



AUSTRALIAN MEDICAL COUNCIL
THE RECOGNITION OF MEDICAL SPECIALTIES:
POLICY AND PROCESS

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Foreword

These Guidelines describing the Australian Medical Council's Recognition of Medical Specialties processes and criteria supersede those published in December 2002.

After completing the assessment of five separate applications for specialty recognition between 2002 and 2006, the AMC undertook a review of the original Guidelines to ensure that they properly reflected the expertise gained by the organisation since first assuming the function at the request of the Commonwealth Minister for Health in 1998.

In November 2006, the AMC established a working party to review the Guidelines and consider the broader health policy context within which the AMC's recognition process operates. Membership of this working party comprised Dr Robin Mortimer AO (Chair), Dr Mark Bassett, Dr Mark Mattiussi, Professor Rick McLean (Commonwealth representative) and Professor Richard Smallwood AO. Research and secretariat support to this group was provided by Mr Andrew Bruce, Mr Chris Palmer and Ms Theanne Walters.

In February 2007, the working party delivered a series of recommendations on changes to the Guidelines for consideration by the AMC's Recognition of Medical Specialties Advisory Committee. Those recommendations provided the basis on which this new edition of the Guidelines was produced.

The AMC distributed the resulting draft Guidelines to key stakeholders for comment. These included the Commonwealth, state and territory governments, state medical boards, specialist medical colleges, the Australian Medical Association, universities, previous recognition applicants, and a number of consumer and other representative groups. The comments received from this consultative process were duly considered in developing the final Guidelines.

The AMC's governing Council approved these Guidelines at its July 2007 meeting.

There are a number of substantive changes in the new edition worth noting. These include:

1. The Guidelines no longer make reference to medical sub-specialties. The terms *specialty* and *sub-specialty* are used inconsistently (and even interchangeably) within the regulatory environment of the Australian health system and the medical education sector. For the purposes of the AMC's recognition process, the term *specialty* is used pragmatically and inclusively to signal those areas of medical practice that are referred to either in the *Health Insurance Act 1973* (Cth) or its regulations, or the AMC's *List of Australian Recognised Medical Specialties*. The criteria contained in these Guidelines are those against which applications are assessed for the purpose of new inclusions in one or both of these.
2. The AMC recognition process is no longer explicitly linked to any proposed enhancement of the system of registration of medical practitioners. All references to this have been removed. Future developments in this area, however, are not precluded.
3. The number of recognition criteria has been increased from *three* to *four*. An additional criterion has been added to highlight the requirement of a well-developed scientific basis for the discipline. The remaining three criteria have each been expanded and clarified to

assist applicants to provide the appropriate level and form of information required by the AMC for a full assessment of the case.

4. The function of the preliminary application has changed. The original recognition process invited applicants to submit a preliminary application, the expressed purpose of which was to establish a priority order for full assessment for the case for recognition. This was implemented when there were a number of applicants ‘competing’ for assessment by the AMC. This situation now no longer exists. The AMC has changed the function of the preliminary application to one which requires the applicant to present a *prima facie* case for full assessment. This has been introduced because the recognition process is both time-consuming and resource intensive. A set of criteria against which a preliminary assessment will be assessed has been developed.

The AMC believes that these changes will ultimately result in an improved process that provides applicants with clear advice on what is required to achieve specialty recognition. Importantly, the aims of the recognition process have remained unchanged, and these taken together signal the AMC’s ongoing commitment ‘to promote and protect public health and safety by ensuring a safe and competent workforce distributed across Australia to meet community needs’.

Dr Robin Mortimer AO

Chair

Recognition of Medical Specialties Advisory Committee

July 2007

1. Background and Aims of the Recognition of Medical Specialties Process

1.1 The Australian Medical Council

The Australian Medical Council Limited (AMC) is the national standards body for medical education and training in Australia. It is independent of the Australian government.

The AMC's purpose is to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community. Its functions include:

- accrediting Australian and New Zealand medical schools and medical courses
- accrediting Australian/Australasian programs of specialist medical training
- providing advice to the Commonwealth and the states and territories on the recognition of medical specialties
- assessing overseas-trained medical doctors who wish to practise medicine in Australia
- advising state and territory medical boards on uniform approaches to the registration of medical practitioners and maintaining a national network of State and Territory medical registers
- advising the Australian Health Ministers' Advisory Council on the registration of doctors.

Membership of the Council includes nominees of the state and territory medical boards, universities, specialist medical colleges, the Australian Medical Association, the Commonwealth, state and territory governments, health consumers and community members.

1.2 The Australian Medical Council and the Recognition of Medical Specialties

In 2002, in response to an invitation from the Commonwealth Minister for Health, the AMC took on the responsibility for advising the Minister on the recognition of medical specialties.

Between 2002 and 2006, the AMC provided advice to the Minister for Health and Ageing on five separate applications for the recognition of a medical specialty. These applications were assessed in accordance with the processes outlined in *The Recognition of Medical Specialties and Sub-specialties – Policy and Process* (2002). The AMC reports on each of these assessments have been placed in the public domain.

The AMC undertook a review of the original Guidelines in late 2006/early 2007. The updated version of the recognition guidelines are contained in this booklet, *The Recognition of Medical Specialties – Policy and Process* (the Guidelines).

1.3 Aims of the Recognition of Medical Specialties Process

Recognition signifies that a medical specialty has developed in Australia in response to a demonstrable need for specialist medical services and that its development is in the best interests of the Australian community.

