

# Pre-employment Structured Clinical Interview (PESCI) Guidelines and Criteria for AMC approval of PESCI providers

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# Part A: Pre-employment Structured Clinical Interview (PESCI) guidelines

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## 1. Introduction

The Pre-employment Structured Clinical Interview (PESCI) was developed by the AMC in 2007 as part of a 2006 Council of Australian Governments' directive to ensure nationally consistent assessment of international medical graduates.

The PESCI interview is a nationally consistent standardised process conducted according to the AMC PESCI Guidelines and Criteria.

The PESCI is an objective assessment of the clinical experience, knowledge, skills and attributes of an international medical graduate to determine whether they are suitable to practise in a specific position. It consists of a structured interview using scenarios. The interview scope is determined by the level of risk of the position that the international medical graduate is applying for. The PESCI is conducted by a provider that has been approved by the AMC.

If there is a requirement for a fee it will be payable by the applicant.

The PESCI guidelines have been developed to provide information to PESCI providers, applicants, health services and jurisdictions. They include an overview of when a PESCI is required, what a PESCI involves, and the roles and responsibilities of stakeholders and AMC approved providers.

The *'Criteria for AMC approval of PESCI providers'* at Part B details what providers must demonstrate to be granted and maintain AMC approval to conduct PESCI.

The AMC reviewed these guidelines and criteria in 2013-2014. AMC Directors approved the revised guidelines and criteria in this document on 20 October 2014.

## 2. What is the purpose of the PESCI?

PESCI are conducted to establish whether an applicant has the knowledge, skills and experience to practise safely and effectively in the position for which registration is being sought. The interview should be constructed to demonstrate that an applicant 'knows how' rather than simply 'knows'.

**The PESCI is an evaluation for suitability for a particular position.** It is not an examination or an assessment of an international medical graduate's overall performance.

The standard expected of the applicant is one of safe practice. Assessors are required to take into consideration the knowledge, skills and experience of the applicant, as well as the orientation and level of supervision and supports that will be available in the position for which the applicant is being assessed.

As no pre-employment assessment can provide a guarantee of satisfactory professional performance in the workplace, supervision, especially in the initial stages of employment, is essential. This is also a [registration requirement](#).

### 3. Who requires a PESCI?

A PESCI is mandatory for international medical graduates seeking limited registration in Australia to practise in any of the following roles:

- general practice;
- all non-specialist positions of high-risk.

The Medical Board of Australia may also require international medical graduates who are applying for provisional registration to have a PESCI. This includes medical practitioners who are on the standard pathway (leading to award of the AMC Certificate) and applicants on the competent authority pathway. The Board's decision about whether a PESCI is required is based on the risk of the position. Therefore, a PESCI is likely to be required for applicants seeking to work in general practice and high-risk non-specialist positions.

A PESCI may also be required for other roles. Stakeholders such as health departments should consult the relevant State Board of the Medical Board of Australia if they have questions concerning the effect of local circumstances on the level of risk of positions. The Board decides whether or not a PESCI is required, based on the nature of the position and the level of risk inherent in it. A PESCI is position specific and is not transferable from one position to another.

Nothing precludes an employer from using a PESCI-style assessment for their own requirements.

#### **Notes:**

The degree of risk of a position is determined by a range of factors including the responsibilities associated with the position, location of the position and the level of supervision and support that is available.

Stakeholders such as employers, health departments and the state or territory AHPRA office can provide useful information about the local circumstances that will affect the level of risk associated with a position.

### 4. When in their assessment for registration should international medical graduates complete the PESCI?

Applicants are advised to ensure they meet the requirements for registration as described at <http://www.ahpra.gov.au/Registration/Registration-Process/Registration-Requirements.aspx>. The Medical Board of Australia registration standards define the general requirements for eligibility for registration. Each registration standard also defines the specific requirements applicable to the type of registration.

International medical graduates seeking registration need to be on one of the assessment pathways or qualified for the Competent Authority pathway.

To be eligible for a PESCI, applicants on the standard pathway must have passed the AMC CAT multiple-choice question (MCQ) examination. Some applicants may also have passed the AMC clinical exam but this is not a pre-requisite.

Eligibility requirements for the AMC CAT MCQ examination are available [here](#)<sup>1</sup>. These requirements include applying for primary source verification.

All applications for registration to practise in general practice positions require successful completion of a PESCI. Therefore, applicants for general practice positions are advised to have the results of a PESCI when applying to the Medical Board of Australia for registration. However, applicants should be aware that successful completion of a PESCI does not guarantee that they will be granted registration.

Not all applicants for registration to practise in non-specialist positions require a PESCI. The Board can require an applicant to have a PESCI when it is considering the application for registration.

The Medical Board of Australia will use the results of the PESCI when assessing applications for limited registration or provisional registration. The Board considers a range of factors when considering registration.

## 5. What does a PESCI involve?

The PESCI is a structured clinical interview, conducted by a panel of medical practitioners and community members, who objectively assess the performance of an applicant against a specific position description through interview and exploration of standardised scenarios.

The PESCI provider convenes an interview panel. The panel:

- categorises the position for which the applicant is being considered according to its level of risk. The PESCI should be relevant to the position description and the level of risk that position poses (Criterion 5.3).
- asks questions to explore and validate the applicant's experience according to their curriculum vitae.
- includes in their interview a minimum of four clinical scenarios relevant to the position description to elicit information about how the applicant would diagnose and manage the patients, and to determine the doctor's ability to analyse clinical situations and apply clinical knowledge in a given situation.
- may conduct the interview via videoconference if the PESCI provider deems it appropriate, although the AMC approval criteria (Criterion 5.3.3) indicate that face to face interviews are preferable.
- deliberates and provides advice through the provider to the Medical Board of Australia on the applicant's suitability for the position.

