparable; or
c) Not Comparable.

The resulting actions against assessment determination may include:

a) A Not Comparable Assessment is a final Assessment.
b) A Partially Comparable Assessment is an interim Assessment and shall be expressed as subject to specified Further Requirements.
c) A Substantially Comparable Assessment may be a final Assessment, if it is not subject to specified Further Requirements or interim Assessment if it is subject to specified Further Requirements.

AoN Suitability Assessments may result in:

a) suitable or not suitable Assessment;
b) both suitable and not suitable AoN Assessments are final Assessments.

Any final Assessment is an assessment of the Committee and is subject to Reassessment pursuant to the RRAP. An interim Assessment is not subject to any form of Reassessment pursuant to the RRAP.
8. **Stage 1 – Document Review Assessment Procedure**

8.1 Stage 1 – Document Review

8.1.1 Document Review Request

Subject to 8.1.2, upon receipt of a complete Application or incomplete Application accompanied with a Request to Proceed pursuant to 5.4.3, SIMG Staff shall electronically forward the Application to the Document Review Panel members requesting that each Document Review Panel member conduct a Document Review of the Application within three (3) weeks. (*Document Review Request*).

8.1.2 Public information

Where the College receives publicly available information about an SIMG that may inform an Assessment as to Comparability, such as disciplinary history or conditions recorded on a public register, the College must prior to making a Document Review Request:

a) provide the Applicant with the information received;

b) provide the Applicant with a reasonable opportunity to provide a written submission in response to the information;

c) include any submission received from the Applicant pursuant to 8.1.2b above in the Application when forwarding the Application pursuant to 8.1.1.

8.1.3 Conflict of Interest

Upon receipt of a Document Review Request, Document Review Panel members must assess whether their participation in the Document Review may be impacted by a Conflict of Interest (see paragraph 9.2, 9.3 and 9.4 of the CoIP).

Where a Document Review Panel member determines that they may be impacted by a relevant Conflict of Interest, the member shall immediately make a declaration by email to the Chair copied to SIMG Staff. (See paragraph 9.2.2 of the CoIP).

The Chair shall make an assessment concerning the declaration in accordance with paragraph 10 of the CoIP and shall, where necessary, manage the conflict which may involve, among other options, appointing an alternative Document Review Panel member. Notwithstanding, the terms of the CoIP, a Document Review Panel member must not be involved in a Document Review of an Applicant where the Document Review Panel member is involved in the direct supervision, peer review, workplace assessment or employment of the Applicant.

This Policy acknowledges that Document Review Panel member circumstances may change over time. Accordingly, Document Review Panel members are required to make a declaration in accordance with paragraph 9.2.2 of the CoIP whenever they arise during an Application process and must comply with all other requirements arising under the CoIP.
8.2 Document Review Panel – Decision Procedure

8.2.1 Assessment Recommendation Form

Document Review Panel members are not responsible for the Comparability Assessment but participate in the process of assessing Comparability by conducting individual Document Reviews and providing an interim recommendation as to Comparability to the Committee on the completed Assessment Recommendation Form.

Document Review Panel members must conduct the Document Review within the timeframe specified in the Document Review Request as follows:

a) Assess the Application Evidence only with a view to identifying any relevant deficiencies in the Application;

b) Complete the Assessment Recommendation Form; and

c) Email the completed Assessment Recommendation Form to SIMG Staff.

8.2.2 Identifying deficiencies

When specifying relevant deficiencies on the Assessment Recommendation Form in accordance with 8.2.1b, Document Review Panel members must, with any relevant professional attribute, knowledge or clinical skill:

a) identify any lack of relevant evidence in the Application Evidence;

b) identify any relevant unsupportive evidence in the Application Evidence;

c) identify, where there is both supportive and unsupportive evidence in the Application Evidence, why on balance there is a deficiency;

Where a Document Review Panel member does not identify any deficiencies for a relevant criterion in the Assessment Recommendation Form, a Document Review Panel member shall be taken to have confirmed that the relevant criteria has been satisfied by the Applicant.

8.2.3 Assessment not reached

8.2.3(1) Where an individual Document Review Panel member is unable to reach an assessment as to Comparability during the Document Review, the individual Review Panel member shall state so on the Assessment Recommendation Form and state the reason why no assessment could be reached.

8.2.3(2) Document Review Panel members shall have regard to the relevant likelihood that the imposition of Further Requirements may assist the Applicant to demonstrate comparability with a specified criterion.
professional attributes, knowledge and clinical skills expected of an Australian trained ophthalmologist when making a Further Requirement recommendation pursuant to paragraph 8.2.2(3b).

8.3 Document Review Determination Procedure

8.3.1 Review Panel Report

8.3.1(1) Upon receipt of all completed Assessment Recommendation Forms, SIMG Staff shall compile a Review Panel Report using the information contained in the individual completed Assessment Recommendation Forms and once compiled, forward the same to the Chair.

The Chair shall review the Review Panel Report and complete Part C by specifying:

a) the Committee’s Comparability Assessment i.e. Not Comparable or Comparability yet to be determined;

b) the reason(s) for the Comparability Assessment i.e. noting all relevant reasons specified on the Review Panel Report;

c) Further Requirements i.e. noting all recommended Further Requirements specified on the Review Panel Report;

d) the reason(s) for the Further Requirements i.e. noting all relevant reasons specified on the Review Panel Report; and

e) in the case of a Comparability yet to be determined Assessment, any additional information required to aid the Assessment to be provided by the Applicant to SIMG Staff not less than ten (10) days prior to the Interview.

8.3.2 Not Comparability Determination

A Document Review Panel Assessment of Not Comparable may only be made where all Review Panel members (including the Chair) have assessed the Applicant as Not Comparable.

A Document Review Panel Assessment of Comparability yet to be determined may only be made where:

a) all Review Panel members (including the Chair) have assessed the Applicant as Comparability yet to be determined; or

b) not all Review Panel members (including the Chair) Comparability Assessments align.

8.3.3 Subject to Interview

All Document Review Assessments of Comparability yet to be determined are Interim Assessments, and therefore not subject to the RRAP, and shall be expressed as “subject to Interview”.