The aim is to recognise:

- (a) areas that are developing in response to a need for specialist medical expertise and that will contribute to improved standards of health care
- (b) medical specialties based on sound clinical and scientific principles
- (c) medical specialties that are underpinned by a group of practitioners with the mission and the capacity to define, promote and maintain standards of medical practice that lead to high quality health care, and who use available health care resources wisely
- (d) specialties whose practitioners are appropriately trained in the knowledge, skills and attitudes required for safe and competent practice, and are participating in accredited continuing professional development programs to maintain their standard of practice
- (e) developments that, on balance, bring benefits that outweigh any adverse effects on other aspects of health care delivery.

The recognition process is designed to allow the AMC to prepare advice to the Minister that assists in determining which fields of medical practice should be recognised as specialties for the purposes of the *Health Insurance Act 1973* (Cth). In practice this means either listing on Schedule 4, Health Insurance Regulations, 1975 as a recognised medical specialty, or in the case of the specialty of General Practice, the entitlement of appropriately trained individual practitioners to be listed on the Vocational Register of General Practitioners. Such recognition enables doctors with specific qualifications to attract a relevant Medicare benefit for services rendered.

Since 1996, Commonwealth legislation requires that all newly registered medical practitioners achieve Fellowship of a recognised medical college to be eligible for a Medicare provider number.

The AMC recognition process also allows for organisations to seek recognition of a medical specialty for purposes *other* than the *Health Insurance Act*. In such cases, applicants may wish to have specialist medical skills and knowledge acknowledged, and to have the education and training programs that lead to these attributes accepted as a standard for a particular area of practice. A successful application in such a case would lead to a listing on the AMC's *List of Australian Recognised Medical Specialties*. This enables medical specialist training providers to participate in the AMC's accreditation of specialist medical education, training and professional development programs. The specialty of Medical Administration is an example of a medical specialty recognised by the AMC for such purposes.

Recognition for the purposes of the *Health Insurance Act* also means recognition for other purposes, but the converse is not true and cannot be implied. The process described in these Guidelines provides the avenue for both options to be considered.

1.4 Conduct of the Recognition Process

The AMC, in managing the recognition process, will:

- (a) focus on the achievement of improved health outcomes for the Australian community and also consider the effect of decisions on the medical profession
- (b) gather and analyse information and ideas from multiple sources and viewpoints
- (c) refer (where relevant) to commonly accepted hierarchies of evidence in assessing the strength of applications; and, where feasible, critically appraise the quality of literature and research cited to support claims
- (d) conduct its assessment of the case in an open and objective manner, using clear guidelines and procedures
- (e) include mechanisms to ensure that members of review groups, committees and staff apply standards and procedures in a consistent and appropriate fashion
- (f) review periodically the processes and criteria described in the Guidelines, with external input.

1.5 Medical Specialties and the AMC Recognition Process in the context of the Australian health system

The term medical specialty is used in a variety of ways. In its simplest form *specialism* has been historically defined in opposition to *generalism*. The generalist in medicine is understood as a doctor whose knowledge and practice of medicine extends across a broad range of medical conditions, bodily organs and systems. In contrast, the specialist develops significant expertise within a specific domain or branch of medical practice and research. These are most commonly (but not solely) defined by a bodily system and its pathologies, a group of diseases, and related interventions or procedures. Such practitioners are typically concerned with diagnosing, treating and managing particularly complex or difficult-to-treat conditions falling within their particular area of expertise. There is a growing scholarly literature on the benefits and costs of specialisation in medicine, and on achieving the ideal workforce balance between generalists and specialists in the health system. Whilst these Guidelines are not the appropriate place for a discussion of these, a number of the lessons from this literature are prefigured in the recognition criteria (in particular, Criterion II).

The medical specialties in Australia have also historically been defined by their function within the health system. The Australian health system generally recognises at least three levels of medical care. These are broadly known as primary, secondary and tertiary care. Although there is debate over precise definitions, primary care includes the notions of point of first contact with the health system and delivery of services at a local level; secondary care includes activities provided on the basis of a referral from a primary care clinician and delivered usually by consultants or specialists; and tertiary care includes activities delivered within large hospital settings requiring sophisticated technology. Referral is the mediating link between these levels, including referral to more specialised levels within the system and, on completion of the specialised service, referral back to more generalised levels.

Medical specialists in the Australian health system have largely been confined to secondary or tertiary care. They have been typically employed within the hospital system and/or maintain a referral-based private practice. Whilst reflecting the fact that most of the major specialty groups developed historically within the hospital setting, regulatory frameworks and financing arrangements continue to influence strongly the role of medical specialists within the health system.

Whilst acknowledging the reality of such historical considerations, the AMC does not maintain a narrow understanding of the term ‘medical specialty’. The discipline of General Practice, for example, is recognised by the AMC as a distinct medical specialty in itself – both for the purposes of the *Vocational Register of General Practitioners* and AMC accreditation of the training and education programs in the discipline.

The four recognition criteria have been devised to assess whether ongoing developments and innovations in medical care warrant formal recognition of a discipline as a distinct specialty within the context of the Australian health system and medical education sector. These criteria serve in lieu of a formal definition of the term ‘medical specialty’. The criteria have also been designed to distinguish between a distinct medical specialty and what more usefully should be regarded as a ‘special clinical interest’.

A guiding principle of the recognition process is that the Australian community and health system are better served by avoiding *unnecessary* fragmentation of medical knowledge, skills and medical care. As is clear from the four criteria, the onus is placed on the applicant to demonstrate that the benefits of specialisation in a particular field of medicine outweigh the potential costs, and present evidence to this effect.

1.6 Relationship between Medical Specialties and Professional Specialty Organisations

The capacity of the professional organisation representing the discipline to fill the role of setting and assessing standards in the discipline, *and* overseeing a postgraduate program of training, education and assessment is considered to be central to a successful application. This is made clear in Criterion III of the recognition criteria. Whilst the AMC will not make a full assessment of the training and education program until Stage 2 of the recognition process, the applicant will need to demonstrate its capacity and track record in this area during Stage 1.