8.3.4 Not Comparable (Final Assessment)

8.3.4(1) In cases where a Not Comparable assessment is made, the Chair shall:

a) prepare a Not Comparable Assessment Decision; and
b) forward the *Not Comparable Assessment Decision* and the completed *Review Panel Report* to SIMG Staff.

Upon receipt of documents pursuant to paragraph 8.3.4(1b), the SIMG Staff shall:

a) complete the *MBA Report*;

b) prepare a *Not Comparable Outcome Letter*;

c) email the *Not Comparable Outcome Letter* attaching the *Not Comparable Assessment Decision* and the *MBA Report* to the Applicant; and

d) conduct standard Not Comparable administrative tasks.

8.3.5 Comparability yet to be determined (Subject to Interview)

In cases where a Comparability yet to be determined assessment is made; the Chair shall forward completed Review Panel Report to SIMG Staff.

Upon receipt of the *Review Panel Report* pursuant to paragraph 5.2.2, the SIMG Staff shall:

a) prepare an *Invitation to Interview Letter*;

b) email the *Invitation to Interview Letter* to the Applicant;

c) conduct standard pre-interview administrative tasks.

9. **Stage 2 – Interview Procedure**

9.1 Stage 2 – Overview

9.1.1 Interview Panel Composition

SIMG Staff shall provide standard administrative support to the Committee during the Interview Stage.

Subject to paragraphs 9.1.1(5) and 9.1.2b, the Chair shall determine the composition of the interview panel (being not less than 3 Committee members including the Chair unless relevantly conflicted) (Interview Panel) in sufficient time to permit all Interview Panel members adequately prepare for the Interview.

The composition of the interview panel is determined in each case by availability of the SIMG members. Requirements for disclosure of Conflicts of Interest is set out in 5.3.2 and 9.1.2(3) of this Policy.

Where possible, the Interview Panel shall comprise some of the individuals that participated in the Document Review Level Assessment.

SIMG Staff shall provide all Interview Panel members, within a reasonable time prior to the scheduled Interview date:

a) the *Review Panel Report* (with completed Part C);

b) access to the Application (including all Application Evidence); and

c) any additional information requested by the Document Review Panel.
9.1.1(5) Interview Panel members will only be permitted to participate in the Interview if they have read the Application prior to the Interview.

9.1.2 Pre-Interview Meeting

It is expected that during preparation for the Interview, Interview Panel members shall consider the issues they wish to explore during the Interview in order to reach a Comparability Assessment.

The Interview Panel shall meet immediately prior Interview (Pre-Interview Meeting). Quorum for the Pre-Interview Meeting shall be not less than three (3) Interview Panel Members including the Chair. At the commencement of the Pre-Interview Meeting, individual Interview Panel members must:

a) inform the Chair whether they have read the Application; and

b) assess whether their participation in the Interview may be impacted by a Conflict of Interest (see paragraph 9.2, 9.3 and 9.4 of the CoIP).

9.1.2(3) Where an Interview Panel Member determines that they may be impacted by a relevant Conflict of Interest, the member shall immediately make a declaration to the Committee Chair (see paragraph 9.2.2 of the CoIP).

9.1.2(4) This Policy acknowledges that Interview Panel member circumstances may change during the course of the Interview. Accordingly, Interview Panel members are required to make a declaration in accordance with paragraph 9.2.2 of the CoIP whenever they arise during the Interview Stage.

The Chair shall make an assessment concerning any declaration made in accordance with paragraph 9.1.2(3) or 9.1.2(4) in accordance with paragraph 10 of the CoIP.

9.2 Interview Review Panel Procedures

9.2.1 Planning the interview

Prior to concluding the Pre-Interview Meeting, the Interview Panel shall plan the Interview having regard to the content of the Application. The Interview Panel will determine questions based on the information contained in the Application Evidence in order to confirm relevant details and explore issues relevant to the Assessment.

Interview Panel members may have regard to the content of the Review Panel Report to inform questions to be asked at the Interview but ultimately, all Interview Panel members must form their own individual Assessment as to Comparability based on the Application Evidence as a whole (including information disclosed at the Interview).

9.2.2 Public information

If any member of the Interview Panel has received publicly available information about a SIMG after the date of the Document Review Comparability Assessment that may rationally inform an Assessment as to Comparability during the Interview (such as disciplinary history or conditions recorded on a public register), the member must advise the Chair of receipt of that information and provide the Chair with a copy of that information prior to the scheduled start of the Interview.

9.2.2(2) Upon receipt of any information pursuant to paragraph 9.2.2, the Chair must:
a) provide the Applicant with the information received;

9.2.2(2b) b) subject to paragraph 9.2.2(3), reschedule the Interview (if possible) for a date after receipt of the submission in accordance with paragraph 9.2.2(4);

9.2.2(3) The Chair shall provide the Applicant with the option to deal with the information by way of oral statement during the Interview.

9.2.2(4) If the Applicant determines that further time is required to deal with the information, the Chair shall:

a) conduct the Interview avoiding any questions regarding the relevant information.

9.2.2(4b) b) provide the Applicant with a reasonable timeframe to make a written submission in relation to the relevant information;

c) reschedule a teleconference on a date after the date for written submission provided in accordance with paragraph 9.2.2(2b) to conclude the Interview by teleconference.

Any written submission made in accordance with paragraph 9.2.2(4) shall from part of the Application Evidence.

9.2.3 Interview rescheduled

If the Interview is rescheduled in accordance with paragraph 9.2.2(4b):

a) SIMG Staff shall as soon as practicable by written notice to the Applicant, confirm the date of the rescheduled Interview; and

b) a Pre-Interview Meeting shall take place immediately prior to the next scheduled Interview in accordance with this Policy.

9.3 The Interview

9.3.1 Structure and context

The Interview Panel shall use the Interview to:

a) explore in greater detail information contained in the Application;

b) explore any issues identified in the Document Review (including deficiencies);

c) explore any issues identified by Interview Panel members when reviewing the Application in preparation for the Interview; and where appropriate

d) explore an Applicant’s suitability to undertake Further Requirements.

At the commencement of the Interview, the Chair shall:

a) make relevant introductions;

b) explain the purpose and structure of the Interview; and

The Applicant will be given an opportunity to ask questions of the Interview Panel about the Interview and Assessment processes in order to ensure that the processes are fully understood by the Applicant.

The Interview will be conducted:

a) with as little formality as practicable;
b) having regard to the information contained in the Application;

c) having regard to any issues identified in the Document Review (including deficiencies); and

d) having regard to any new information raised during the Interview.

Questions that are not introductory in nature or relevant to the Assessment shall be avoided, where possible, during the Interview.

9.3.2 Issues disclosure

The Applicant will be specifically informed of any concerns identified in the Document Review Assessment and will be invited to address those concerns during the interview.

Where a member of the Interview Panel has or develops a specific concern during the Interview based on the information provided by the Applicant, the Applicant must be provided with an opportunity to address the concern during the Interview.

Subject to paragraph 9.3.2(4), where a member of the Interview Panel has or develops a specific concern based on any material sourced from a third party, including but not limited to a written reference, the Applicant must be provided with an opportunity to address the concern during the Interview or via single issue teleconference as per paragraph 9.2.2(4).

9.3.2(4) Third party references shall be treated on a confidential basis by the Interview Panel. Where a reference discloses issues that are adverse to an Applicant and which are capable of adversely affecting the Assessment, Interview Panel members should ask probing questions aimed at exploring the issues in order to inform the Assessment ensuring always that:

a) the Applicant is given an appropriate opportunity to address relevant issues; and

b) relevant questions do not to breach confidentiality by disclosure of the identity of any referee.

9.3.3 Assessment Recommendation Form

9.3.3(1) Interview Panel Members must complete an Assessment Recommendation Form during the course of the Interview and record any deficiencies on that form by reference to the specified criteria.

When specifying relevant deficiencies on the Assessment Recommendation Form in accordance with paragraph 9.3.3(1), Interview Panel members must, with any relevant professional attribute, knowledge or clinical skill:

a) identify any lack of relevant evidence in the Application Evidence;

b) identify any relevant unsupportive evidence in the Application Evidence;

c) identify, where there is both supportive and unsupportive evidence in the Application Evidence, why on balance there is a deficiency;

Where Interview Panel members do not identify any deficiencies for a relevant criterion in the Assessment Recommendation Form, Interview Panel members shall be taken to have confirmed that the relevant criterion has been satisfied.
9.3.4 Interview Panel Recommendations

Interview Panel members must:

a) specify a recommendation as to **Comparability** in the relevant section of Table 4 in the *Assessment Recommendation Form* including relevant reason(s) i.e. reference to any relevant deficiency; and

b) specify the recommendation as to any **Further Requirements** including relevant reason(s) supporting the imposition of the Further Requirements e.g. to permit the applicant an opportunity to demonstrate comparability with specified criteria.

Interview Panel members shall have regard to the relevant likelihood that the imposition of Further Requirements may assist the Applicant to demonstrate the professional attributes, knowledge and clinical skills expected of an Australian trained ophthalmologist.

At the conclusion of the Interview, the Chair shall explain to the Applicant how the Application shall proceed, including likely timeframe for notification of the Committee’s Assessment.

9.4 Interview Decision Procedure

9.4.1 Post-Interview Meeting

9.4.1(1) The Interview Panel shall meet immediately after the Interview (Post Interview Meeting) with each Panel member providing their principal assessment for discussion by the whole panel with a view to:

a) reaching a unanimous Interview Stage Comparability Assessment;

b) subject to Section 10.1.1, reaching a unanimous decision concerning any Further Requirements; and

c) in cases of Partially Comparable or Substantially Comparable, subject to Section 12, reaching a unanimous AoN Suitability Assessment.

The Interview Panel must only have regard to the Application Evidence when making its Assessments and decisions in accordance with paragraph 9.4.1(1).

The Interview Panel’s Assessment as to Comparability may be informed by but shall not be bound by any Interim Assessment made at the Document Review Stage. For the avoidance of doubt, the Interview Panel are free to follow or, subject to providing relevant reasons where required, depart from the Review Panel Assessment as they see fit.

The Interview Panel shall have regard to the relevant likelihood that the imposition of Further Requirements may assist the Applicant to demonstrate the professional attributes, knowledge and clinical skills expected of an Australian trained ophthalmologist.

9.4.2 The Interview Panel Report

Prior to the conclusion of the Post-Interview Meeting, the Chair shall complete the Interview Panel Report.
When completing the Interview Panel Report, the Chair shall:

a) confirm the Interview Level Comparability Assessment i.e. Substantially Comparable, Partially Comparable or Not Comparable;

b) in cases where the Applicant has been assessed as Partially Comparable or Not Comparable, identify all relevant reasons including all reasons supporting the unanimous Assessment as specified in the relevant Assessment Recommendation Forms including:
   i) identification of relevant criteria as stipulated in Schedule 1 and 2 of this Policy;
   ii) identification of any lack of relevant evidence in the Application Evidence;
   iii) identification of any relevant unsupportive evidence in the Application Evidence;
   iv) identify, where there is both supportive and unsupportive evidence in the Application Evidence, why on balance there is a deficiency; and

c) where relevant, identify any Further Requirements (including any Supervised Training) and relevant supporting reasons including:
   i) details of the deficiencies that the relevant Further Requirements seek to address;
   ii) all details required pursuant to Section 10.1.1.

d) where the Interview Panel has Departed from Document Review Stage Assessment by assessing an Applicant down from Potentially Comparable to Not Comparable, specify the reasons for such departure.

9.4.3 Not Comparable (Final Assessment)

9.4.3(1) In cases where a Not Comparable assessment is made, the Chair shall as soon as practicable after the Post-Interview Meeting:

a) prepare a Not Comparable Assessment Decision (Post Interview); and

b) forward the Not Comparable Assessment Decision (Post Interview), the completed Interview Panel Report and all completed Assessment Recommendation Forms to SIMG Staff.

Upon receipt of documents pursuant to 9.4.3(1b), the SIMG Staff shall:

a) complete the MBA Report;

b) prepare the Not Comparable Outcome Letter;

c) email the Not Comparable Outcome Letter attaching the Not Comparable Assessment Decision (Post Interview) and MBA Report to Applicant; and

d) conduct standard Not Comparable administrative tasks.