The AMC recognition process allows for the possibility of complementary or overlapping disciplines to be recognised in their own right as distinct specialties; and for the practitioners in the specialty to be represented by different professional bodies or organisations. An application for recognition of an area of practice already recognised (fully or partly) under a different name, however, would need to be based on a **very strong case**. The AMC also expects groups representing developing specialties to have identified existing specialties whose scope of practice or training programs are similar, and will expect cooperation between developing specialty groups and existing specialty groups in order to maximise the use of limited resources.

Finally, more than one professional body may consider that it fulfils the standard setting and training roles for an already recognised medical specialty.¹ The AMC processes allow for the possibility of **alternate providers of specialist training and education**. In such cases, the most appropriate avenue is via the AMC's *Accreditation of Specialist Medical Education and Training and Professional Development Program*.

¹ Defined by current listing in either the *Health Insurance Act 1973* or its regulations, or the AMC's *List of Australian Recognised Medical Specialties*.

2. Decisions Concerning the Recognition of Medical Specialties

Recognition means that the Commonwealth Minister for Health and Ageing has made a decision to recognise a specialty and, *if necessary*, approve an amendment to the *Health Insurance Act 1973* (Cth) or its regulations.

The recognition process is a linked, two-stage process to assist in the provision of advice to the Minister on the recognition of medical specialties. Recognition as a specialty is conditional upon successful completion of *both* Stages 1 and 2 of the process, and on the Minister having made a decision to recognise a specialty.

During Stage 1, the AMC assesses the case for recognition of a medical specialty against the four recognition criteria. As described in section 4, these relate to: (1) the distinct and legitimate nature of the medical discipline, (2) quality and safety, (3) standards of medical practice, and (4) the wise use of resources.

The Stage 1 assessment process is described in these Guidelines.

At the completion of Stage 1, the AMC will provide confidential advice to the Commonwealth Minister for Health and Ageing on whether the case has satisfied the core recognition criteria. The Minister may accept or decline this advice from the AMC.

If the Minister decides that there is a case for recognising the specialty, the recognition process will proceed to Stage 2. Organisations with training programs in that specialty become eligible to apply for accreditation of their training programs.

During Stage 2, the AMC assesses the standard of the specialist education, training programs and continuing professional development programs available for the medical specialty. This process is described in detail in the document, *Accreditation of Specialist Medical Education and Training and Professional Development Programs: Standards and Procedures*.

Where the applying body is seeking recognition for purposes of the *Health Insurance Act*: The outcome of the Stage 2 assessment will be advice by the AMC to the Commonwealth Minister indicating whether the organisation and training program assessed meets the criteria for AMC accreditation. The AMC's advice to the Minister will relate to a particular organisation, specialty and qualification. The advice will be to assist in the determination of suitability for inclusion in the relevant sections of the *Health Insurance Act 1973* (Cth) or its regulations.

Recognition is effective only once the appropriate sections of the *Health Insurance Act 1973* (Cth) or its regulations have been amended to include the new specialty, organisation, training program and qualification.

Where the applying body is seeking recognition for the purposes *other than the Health Insurance Act*: The outcome of the Stage 2 assessment will be advice by the AMC to the Commonwealth Minister indicating whether the organisation and training program assessed meets the criteria for AMC accreditation. The AMC's advice to the Minister will relate to a particular organisation, specialty and qualification. The advice will be to assist in the determination of suitability for inclusion in the AMC's *List of Australian Recognised Medical Specialties*. Recognition is effective only once the *List of Australian Recognised*

Medical Specialties has been amended to include the new specialty, organisation, training program and qualification.

The AMC recognises a requirement for state and territory governments and agencies to participate in the development of a decision concerning the recognition of medical specialties. The recognition process provides for the AMC to receive submissions on applications for recognition, and the AMC will routinely seek submissions from the state and territory health authorities and include this information in its advice to the Minister.

NB A separate set of processes apply to the recognition of individual practitioners under the *Health Insurance Act* as vocationally registered general practitioners, specialists (e.g. surgeons, radiologists), consultant physicians or psychiatrists. These processes are administered by *Medicare Australia* (formerly the Health Insurance Commission) and are **not** the responsibility of the AMC.

3. The Preliminary Application - Criteria and Other Considerations for Establishing a Prima Facie Case for Assessment

A full assessment of the case for the recognition of a medical specialty is resource intensive and time-consuming. Before submitting a full application, an applicant must first establish a *prima facie* case for a full assessment. This is done by submitting a preliminary application. The AMC has developed an aid to provide guidance on the format of any preliminary application.

3.1 Entry Criteria

In assessing a *prima facie* case for assessment, the AMC's Recognition of Medical Specialties Advisory Committee will consider the following entry criteria:

- that the proposed specialty is well-defined and grounded in widely recognised medical and scientific concepts
- that specialisation in this area of medicine has led to significant and quantifiable improvements in health outcomes
- that the applicant body fills the role of setting and assessing standards in the discipline, and oversees a postgraduate program of training, education and assessment that is likely to comply with AMC accreditation standards
- that members of the applicant body are providing specialist clinical services in the proposed specialty that meet a real and identifiable health need
- that an application for specialty recognition is in concordance with public health priorities (e.g. relevant to one or more of the national health priorities).