9.4.4 Partially Comparable with Further Requirements (Interim Assessment)

In cases where a Partially Comparable Assessment is made subject to Further Requirements at the Interview Stage, the Chair shall provide the completed Interview Panel Report and all completed Assessment Recommendation Forms to SIMG Staff at the conclusion of the Post-Interview Meeting.

SIMG Staff shall as soon as practicable after the Post-Interview Meeting:
a) complete the MBA Report;
b) prepare an *Outcome Letter (Partially Comparable with Further Requirements)*;
c) email the *Outcome Letter (Partially Comparable with Further Requirements)* and MBA Report to Applicant; and
d) conduct standard Partially Comparable administrative tasks as the case may be.

**9.4.5 Substantially Comparable with Further Requirements (Interim Assessment)**

In cases where a Substantially Comparable Assessment with a Period of Oversight of not more than twelve (12) months is made at the Interview Stage, the Chair shall provide the completed Interview Panel Report and all completed Assessment Recommendation Forms to SIMG Staff at the conclusion of the Post-Interview Meeting.

SIMG Staff shall as soon as practicable after the Post-Interview Meeting:

a) complete the MBA Report;
b) prepare the Outcome Letter (Substantially Comparable With Further Requirements);
c) email the Outcome Letter (Substantially Comparable With Further Requirements) and the MBA Report to Applicant; and
d) conduct standard Substantially Comparable administrative tasks.

**9.4.6 Substantially Comparable (Final Assessment)**

Interview Stage Substantially Comparable with no Further Requirements (Final Assessment)

In cases where a Substantially Comparable Assessment is made at the Interview Stage with no Further Requirements (e.g. Period of Oversight), the Chair provide the completed Interview Panel Report and all completed Assessment Recommendation Forms to SIMG Staff at the conclusion of the Post-Interview Meeting.

SIMG Staff shall as soon as practicable after the Post-Interview Meeting:

a) complete the MBA Report;
b) prepare the Outcome Letter (Substantially Comparable With No Further Requirements);
c) email the Outcome Letter (Substantially Comparable With No Further Requirements) and the MBA Report to Applicant; and
d) conduct standard Substantially Comparable administrative tasks.

**10. Stage 3 – Further Requirements Procedure**

**10.1 Stage 3 – Overview**

**10.1.1 Further Requirement Conditions**

The Interview Panel may, after Interview, impose Further Requirements:
a) in order to assist the Applicant to demonstrate the professional attributes, knowledge and clinical skills expected of an Australian trained ophthalmologist; and

b) to enable the Committee to either confirm or modify any Interim Assessment of Comparability and make a Final Assessment.

Any specified clinical experience and assessment required of the Applicant as part of the Further Requirements should be no more than that required of Australian trainees completing their training. Requirements should not require an Applicant to complete supervised clinical practice or specific clinical experience that is not required of Australian trainees.

Any Further Requirements must:

a) be referrable to a specified and justified completion period;

b) include a documented process for monitoring the Applicant during any period of peer review, supervised practice, assessment or formal examination etc.;

c) include a documented mechanism that will be used to determine satisfactory completion of Further Requirements (e.g. through satisfactory Reports etc.); and

d) be supported by the Interview Panel with written reasons.

10.1.2 Partially Comparable

In the case of a Partially Comparable interim Assessment, Further Requirements will include any or all of the following components:

Firstly,

a) 6-24 months Period of Supervised Practice recommended to take place in an Australian public hospital with specified Reporting and Supervision Requirements;

Maybe be followed up with:

b) applicant to sit RACE Clinical Examination at the first (1st) available sitting after completion of Further Requirements as determined by the Committee; and/or

c) other appropriate assessment tool as required to facilitate the Comparability Assessment.

Subject to Section 13.3, Applicants are only entitled to sit the RACE Clinical exam, once and on the date the Applicant is registered to sit the exam. If additional Further Requirements are specified, they shall not include an opportunity or requirement for an Applicant to sit RACE Clinical exam a second time.

10.1.3 Substantially Comparable (Interim Assessment)

In the case of a Substantially Comparable Interim Assessment, Further Requirements may include any or all of the following components:

a) 3-12 months Period of Oversight with associated reporting; and/or

b) other appropriate assessment tool as required to facilitate the Comparability Assessment.
The Interview Panel shall determine the combination of Further Requirement components pursuant to **10.1.2** and **10.1.3** that are to be applied and all associated details on a case-by-case basis.

If the Interview Panel imposes a period of Supervised Clinical Practice or a Period of Oversight as a Further Requirement, the Interview Panel shall have regard to the terms of the Medical Board of Australia’s Guidelines: Supervised practice for IMGs and shall ensure that Further Requirements are consistent with those Guidelines.

Applicants should note that The Australian Medical Board (AMB) shall make the final decision as to the nature of required supervision.

**11. Stage 4 – Final Assessment Procedure**

**11.1 Stage 4 – Overview**

Following Stage 3 Completion, SIMGs determined as Partially Comparable (Interim) and Substantially Comparable (Interim) will be reviewed as part of Stage 4 Final Assessment at the conclusion of their Period of Supervised Practice and/or Examination or Period of Oversight.

**11.1.2 Not Comparable – Unsatisfactory work performance at 12- and 24-months Period of Supervised Practice and/or Examination results (Final Assessment)**

Applicants determined as Not Comparable at this final determination point must exit the process.

**11.1.3 Substantially Comparable – Satisfactory Period of Supervised Practice and/or Examination or Period of Oversight (Final Assessment)**

Applicants determined as Substantially Comparable at this final determination point are invited to apply for FRANZCO.

**12. Area of Need Suitability Assessment Procedures**

**12.1 AoN – Overview**

The Interview Panel shall conduct the AoN Suitability Assessment during the Post-Interview Meeting in accordance with **paragraph 12.1(2)** in order to determine whether, on the basis of the Application Evidence and the Comparability Assessment, the Applicant’s training and experience is suitable to undertake the activities described in the AoN Position Description as specified in the Application.

12.1(2) When conducting the Suitability Assessment, the Interview Panel shall only have regard to:

a) the Application Evidence;

b) the Comparability Assessment; and

c) the AoN Position Description.
The Interview Panel may only make a Suitability Assessment if the Applicant’s training and experience is suitable to undertake the activities described in the AoN Position Description.

The Interview Panel must not determine AoN Suitability where the Applicant’s qualifications and relevant experience do not equip the Applicant to meet the requirements of the AoN Position Description.

The Chair shall record the Committee’s AoN Suitability Assessment on the Interview Panel Report. And where the Committee makes an unsuitable Assessment, the Chair must specify the reasons for that Assessment on the Interview Panel Report with reference to the Applicant’s training and experience and AoN Position Description as specified in the Application.

13. RANZCO Advanced Clinical Examinations (RACE) Decision Procedure

13.1 Post-RACE Clinical

13.1.1 Policy Procedures

As soon as practicable after an Applicant sits RACE Clinical, SIMG Staff will:

a) prepare RACE Clinical Form; and

b) forward to all Committee Members (including the Chair) the following documents:
   i) RACE Chair Report;
   ii) Examiners Report (cohort feedback);
   iii) Individual Performance Summary Report (individual feedback);
       (Collectively the “RACE Clinical Documents”); and
   iv) Interview Panel Report; and
   v) RACE Clinical Form.

SIMG Staff shall request that the Committee members review the RACE Clinical Documents and Interview Panel Report with a view to determining whether, in the context of the Comparability Assessment to date, the Applicant’s RACE Clinical performance causes the member to alter the Interview Level Partially Comparable Assessment.

Each member shall specify a post-RACE Clinical Comparability Assessment recommendation on the RACE Clinical Form.

Where a member recommends that the Comparability Assessment is:

a) to be assessed down to Not Comparable, the member must specify on the RACE Clinical Form the reason for the recommendation including:
   i) any and all relevant deficits exposed by the RACE examination; and
   ii) corresponding relevant Professional Attributes, Knowledge and Clinical Skills criteria.
Where a member recommends that the Comparability Assessment should rise to Substantially Comparable, the member must specify on the \textit{RACE Clinical Form} the reasons for the decision.

Each member shall email the completed \textit{RACE Clinical Form} to SIMG Staff and SIMG Staff shall:

a) prepare a combined \textit{RACE Clinical Form} (based on the \textit{RACE Clinical Forms}); and

b) forward the combined \textit{RACE Clinical Form} to the Chair.

Upon receipt of the combined \textit{RACE Clinical Form}, the Chair shall determine the post-RACE Clinical Comparability Assessment by simple majority or where there is a split Committee, by casting vote and specify the Assessment in Part C of the \textit{RACE Clinical Form}.

\textbf{13.1.2 Not Comparable Assessment}

\textbf{13.1.2(1)} Where the post-RACE Clinical Comparability Assessment is Not Comparable, the Chair shall:

a) prepare a \textit{Not Comparable Assessment Decision (Post RACE Clinical)}; and

b) forward the \textit{RACE Clinical Form} (with completed Part C) and the \textit{Not Comparable Assessment Decision (Post RACE Clinical)} to the SIMG Staff.

SIMG Staff shall upon receipt of documents in accordance with paragraph \textbf{13.2.2(1)}:

a) complete the MBA Report;

b) prepare the \textit{Outcome Letter};

c) email the \textit{Outcome Letter} attaching the \textit{Not Comparable Assessment Decision (Post RACE Clinical)} and MBA Report to Applicant; and

d) conduct standard Not Comparable administrative tasks.

\textbf{13.1.3 Substantially Comparable}

\textbf{13.1.3(1)} Where the post-RACE Clinical Comparability Assessment of Substantially Comparable is made, the Chair shall forward the \textit{RACE Clinical Form} to SIMG Staff.

SIMG Staff shall upon receipt of documents in accordance with paragraph \textbf{13.1.3(1)}:

a) complete the MBA Report;

b) prepare the \textit{Outcome Letter (Substantially Comparable)};

c) email the \textit{Outcome Letter (Substantially Comparable)} and the MBA Report to Applicant;

d) conduct standard Substantially Comparable administrative tasks.

\textbf{13.2 Special Consideration to vacate a RACE Clinical Examination Procedure}

\textbf{13.2.1 Policy Requirements}

Applicants are only entitled to sit the RACE Clinical exam:

a) once; and
b) subject to the balance of Section 13.2, on the date they are registered to sit the relevant exam.

Subject to paragraph 11.2 of RANZCO’s Examination Policy, if for reasons of misadventure or reasons beyond the control of the Applicant, the Applicant is unable to sit the RACE examination on the date an Applicant is registered to sit the examination, the Applicant must make an application in accordance with paragraph 11.1 of the Examination Policy via img@ranzco.edu addressed to the SIMG Committee and the Censor-in-Chief:

a) confirming the Applicant’s name;
b) confirming the name of the relevant examination;
c) confirming the date, the Applicant is registered to sit the relevant examination;
d) confirming the reasons of misadventure or reasons beyond the Applicant’s control that prevent the Applicant from sitting the relevant examination on the relevant date;
e) providing adequate supporting evidence e.g. doctors certificate; and
f) requesting vacation of the relevant examination on the relevant date for reasons of misadventure or reasons beyond the Applicant’s control as specified in the Application.

13.2.2 Application to Vacate Delegation

The Censor-in-Chief delegates the power to determine any Application to Vacate to the SIMG Committee.

Upon receipt of the Application to Vacate, the SIMG Staff shall immediately forward the Application to Vacate to the Chair of the SIMG Committee seeking a SIMG Committee discretionary determination as to whether, based on the reasons and evidence specified in the Application to Vacate, the date of the relevant examination is to be vacated.

The SIMG Committee shall have regard to the information contained in the Application to Vacate only when exercising its discretion. The discretion shall be exercised fairly in all the circumstances as disclosed in the Application to Vacate.

The SIMG Committee shall only uphold the Application to Vacate if a majority of the SIMG Committee conclude, having regard to the information contained in the Application to Vacate, that there are reasons of misadventure or reasons beyond the Applicant’s control that reasonably prevent the Applicant from sitting the relevant examination on the relevant date.

The SIMG Committee shall not uphold the Application to Vacate if a majority of the SIMG Committee conclude, having regard to the information contained in the Application to Vacate, that there are no reasons of misadventure or reasons beyond the Applicant’s control that reasonably prevent the Applicant from sitting the relevant examination on the relevant date.