3.2 Additional Considerations Regarding the Preliminary Application

- (1) Taking into account the criteria listed above, the AMC considers it unlikely that preliminary applications based on any of the following would be successful:
 - (a) an area of practice limited to a specific geographic area or narrow demographic group
 - (b) an area of practice limited to the treatment of a single disease
 - (c) an area of practice based on a single modality of treatment.
- (2) An area of practice not directly involved in clinical care would have to provide evidence that specialisation is providing substantial benefits to the health status of the broader community.
- (3) An application for recognition of an area of practice already recognised (fully or partly) under a different name would need to be based on a very strong case. More than one professional body, however, may consider that it fulfils the standard setting and

training roles for an already recognised medical specialty.² The AMC processes allow for the possibility of alternate providers of specialist training and education. In such cases, the most appropriate avenue is via the AMC's *Accreditation of Specialist Medical Education and Training and Professional Development Program* and not the recognition process.

More information on the process of assessing the preliminary application can be viewed at section 5.4.2 below.

² Defined by current listing in either the *Health Insurance Act 1973* or its regulations, or the AMC's *List of Australian Recognised Medical Specialties*.

4. The Full Application: Criteria for the Recognition of Medical Specialties

A full application for the recognition of a medical specialty will be assessed against the following criteria (and sub-criteria). The AMC has developed an application aid to provide guidance on the format and information required of a full application.

Information on the process of assessing a full application can be viewed at section 5.4.3ff below.

4.1 Criterion I: that the proposed specialty is a well-defined, distinct and legitimate area of medical practice with a sustainable base in the medical profession

To satisfy this criterion, a case must be made addressing the following:

- (a) that the proposed specialty is a well-defined and distinct field of medicine.
- (b) that the proposed specialty is based on substantiated and major concepts in medical science and health care delivery
- (c) that the proposed specialty represents a widely accepted field of medical practice, for example, as indicated by:
 - a comprehensive and developing body of international research and scholarly literature to support evidence based clinical practice
 - significant representation within academic medicine
 - formal recognition as a medical specialty (or other relevant category) in comparable countries.
- (d) that the medical specialty has a demonstrable and sustainable base in the medical profession, for example, as indicated by:
 - a sufficient number of practitioners:
 - with the capacity to meet existing clinical need
 - who possess the knowledge and skills to practise in the specialty, and who practise predominantly in the specialty
 - to sustain activities such as vocational training and assessment and continuing professional development.

Projections of the future need for specialist-level skills and knowledge in this area of medicine should also be provided here.

(Please refer to the Application Aid for information required to assess these sub-criteria)

4.2 Criterion II: that specialisation in this area of medicine is demonstrably contributing to substantial improvements in the quality and safety of healthcare

To satisfy this criterion, a case must be made addressing the following:

- (a) that specialisation can be demonstrated to have improved the quality of healthcare in Australia across the following dimensions³:
 - increased *effectiveness* of health care as defined by improved health outcomes
 - increased *appropriateness* of health care as defined by providing care relevant to the patient's needs and based on established standards
 - increased *safety* of care (e.g. significant reduction of harm experienced as a result of receiving healthcare).
- (b) that specialisation is not adversely affecting the quality of healthcare in Australia, and will not in the future, by promoting:
 - the *unnecessary* fragmentation of medical knowledge and skills (e.g. where this serves to increase the risk of medical errors and/or inefficient or inappropriate care)
 - the *unnecessary* fragmentation of medical care (e.g. where patients are required to see multiple practitioners for care at a significant coordination cost)
 - the *unnecessary* deskilling of other medical practitioners (e.g. General Practitioners and other primary health care providers)
 - inequitable access to health care as defined by socioeconomic status, geography or culture.
- (c) that where the specialist medical services are already provided or could be provided by practitioners in a recognised specialty or a combination of recognised specialty groupings, provision of these services by this new specialty enhances the quality of health care and/or efficiency of healthcare.

(Please refer to the Application Aid for information required to assess these sub-criteria)

³ The AMC acknowledges the following documents in the formulation of items within Criterion II. National Health Performance Committee (2001), *National Health Performance Framework Report*, Brisbane: Queensland Health; and as adopted by Australian Council for Safety and Quality in Health and the National Institute of Clinical Studies (2004), *Charting the Safety and Quality of Health Care in Australia*, Commonwealth of Australia.

4.3 Criterion III: that specialisation in this area of medicine is demonstrably contributing to substantial improvements in the standards of medical practice

To satisfy this criterion, a case must be made addressing the following:

- (a) that there is a professional body:
 - responsible for setting the requirements and standards for training, assessment and certification in the specialty
 - capable of defining, promoting, maintaining and improving standards of medical practice to ensure high quality health care, and capable of engaging stakeholders, including health consumers, in setting standards
 - with guidelines and procedures for determining who will be Foundation Fellows/Members of the body (NB the level of knowledge, skills and competence of Foundation Fellows/Members should be no lower than those who will complete its training program)
 - with appropriate processes for determining the standard of education, training and experience of medical practitioners trained in the discipline overseas.
- (b) that the specific body of knowledge and skills is sufficiently complex or extensive to require a comprehensive and distinct training program
- (c) that there is a program of education, training and assessment that will enable practitioners to:
 - undertake unsupervised, comprehensive, safe and high quality medical practice in the relevant specialty, including in the general roles and competencies that apply to all professional medical practice
 - demonstrate the requisite knowledge, skills and professional attributes through exposure to a broad range of clinical experience and training in the relevant specialty
 - provide leadership in the complex health care environment, working collaboratively with patients and their families and a range of health professionals and administrators
 - demonstrate a knowledge and understanding of the issues associated with the delivery of safe, high quality and cost-effective health care within the Australian health system.
- (d) that there is a program of continuing professional development that assists participants to maintain and develop knowledge, skills and attitudes essential for meeting the changing needs of patients and the health care delivery system, and for responding to scientific developments in medicine
- (e) that the professional body can demonstrate experience in all or some of the following:
 - health policy development
 - health promotion and advocacy
 - research facilitation

- the development and dissemination of the discipline’s evidence base
- the education of other medical and health professionals
- engagement with health consumers.