Applicants must note that:

a) an Application to Vacate a RACE examination will not be valid if received after the relevant examination;
b) the outcome of any Application to Vacate is at the discretion of the SIMG Committee and as such, Applicants are strongly advised prepare to sit RACE on the registered date regardless of any pending application.

13.2.3 Upheld Application to Vacate

13.2.3(1) If the SIMG Committee uphold the Application to Vacate, the SIMG Committee shall determine the next sitting date for that vacated examination and advise SIMG Staff.

Upon the SIMG Staff’s receipt of advice in accordance with paragraph 13.3.3(1), SIMG Staff shall immediately prepare and send an Outcome Letter (Application to Vacate) to the Applicant.

A SIMG Committee decision as to a new RACE sitting date is an interim decision and is not subject to any Reassessment pursuant to the RRAP.

13.2.4 Denied Application to Vacate

13.2.4(1) If the SIMG Committee deny the Application to Vacate, the SIMG Committee shall immediately advise SIMG Staff of the outcome and the reasons for the denial.

Upon the SIMG Staff’s receipt of advice in accordance with paragraph 13.3.4(1), SIMG Staff shall immediately prepare an Outcome Letter (Application to Vacate) and email the same to the Applicant.

A SIMG Committee decision to deny an Application to Vacate is a final decision capable of Reassessment pursuant to the RRAP.

14. Further Conditions and Limitations

14.1 Comparability Re-Application

Notwithstanding any previous Not Comparable Assessment made pursuant to this Policy, an Applicant may apply for a subsequent Re-Assessment of Comparability if:

a) not less than three (3) calendar years have passed since the original Not Comparable Assessment; and

b) there has been a material change in the Applicant’s training and experience since the date of original Not Comparable Assessment.

The Re-Assessment must be commenced by Application lodged pursuant to this Policy and include, in addition to all other information required in the Application, identified verified evidence of the asserted material change in the Applicant’s training and experience since the date of original Not Comparable Assessment.

Any Application for Re-Assessment shall be conducted as if it were a fresh Application save for the fact that the Committee may have regard to any and all Application Evidence received in:

a) the original Comparability Assessment; and

b) in the Re-Assessment Application.

Any Application for Re-Assessment must be accompanied with payment of a further Application Fee.
14.2 Departure from the Policy

14.2.1 Subject to paragraph 14.2.1(2), the Committee may, at its discretion, depart from this Policy to ensure procedural fairness and natural justice in a given case.

14.2.1(2) The discretion contained in paragraph 14.2.1(1) is constrained and may only be exercised by the Committee in consultation with and having regard to the opinion of the CEO.

The Committee must document the reasons for any proposed departure from this Policy.

14.3 User Feedback

This Policy recognises that user feedback assists Policy evaluation and development.

The Committee shall assist Policy evaluation by notifying the CEO in writing of any substantive:

a) applicant feedback received concerning the implementation and effectiveness of this Policy; and

b) committee observations concerning the implementation and effectiveness of this Policy.

The CEO shall record any feedback and observations received pursuant to paragraph 14.3 with a view to future Policy evaluation and development.

14.4 Limits to Policy

To the fullest extent permitted by Law, this Policy does not oblige RANZCO to take any steps which are not in its interest.

14.5 Limits to RANZCO Liability

RANZCO relies upon the correctness of the representations submitted by the Applicant in the Application (including representations made by third parties) when conducting Comparability and Suitability Assessment.

RANZCO shall not be held liable for any loss or damage to the Applicant caused by or resulting from:

a) inaccurate or misleading representations submitted by the Applicant in the Application (including representations made by third parties)

b) RANZCO’s reliance on the representations submitted by the Applicant in the Application (including representations made by third parties); or

c) any Comparability or AoN Suitability Assessment.

14.6 Slip Rule

RANZCO shall be entitled to correct any slip or omission pursuant to this Policy at any time provided that such correction does not result in a substantive injustice to the Applicant (Slip Rule).

RANZCO shall advise the Applicant as soon as practicable of any exercise of the Slip Rule and shall provide written reasons as required.
14.7 Priority

To the extent of any inconsistency, between the Policy and the Constitution, the Constitution shall have priority.

This Policy is also a Bylaw for the purpose of the Constitution.

14.8 Appealing Decisions

Any final decision made under this policy are subject to RANZCO Reconsideration, Review and Appeals Policy. A copy of this policy is available on the College’s website.

14.9 Guidance Documents

Related policies and other documents:

MBA – Good practice guidelines for the specialist international graduate assessment process
MBA – Guidelines - Supervised practice for international medical graduates
MBA – SPPA-30 Form – Supervised practice plan for international medical graduates
RANZCO Reconsideration, Review and Appeals Policy, Application and User Guide Q&As
RANZCO Conflict of Interest Policy
RANZCO Examination Policy
RACE Exam Information
SIMG Period of Oversight
SIMG Period of Supervised Practice

15. Interpretation and Defined Terms

In this Policy:

a) Capitalised words defined in the text of this Policy have their defined meaning;
b) undefined words shall have their normal meaning; and
c) the following Capitalised words shall have the following meaning:

“Annual Committee Report” means the report prepared by the Chair in accordance with this Policy.

“Applicant” means an SIMG who has lodged an Application pursuant to this Policy.

“Application” means an Application lodged pursuant to this Policy.

“Application Evidence” means information disclosed in the Application, any Interview, Assessment or Report including information received from third parties in accordance with this Policy which is relevant to an Assessment.
“Application Fee” means the fee determined by RANZCO and published on its website.

“Area of Need” means an Area of Need that has been declared as such by a State Department of Health.

“AoN Position Description” means the AoN Job Description specified in the Application.

“Board” means the Board of RANZCO as appointed from time-to-time.

“CEO” means the Chief Executive Officer of RANZCO as appointed from time-to-time.

“Chair” means the Chair of the SIMG Committee as appointed from time-to-time.

“College Business” means College Business as defined in the CoIP.

“Committee Member” means SIMG Committee member including the Chair as appointed from time-to-time.

“Comparability” means Not Comparable, Partially Comparable or Substantially Comparable as the case may be.

“Comparability Assessment” means an Assessment of Comparability conducted pursuant to this Policy.

“Conflict of Interest” means Conflict of Interest as defined in the CoIP.

“Document Review” means a review of the Application in accordance with this Policy.

“Document Review Stage” means the stage from receipt of the Application until the date of the Document Review Stage Assessment.

“Further Requirements” means

a) In the context of a Partially Comparable assessment, any combination of the following as determined appropriate by the Committee:
   i a period of up to 24 months full time equivalent (FTE) of Supervised Practice under supervision by a supervisor(s) approved by RANZCO;
   ii RACE Clinical;
   iii Other appropriate form of assessment.

The RACE Clinical Examination must be attempted at the first available sitting after completion of Further Requirements as determined by the committee.

b) In the context of a Substantially Comparable assessment, any combination of the following as determined appropriate by the Committee:
   i a period of up to twelve (12) months full time equivalent (FTE) oversight under peer review by a reviewer approved by RANZCO;
   ii Other appropriate form of assessment.

“Interview” means an interview conducted in accordance with this Policy.

“Interview Stage” means the stage commencing on the date of the Document Review Stage Assessment and ending on the date of the Interview Stage Assessment.
“MBA Report” means the relevant Form 1, Form 2 or Combined Report as the case may be.

“Not Comparable” means applicants who do not meet the requirements of the relevant specialist college in regard to previous training, assessment, recent specialist practice and continuing professional development (CPD) or who are assessed as unable to reach comparability within 24 months full time equivalent of practice will be assessed as not comparable. They may be eligible to seek registration to practise via another pathway that will enable them to gain general registration, and subsequently seek formal college training and assessment.

“Oversight” means practice under peer review by reviewer appointed by the college.

“Partially Comparable” means applicants have been assessed as suitable to undertake a defined scope of practice in a supervised capacity. In order to be considered partially comparable an applicant must have satisfied the college requirements in relation to previous training, assessment, recent specialist practice and continuing professional development (CPD) that will enable them to reach the standard of an Australian trained specialist within a maximum period of 24 months full time equivalent of practice. During this period, the applicant will undertake upskilling with associated assessment under a supervisor(s) approved by the college and may be required to undertake formal examination(s). This is to ensure that the level of performance reaches that of an Australian trained specialist. This period of supervised practice will assist the applicant with the transition to the Australian health system, will provide them with professional support and assist with access to CPD. The length of supervised practice and nature of assessment is up to the individual college to determine on a case-by-case basis, but the supervised practice period must not exceed 24 months full time equivalent of practice. Following satisfactory completion of this process, the applicant will be eligible for Fellowship of the relevant specialist college and may apply for registration as a specialist. Partially Comparable applicants will not be eligible to apply for specialist registration during the period of supervised practice.

“Period of Oversight” means a period of no longer than twelve (12) months of practice under peer review undertaken by a Substantially Comparable SIMG.

“Policy” means this SIMG Comparability and Area of Need Suitability Assessment Policy (Australia) as amended or replaced from time to time.

“Policy Reporting” means Policy Reporting conducted pursuant to this Policy.

“RACE” means the RANZCO Advanced Clinical Examination.

“RANZCO” means the Royal Australia and New Zealand College of Ophthalmologists.

“Reassessment” means Reconsideration, Review and Appeal conducted pursuant to the RRAP.

“Recency of Practice” A key factor in determining the comparability of a SIMG for specialist assessment and suitability for an Area of Need position is the recency of practice. Recent practice confirms to the College that a SIMG is continuing to maintain operative and diagnostic skills. SIMGs must demonstrate that they have recent clinical surgical practice. A SIMG will be regarded as having recent clinical practice if they have documented evidence that demonstrates:
a) A minimum of 20 weeks of cumulative practice incorporating operative experience above the level of assisting, pre- and post-operative care of patients, in the two years prior to lodging an application for specialist assessment; and

b) Participation during that time in audits of surgical mortality and morbidity.

“Report” means any and all required reporting including SPPA-30, ORIG-30 and WRIG-30 or other Reports prescribed from time-to-time.

“Satisfactory Standard” means that the Applicant has demonstrated the knowledge expected of an Australian trained ophthalmologist.

“Significant Policy Amendments” means substantive amendments to this Policy as determined by the CEO.

“SIMG Staff” means staff responsible for supporting the Committee as determined by the CEO and RANZCO managers.

“Supervised Clinical Practice” means practice consistent with the Medical Board of Australia’s Guidelines: Supervised Practice for IMGs and practice in a supervised capacity which, on the basis of the RANZCO’s interim Assessment, is required by an Applicant who is considered as Partially Comparable. The supervised practice is designed to enable the Applicant - within a reasonably short period of time (24 months or less) - to upskill to enable the Applicant to be further assessed on the basis of his or her comparability to an Australian trained specialist. Supervised clinical practice is NOT intended to address deficiencies in training and experience in an Applicant who would require more than 24 months additional training and experience in order to reach a standard of an Australian trained specialist.

“Supervision Requirements” means the level of Supervised Practice recommended by the Committee as follows (see Medical Board of Australia’s Guidelines: Supervised Practice for IMGs for further details):

- **Level 1**: The supervisor must be physically present at the workplace when the IMG is providing clinical care
- **Level 2**: Supervision must be primarily in person
- **Level 3**: The IMG is permitted to work alone but the supervisor must be contactable by phone or video link
- **Level 4**: The supervisor oversees the IMG’s practice and must periodically review the IMG’s practice

“Substantially Comparable” means applicants have been assessed as suitable to undertake the intended scope of practice, taking full responsibility for individual patients with only oversight of their practice by a supervisor. In order to be considered substantially comparable an applicant must have satisfied the college requirements in relation to previous training, assessment, recent specialist practice and continuing professional development (CPD). The applicant may be required to undertake a period of up to 12 months full time equivalent of practice under peer review by a reviewer approved by the college, which may involve the satisfactory completion of a workplace-based assessment (WBA). This is to ensure that the level of performance is similar to that of an Australian trained specialist, and to assist with their transition to the Australian health system, provide professional support and help them to access CPD. The length of peer review and nature of assessment is up to the individual college to determine on
a case-by-case basis, but the peer review period must not exceed 12 months. Following satisfactory completion of this process, the applicant will be eligible for Fellowship of the relevant specialist college without formal examination and may apply for registration as a specialist. Substantially comparable applicants will not be eligible to apply for specialist registration during the period of peer review.