(Please refer to the application aid for information required to assess these sub-criteria)

4.4 Criterion IV: that recognition of the specialty would be a wise use of resources

To satisfy this criterion, a case must be made addressing the following:

- (a) that recognition of the proposed specialty is of *public health significance* as defined by the following:
 - a significant burden of disease, incidence, prevalence or impact on the community relevant to the proposed specialty *coupled with* a demonstrated capacity of members of the proposed specialty to influence this at a population level
 - evidence of significant professional and consumer support for the recognition of the medical specialty in the community.
- (b) that the resource utilisation for both public and private health care sector providers and consumers is justified on the basis of the benefits to the community the recognition of the specialty. *

* NB This requires modelling of both the nominal costs and the health-related economic benefits of recognition. The former includes all costs relating to the MBS (including the safety net), Pharmaceutical Benefits Scheme, public hospital sector, patient contributions, and private health insurance. Please refer to the application aid for information required to assess this criteria and sub-criteria.

Whilst this modelling remains the responsibility of the applicant, the review group may also undertake its own analysis requiring the assistance of the applicant during the review itself. In particularly complex cases, the AMC reserves the right to commission the services of an independent consultant, the cost of which will be borne by the applicant.

5. The Recognition of Medical Specialties Process: Administration and Assessment

The process for assessment of the case for recognition of a medical specialty is a linked two-stage process.

Stage 1: This stage entails an assessment of the case for recognition of a medical specialty against the four recognition criteria. These Guidelines describe the recognition assessment process and the criteria against which applications are considered.

Stage 2: This stage entails an assessment of the education, training and continuing professional development programs for the medical specialty for the purpose of AMC accreditation. The *Guidelines for Accreditation of Specialist Medical Education and Training and Professional Development Programs* provide detailed information on the accreditation process and lists the standards against which training and professional programs are examined.

The decision to recognise a medical specialty is made by the Commonwealth Minister for Health and Ageing. Recognition as a specialty is conditional upon successful completion of both Stages 1 and 2 of the process.

5.1 Administration of the AMC Recognition Process

A number of AMC committees and groups is involved in the administration of the recognition process. These are:

5.1.1 The Directors

The Directors manage the business of the AMC. In relation to the recognition of medical specialties, the Directors provide advice to the Commonwealth and the states and territories on the recognition of medical specialties.

In relation to the management of the recognition function, the Directors may consider matters such as the progress of assessment of applications, appoint of recognition review groups, and the outcomes of assessments.

5.1.2 The Recognition of Medical Specialties Advisory Committee

The Recognition of Medical Specialties Advisory Committee oversees the recognition process. The Committee's functions and responsibilities, as defined by the AMC Constitution, include:

- (1) Developing guidelines, policies and procedures relating to the recognition of medical specialties, including by:

- (a) making recommendations to the Directors on policies and procedures
 - (b) periodically reviewing guidelines, policies and procedures relating to the recognition of medical specialties and recommending to the Directors any changes it considers appropriate
- (2) Overseeing the Council's processes and procedures for the recognition of medical specialties, including:
- (a) implementing the Council's policies and procedures relating to the recognition of medical specialties
 - (b) making recommendations on the recognition of medical specialties
 - (c) maintaining the List of Australian Recognised Medical Specialties
 - (d) presenting a report reporting to each general meeting of the Council on its activities.

5.1.3 The Recognition Review Group

At the recommendation of the Recognition of Medical Specialties Advisory Committee, the Directors establish a recognition review group to undertake a detailed assessment of the case for recognition of the medical specialty. This occurs after the Recognition of Medical Specialties Advisory Committee has assessed a full application and judged it to be sufficiently detailed and robust to proceed to full assessment.

The recognition review group works within the policy and guidelines of the AMC and assesses the case for recognition against the four criteria.

Members of recognition review groups are expected:

- (a) to make the safety and quality of the medical care provided to the Australian community their primary concern in undertaking this task
- (b) to apply standards in a consistent and impartial manner
- (c) to be familiar with the Guidelines and to be willing to contribute directly to the growth and further development of the recognition process
- (d) to be supportive of innovation and evolution in medical education and practice.

Recognition review groups are responsible for:

- (a) reading the recognition application and the submissions lodged in respect of the application for recognition
- (b) identifying the additional information and data required to complete the review and recommending how that information should be obtained
- (c) preparing an assessment report on its findings for the Recognition of Medical Specialties Advisory Committee. Beyond providing this assessment, the group is not responsible for the AMC's advice on recognition of the medical specialty.

A member of the AMC secretariat will be secretary to the group.

5.1.4 The Recognition of Medical Specialties Economic Sub-committee

The Economic Sub-committee of the Recognition of Medical Specialties Advisory Committee provides technical assistance and advice to both the Committee and the individual recognition review groups on the assessment of the 'wise use of resources' criterion. The Economic Sub-committee reports to the Recognition of Medical Specialties Advisory Committee and work within terms of reference established by the AMC.

According to its terms of reference, the Economic Sub-committee will:

- (1) advise the Recognition of Medical Specialties Advisory Committee on guidelines, policy and procedures to assist in the assessment of applications for recognition against the fourth core recognition criterion, which is that recognition of the specialty would be a wise use of resources
- (2) review each individual application for recognition, and provide advice to the recognition review group to assist in the assessment of the case for recognition against the fourth recognition criterion. This would include:
 - (a) advice on the:
 - completeness of the information and data provided in relation to the fourth criterion
 - other information that could be requested from the applicant
 - information the recognition review group could seek from sources other than the applicant
 - groups that the recognition review group might meet to assist its understanding of the case for recognition against the fourth criterion
 - (b) as requested, advice on interpretation of data or information concerning the fourth recognition criterion
 - (c) as requested, consider the group's draft assessment report and give general advice on clarity and completeness of the group's assessment in relation to the fourth criterion
- (3) report at least annually to the Recognition of Medical Specialties Advisory Committee on its work.