“Suitability Assessment” means an SIMG’s suitability for an AoN Position as determined in accordance with this Policy.

“Terms of Reference” means the Specialist International Medical Graduate (SIMG) Committee Terms of Reference as approved and amended from time-to-time.

“VTP” means RANCO’s Vocational Training Program.
Schedule 1: Key Roles of an Ophthalmologist

Schedule 1
Key Roles of an Ophthalmologist

In order to satisfy RANZCO’s requirements concerning relevant professional attributes, the Application Evidence must demonstrate that the Applicant possesses the following professional attributes expected of an Australian trained ophthalmologist:

Professional: Ophthalmologists have a unique societal role as professional with a distinct body of knowledge, skills and attitudes dedicated to the maintenance and improvement of eye health in the community. Ophthalmologists are committed to excellence in clinical care and ethical conduct, and to ongoing mastery of ophthalmology.

Scholar: Ophthalmologists engage in a lifelong pursuit to master their domain of professional expertise. They recognize the need to be continually learning, and model this to others. Through their scholarly activities they contribute to the appraisal, collection, and understanding of health care knowledge, and facilitate the education of their students, patients and others.

Communicator: To provide humane, high quality care, ophthalmologists establish effective relationships with patients, medical practitioners and other health professionals. Communication skills are essential for the functioning of ophthalmologists and are needed for obtaining information from, and conveying information to patients and their families. Furthermore, these abilities are critical in eliciting patients’ beliefs, concerns and expectations about their illnesses, and for assessing factors that have an impact on a patient’s eye health.

Collaborator: Ophthalmologists work with others who are appropriately involved in the care of individuals or groups of patients. Thus, ophthalmologists must be able to collaborate with patients and multidisciplinary team of health professionals to provide optimal patient care, education and research.

Manager: Ophthalmologists function as managers when they make daily practice decisions involving resources, co-workers, tasks, policies, and their personal lives. They do this in the settings of individual patient care, practice organizations, and in the broader context to the health care system. Thus ophthalmologists should be able to prioritize and execute tasks through teamwork and make systematic decisions when allocating finite health care resources. Ophthalmologists take on positions of leadership in the context of professional organizations and the health care system.
Health advocate: Ophthalmologists recognize the importance of advocacy activities in responding to the challenges represented by the socio-economic, environmental, and biological factors that determine the health of patients and society. They view advocacy as an essential component of health promotion that occurs at the level of individual patient, the practice population, and the community. Health advocacy is appropriately expressed both by the individual and collective responses of ophthalmologists in influencing public health policy.

For more detail concerning the content of the relevant professional attributes relevant learning outcomes and performance criteria see Social and Professional Responsibilities Standard published on the RANZCO website https://ranzco.edu/ArticleDocuments/189/2015_SocialProfessionalResponsibilitiesStandard_Board.pdf.aspx?Embed=Y.
**Schedule 2: Knowledge and Clinical Skills**

In order to satisfy RANZCO’s requirements concerning relevant knowledge and clinical skills, the Application Evidence must demonstrate that the Applicant possesses the following knowledge and clinical skills expected of an Australian trained ophthalmologist that are covered in the VTP, Curriculum Standards and Research Requirements.

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<td>Five-year VTP (including basic and advanced training) covering the professional attributes specified in Schedule 1 and the knowledge and skills specified in the Curriculum Standards (below) verified by:</td>
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<td>• Formal on-the-job assessment throughout the VTP</td>
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94-98 Chalmers Street, Surry Hills NSW 2010
Phone: +61 2 9690 1001 Fax: +61 2 9690 1321
ACN 000 644 404
www.ranzco.edu
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<td>Develop and Implement a Management Plan for Oculofacial, Orbital and Lacrimal Conditions</td>
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<tr>
<td>Ophthalmic Ultrasound</td>
<td>Ultrasound Principles</td>
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<td>Ultrasound Anatomy</td>
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<td>Ultrasound Instrument Application &amp; Skill Acquisition</td>
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<td>Clinical Applications of Ophthalmic Ultrasound</td>
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<tr>
<td>Paediatric Ophthalmology</td>
<td>Paediatric Eye Examination</td>
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<td>Amblyopia</td>
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<td>Retinoblastoma (Rb)</td>
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<td>Uveitis</td>
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<td>Paediatric Glaucoma</td>
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<td>Lens Abnormalities – Cataract and Subluxation of the Lens</td>
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<td>Paediatric Retinal Diseases</td>
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<td>Retinopathy of Prematurity (ROP)</td>
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<td>Paediatric Neuro-Ophthalmology</td>
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<td>Paediatric Systemic Diseases with Ocular Involvement</td>
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<td>The Apparently Blind Infant</td>
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<td>Accidental and Non-Accidental Eye Injury</td>
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<td>Learning Disabilities</td>
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<td>Visual Electrophysiology</td>
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<td>Functional Visual Impairment</td>
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**Refractive Surgery**
- General Medical and Ocular History Relevant to Refractive Errors
- Perform Eye Examinations relevant to Refractive Surgery
- Characterise Refractive Surgery Options
- Develop and Implement a Management Plan for Patients who have had Refractive Surgery

**Vitreoretinal**
- General Medical and Ocular History Relevant to Vitreoretinal Conditions
- Perform Eye Examinations for Vitreoretinal Conditions
- Vitreoretinal Diagnosis and Investigations
- Implement a Vitreoretinal Management Plan

**Research**
- Ophthalmic Research i.e.:
a) A publication in a peer-reviewed journal as first author.

b) Being first author and a significant contributor to a paper presented at a meeting for which abstracts are subject to peer review and selection, for example: The Colleges Annual Scientific Congress, the Australian Visual and Ophthalmic Science Conference, or a State/New Zealand Branch Scientific meeting.

c) An approved period of full-time research (confirmed by a written report from a RANZCO Fellow).

d) A higher degree gained by research or thesis. (A higher degree by course work alone is not sufficient.)

For more detail concerning the Knowledge and Skill Areas including learning outcomes and performance criteria where relevant, see the Curriculum Standards published on RANZCO website [https://ranzco.edu/education-and-training/vocational-training-program--vtp-/curriculum-standards].