The Economic Sub-Committee will not undertake the assessment of costs and benefits for recognition; this is the task of the recognition review group.

It is the responsibility of the applicant body to develop the case for recognition and to provide an application that addresses the requirements in the Guidelines.

5.1.5 The Specialist Education Accreditation Committee

The Specialist Education Accreditation Committee is a standing Committee of the Australian Medical Council. It oversees the second stage of the recognition process. This process is described in the AMC Guidelines, the *Accreditation of Specialist Medical Education and Training and Professional Development Programs: Standards and Procedures*.

5.1.6 Assistance by the AMC Secretariat

The AMC conducts the recognition assessment process using the process and criteria described in these Guidelines. It conducts Stage 2 of the process using the process and standards in the document *Accreditation of Specialist Medical Training and Professional Development Programs: Standards and Procedures*. AMC staff will provide as much assistance and advice as possible on the assessment process but applicants are solely responsible for presenting the case for recognition. Questions of interpretation of AMC policy and processes are the responsibility of the relevant committee.

5.2 Conflict of Interest

Members of AMC committees and sub-committees are expected to make decisions responsibly, and to apply standards in a consistent and an impartial fashion.

The Australian Medical Council requires members of the Council and its committees to complete standing notices of interest and to update these regularly. These declarations are available at each meeting of the committee. The agendas for AMC committee meetings begin with a 'declaration of interests', in which members are requested to declare any personal or professional interests which might, or might be perceived to, influence their capacity to undertake impartially their roles as members of the committee.

The committee may decide that a member's interest in a particular item requires the member to be excluded from the committee's usual duties with respect to that item, including discussion of that item at committee meetings; or it may decide that the member should nevertheless continue to participate. Members will not vote on matters on which they have a declared personal or professional interest. All declared interests will be recorded in the committee minutes, as will the committee's decision in relation to the interest.

The AMC requires proposed members of its recognition review groups to declare to the Recognition of Medical Specialties Advisory Committee any relevant personal or professional interest that may be perceived to conflict with their ability to undertake impartially their duties as a review group member.

Following receipt of any comments from prospective review group members, the Committee makes a recommendation to the Directors on the composition of the review group. The AMC will have full regard to such interests and comments in appointing review group members. It will disclose any perceived declared conflicts to the applicant organisation.

If a conflict of interest emerges for a recognition review group member during an assessment, the review group chair and secretary will determine an appropriate course of action. This may entail changing the report writing responsibilities of the review group member, asking the review group member to abstain during relevant discussion, or altering the assessment

program. Any such conflicts, and the course of action taken, will be reported to the Recognition of Medical Specialties Advisory Committee.

5.3 Statement on Confidentiality

The application process is an open process.

In order for a review group to carry out an effective assessment, the AMC needs access to a great deal of material in support of the case for recognition and about the applicant body. The AMC requires that the members of its committees and recognition review groups use the information provided only for the purpose for which it was obtained in conjunction with the AMC assessment process.

Applicant bodies are advised to prepare their applications as a public document. The AMC places all applications for recognition on the AMC website and seeks public comment on them. All submissions on applications are placed on the AMC website.

The applicant will be provided with the opportunity to review drafts of the assessment report at two stages in the assessment process. At such points, these assessments are confidential to the AMC and the applicant. The applicant should not discuss the draft report with third parties without the AMC's consent. If the AMC needs to confirm material in a draft report with a third party, it will advise the applicant of these plans.

In submitting its advice to the Minister, the AMC also submits the following materials to the Department of Health and Ageing:

- the application and any additional documents requested from the applicant during the process
- a complete set of supporting material provided by the applicant.

The AMC places the Recognition of Medical Specialties Advisory Committee's assessment report in the public domain following the decision of the Minister on Stage 1 of the recognition process.

The AMC's advice to the Minister is confidential. The decision by the Minister on Stage 1 of the application process is published on the AMC website.

5.4 The Assessment Process

A flowchart of Stage 1 of the recognition process is provided at *Figure 1*.

5.4.1 General Comments

It is the responsibility of the applicant to develop a case for recognition by addressing both the entry criteria in the preliminary application, and the recognition criteria in the full application. The AMC has developed an *application aid* for both steps. These are available from the AMC Secretariat.

The application aids do not replace or supersede the information contained in these Guidelines. They have been developed to provide additional generic guidance on the level and quality of information that an applicant is expected to provide.

The AMC aims to provide a draft report on its assessment of the case for recognition of a medical specialty usually within 12 months of the application's initial consideration by a recognition review group. More time may be required depending on the completeness of the application, the quality of supporting evidence and the broader need to consult.

The AMC will keep applicants informed of the progress of their application. All enquiries concerning the application should be addressed to the AMC secretariat.

5.4.2 The Preliminary Application

Prior to developing a full application, potential applicants *must* first establish a *prima facie* case for assessing the proposed medical specialty. This is done by submitting a preliminary application to the AMC.

The AMC has introduced this preliminary phase because a full assessment of the case for the recognition of a medical specialty is resource intensive and time-consuming.

In assessing a *prima facie* case for assessment, the Recognition of Medical Specialties Advisory Committee will consider the entry criteria and other considerations as presented above at section 3.1ff.

Based on its assessment of the preliminary application, the Recognition of Medical Specialties Advisory Committee will recommend to the Directors one of the following:

- that a *prima facie* case **has** been made and that the applicant body be invited to submit a full application for specialty recognition
- that a *prima facie* case has **not** yet been established but that the applicant body be invited to submit additional information for further consideration
- that a *prima facie* case **has not** been made and that the preliminary application be rejected.

The AMC will generally attempt to process preliminary applications within four months of submission. This is subject to the meeting schedule of the Recognition of Medical Specialties Advisory Committee. The dates of the meetings of the Recognition of Medical Specialties Advisory Committee are available from the AMC secretariat.

The preliminary application fee must accompany the submission.

Should the Directors invite a full application for assessment, the AMC secretariat will advise the applicant of an appropriate submission date.

Where a preliminary application has been rejected on the basis that it failed to establish a *prima facie* case for assessment, as assessed against the criteria, a period of 12 months must pass before a new preliminary application will be considered by the AMC.

The AMC retains the right to establish a priority order for assessment should it receive two or more applications in the same period. Any such priority order will be established by considering; (1) the concordance of the application with existing health priorities, and (2) the quality of the preliminary application submitted, as determined by the Committee.

5.4.3 Initial Assessment of Full Application

In developing a full application, the applicant should address directly the four recognition criteria (and sub-criteria) described above at section 4.1*ff* above. The application fee must also accompany the submission.

Upon receipt of a full application and fee, the Recognition of Medical Specialties Advisory Committee will undertake an initial assessment of the application. The Committee will assess whether the applicant has addressed the four recognition criteria and whether there is a sufficiently detailed and robust case to proceed to a full assessment.

On the basis of this assessment and on the Recognition of Medical Specialties Advisory Committee's recommendation, the Directors may:

- (a) Accept the application for full assessment. The Recognition of Medical Specialties Advisory Committee will negotiate a commencement date for the full assessment of the case by a recognition review group.
- (b) Postpone a decision on the application, in the event that the submission is considered incomplete. The AMC will propose a timeframe for re-submission, and it will not consider the application until the required information is presented.

The AMC will inform the applicant of its decision and will post decisions on its website.

5.4.4 Full Assessment of the Case for Recognition

Establishment of a recognition review group

Should the Directors accept the application, they will set up, on the advice of the Recognition of Medical Specialties Advisory Committee, a recognition review group to undertake a full assessment of the case for recognition.

The applicant body will be informed of the composition of the recognition review group and will be provided with a brief biographical summary of each member.

The recognition review group will generally comprise five or six members depending on the application. It will typically include members with expertise and knowledge in the following:

- (a) epidemiology or public health
- (b) health policy or health economics
- (c) consumer or community interests, from an area other than the proposed specialty
- (d) cognate clinical discipline.

The recognition review group works within the policy and guidelines of the AMC and assesses the case for recognition against the four criteria. At the completion of its review, the recognition review group provides its written assessment of the case to the Recognition of Medical Specialties Advisory Committee.

The AMC appoints one member of the review group as the chair. A member of the AMC secretariat will be the secretary to the review group. The chair is responsible for the conduct of the assessment and the presentation of the group's report to the Recognition of Medical Specialties Advisory Committee.

All communication with the AMC about the assessment process should be through the secretary of the review group.

Public submissions

The AMC secretariat will place all applications and additional written submissions by the applicant body on the AMC website.

The AMC secretariat will invite submissions on the application from the broader community. It will advertise that it is undertaking an assessment of a full application for the recognition of a medical specialty on its website, in the public notice section of the national press, and by writing directly to key stakeholder groups.

The closing date for submissions will be approximately two months from the date of the public notice. All public submissions relating to the application will be placed on the AMC website.

Meetings of the recognition review group

The recognition review group will meet on a minimum of three occasions to assess both the application and any additional information and data gathered through public submissions or a review of the relevant literature. More meetings may be required depending on the complexity of the case. The review group routinely interviews the office bearers of the applicant body and other relevant stakeholders.

Program of clinical site visits

As part of the assessment process, the recognition review group will undertake a program of clinical site visits. The aim of these site visits is to provide members of the review group with

the opportunity to assess independently the role and place of clinical practice in the proposed specialty within the broader context of the Australian health system.

During this, the review group will interview Fellows of the applicant body, non-Fellows practising substantially in the field, and medical and other health professionals working in related or associated disciplines. Where possible, these interviews will take place at the site of clinical practice.

Following the program of clinical site visits, the recognition review group may seek additional information from the applicant in order to clarify any matters of substance relating to the case that have emerged out of the interviews.

Whilst the recognition review group may seek recommendations from the applicant on who to include in the clinical site visits, the group will develop its own program with the research assistance of the AMC secretariat.

Advice from the Economic Sub-committee

The Economic Sub-committee will independently review the application against the 'wise use of resources' criterion. This will result in advice to the review group on (a) whether this criterion has been adequately addressed, and (b) whether, based on the application, initial findings of the review group and any additional information, the recognition of a medical specialty would be a wise use of resources. The Economic Sub-committee may request that the recognition review group seek additional information from the applicant body and also from other sources.

Upon completion of its assessment, the recognition review group will seek further advice from the Economic Sub-committee on the appropriateness of its findings.

Supplementary information

As well as reviewing the information provided by the applicant and submissions from other stakeholders, the recognition review group may seek other advice. It will, for example, always seek input from state and territory health authorities, and routinely seek de-identified clinical practice data from Medicare Australia.

In some circumstances, the Recognition of Medical Specialties Advisory Committee may commission additional work by third bodies (e.g. academics, health economists), should such work be regarded as essential to the assessment of the case. The cost of this will be borne by the applicant.

The recognition review group's assessment

At the completion of its review, the review group prepares a written assessment to be submitted to the Recognition of Medical Specialties Advisory Committee. This will be coordinated by the review group's secretary.

The assessment addresses the case for recognition against the four recognition criteria (and sub-criteria), but may also include any other matters that the review group considers relevant to the case.

It is expected that a draft assessment will be completed within eight weeks of the review group's final meeting. More time, however, may be required. The applicant body will be kept informed of any changes to this timetable.

The applicant body will be provided with a copy of the review group's assessment. The body will be invited to submit comments on the factual accuracy and findings of the assessment. These comments will be considered by the Recognition of Medical Specialties Advisory Committee when it meets to consider the review group's assessment.

The AMC reserves the right to seek comment on the assessment from other stakeholders.

The recognition review group's assessment is confidential to the AMC, the applicant and any other stakeholders invited to consider the document.

5.4.5 Consideration of Assessment by the Recognition of Medical Specialties Advisory Committee

In developing its recommendations to the Directors, the Recognition of Medical Specialties Advisory Committee considers the review group's assessment, along with any comments submitted by the applicant body or any other stakeholder.

The Recognition of Medical Specialties Advisory Committee may seek further information or ask the recognition review group to reconsider or clarify the assessment. In the event that it finds the assessment insufficient or unsatisfactory, the Committee may direct the review group to undertake further work in specified areas. Where this occurs, the applicant body will be informed of any new timeframes.

The Recognition of Medical Specialties Advisory Committee agrees on the final wording of the assessment. This must be endorsed by a two-thirds majority of the members of the Committee present at the meeting.

The assessment is forwarded to the Directors as a Recognition of Medical Specialties Advisory Committee endorsed report. This is accompanied by the Committee's recommendations to the Directors.

The AMC secretariat sends the Committee's report to the applicant, together with advice on the steps to complete the AMC assessment. The applicant can request a review of the assessment report before the Directors formally consider it.

5.4.6 Review Process

The applicant, upon receipt of the Recognition of Medical Specialties Advisory Committee report, may request a review of the assessment should it be dissatisfied with the conclusions or judgements contained within the report.

Under such circumstances, applicants should specify in writing the reasons for seeking a review. Such applications will be considered by the Directors prior to the preparation of any advice to the Minister for Health and Ageing.

In conducting a review, the Directors will select an appropriately qualified person to chair the review panel. The person is independent in that he or she is not a member of the Council or any of its committees. The chair, in consultation with the AMC President, will decide whether any additional members should be appointed to the panel, having regard to the nature and substance of the issues raised by the organisation. Where additional members are considered appropriate, the chair and the President will select suitable persons of appropriate expertise.

The review panel considers the Recognition of Medical Specialties Advisory Committee's assessment report, along with the comments and responses of the applicant. The panel may seek further information from the recognition review group, the Recognition of Medical Specialties Advisory Committee, the applicant, or the AMC secretariat. The review panel prepares its report and provides a copy to the applicant and the Directors. In deciding on its advice to the Minister, the Directors will consider fully the report of the review panel.

5.4.7 Consideration by the Directors

After considering all the material received by them, the Directors prepare their advice to the Minister for Health and Ageing on the case for recognition of the medical specialty.

The Minister also receives a copy of the assessment report.

The AMC's advice to the Minister for Health and Ageing is confidential.

5.4.8 Decision by the Commonwealth Minister for Health and Ageing on Stage 1

The Minister may accept or decline the advice from the AMC. If, at the end of Stage 1, the Minister decides that there is a case for the recognition of the specialty, the process will proceed to Stage 2.

5.4.9 Notification concerning the outcome of Stage 1

The Minister for Health and Ageing notifies the AMC of the decision on Stage 1 of the assessment.

The AMC will advise the applicant, the state and territory medical boards, the Medical Council of New Zealand, the state health departments, and the Committee of Presidents of Medical Colleges of the decision.

The decision will be advertised on the AMC website.

The assessment report of the Recognition of Medical Specialties Advisory Committee will become available as a public document at this point.

6. Stage 2 of the Recognition Process: Accreditation of Training, Education and Continuing Professional Development Programs

This process is described in another set of AMC Guidelines: *The Accreditation of Specialist Medical Education and Training and Professional Development – Standards and Procedures*.

More than one professional body may consider that it fulfils the education and training roles in the specialty. Once the Minister has decided that a case for a new specialty exists, all such bodies may apply for review and accreditation of their specialist medical training and professional development programs by the AMC.

7. Fees and Charges

The AMC undertakes assessments on a cost-recovery basis. Applicants pay the direct cost of the assessment.

Applicants should refer to the current fee schedule for relevant fee-scales. This is available from the AMC secretariat.

An application fee must accompany the submission of a preliminary application. This upfront fee covers the cost of assessing whether a *prima facie* case for full assessment has been established.

A further application fee is required upon submission of a full application. This upfront fee covers the costs of the initial assessment by the Recognition of Medical Specialties Advisory Committee and initial assessment by the Economic Sub-Committee. Should the application proceed to full assessment, this fee will be used to cover:

- sessional fees for recognition review group members and members of the Economic Sub-committee
- all travel and accommodation associated with meetings and site visits
- incidental costs of meetings and site visits
- costs of seeking public submissions
- any additional work commissioned by the AMC.

A full assessment is likely to incur costs in addition to the initial fee. It is not possible to provide applicants with an accurate estimate. Total costs vary, reflecting the complexity of the case.

The AMC Secretariat will issue an invoice for the balance of the total cost upon the completion of assessment and *prior* to the provision of advice to the Commonwealth Minister for Health and Ageing.

Should the AMC determine that the case not proceed to a full assessment, the applicant body may be entitled to a partial refund. A detailed cost schedule will be provided to the applicant body.