The potential outcomes of a PESCI are:

- a) an applicant is suitable for the position; or
- b) an applicant is not suitable for the position.

If a fee for the PESCI is charged by the PESCI provider, the applicant is responsible for the cost of the PESCI.

Further information regarding the interview process is detailed at Criterion 5 in Part B: *Criteria for AMC approval of PESCI providers*.

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<sup>1</sup> <http://www.amc.org.au/images/publications/applying-to-the-amc.pdf>

## 6. What organisations are responsible for PESCI standards?

### Medical Board of Australia responsibilities

The Medical Board of Australia registers medical practitioners. The Medical Board's registration standards define the requirements that applicants for registration need to meet to be registered. The Medical Board provides standard forms to ensure that it has the necessary information to make a registration decision.

The Board develops codes and guidelines to guide the profession. These help to clarify the Board's expectations on a range of issues, such as supervision for limited registration.

The Medical Board of Australia has developed a standard PESCI report format for PESCI providers to complete. When deciding whether or not to grant medical registration to the applicant in that position, the Board considers the completed PESCI report together with other sources of information. The PESCI is context specific and if an applicant is deemed not suitable in a higher risk position, they may still be registrable in a position of lesser risk.

### AMC responsibilities

The AMC is contracted by the Australian Health Practitioner Regulation Agency (on behalf of the Medical Board of Australia) to approve PESCI providers.

The AMC approves providers to conduct PESCI on an ongoing basis, subject to providers continuing to demonstrate via annual reports to the AMC that they meet the approval criteria.

Approved PESCI providers must conduct PESCI in accordance with the AMC approval criteria.

The AMC will provide an annual update to the Medical Board of Australia on whether accredited PESCI providers continue to meet the approval criteria.

### PESCI provider responsibilities

An approved provider is responsible for undertaking PESCI in line with the approval criteria and reporting on individual PESCI and its processes.

Following each PESCI, the provider completes both of the approved Medical Board of Australia forms:

- PESCI Report to the Medical Board of Australia;
- PESCI Outcome report to applicant.

Once a year, the provider reports to the AMC (see section 7).

## 7. How does the AMC approve PESCI providers?

An AMC approved PESCI provider has demonstrated that it meets the *Criteria for AMC approval of PESCI providers*.

The AMC assesses applications through a paper-based process. Submissions by new PESCI providers are considered by the AMC's Prevocational Standards Accreditation Committee. The Committee may seek further information if necessary to its assessment. It makes recommendations to the AMC Directors on whether the provider meets the approval criteria. The Directors then make a decision on approval of the provider.

The Committee monitors approved PESCI providers against the approval criteria via progress reports on an annual basis, or more frequently if required. The Medical Board of Australia provides an annual qualitative summary to the AMC on PESCI reports received to assist this monitoring process.

AMC undertakes assessments and monitoring of approved and accredited organisations on a cost-recovery basis. Organisations seeking approval or accreditation pay the direct cost of the assessment.

## 8. Definition of terms

The provider	The body seeking accreditation, which may be a health service, a jurisdiction, a specialist college or similar.
The applicant	The international medical graduate undertaking the PESCI
The panel	The selected group of interviewers, as per Criterion 5.2
Clinical supervisor	A medical practitioner who supervises the international medical graduate while they are assessing and managing patients. The AMC defines a suitable immediate clinical supervisor as someone with general registration and at least three years' postgraduate experience. The Primary Clinical Supervisor should be a consultant or senior medical practitioner.
Standard pathway	The standard pathway is for international medical graduates seeking general registration with the Medical Board of Australia and involves completion of the written examination (CAT MCQ) AND either the structured clinical examination of the Australian Medical Council or an approved workplace-based assessment program.
Competent authority pathway	The competent authority pathway is for international medical graduates seeking general registration with the Medical Board of Australia, who have completed a primary medical degree and training or assessment with a Medical Board-approved competent authority. The Board has approved a number of international authorities as competent to assess, for medical registration, the applied medical knowledge and basic clinical skills of international medical graduates.

## 9. Further information

The list of AMC approved PESCI providers is available on the AMC website [here](#).

Queries about applying to become a PESCI provider can be sent to the AMC at [accreditation@amc.org.au](mailto:accreditation@amc.org.au).

Applicants should direct any queries regarding their specific PESCI to the relevant PESCI provider.

# Part B: Criteria for AMC approval of Pre-employment Structured Clinical Interview providers

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Health care providers seeking approval to conduct PESCI must address the criteria in a submission to the AMC's Prevocational Standards Accreditation Committee.

Approved PESCI providers must report to the AMC against the criteria on an annual basis.

## Criterion 1 The context of the PESCI provider

- 1.1 The provider is an organisation with appropriate governance structures in place and the expertise and resources to conduct the interview.
- 1.2 The provider has defined the types of positions for which it will conduct PESCI (e.g. hospital and/or GP positions).
- 1.3 The provider has ongoing capacity to conduct PESCI.
- 1.4 The provider has effective partnerships with the Medical Board of Australia / AHPRA, and with its own stakeholders including employers and recruiters as relevant.
- 1.5 The provider has an appropriate profile of professional and general staff who oversee the PESCI process.
- 1.6 The provider maintains a current pool of appropriately qualified assessors:
  - 1.6.1 The provider defines and follows a process to appoint new assessors.
  - 1.6.2 The provider ensures the adequate training of new assessors and has a process for regular calibration of all assessors.
  - 1.6.3 The provider has a process for verification of assessor qualifications and regular review of suitability.
  - 1.6.4 The provider ensures that assessors are suitably supported to undertake their role.
- 1.7 The provider maintains a secure bank of scenarios for which the expected responses and essential, critical factors have been pre-determined. The bank has a sufficient numbers of items to avoid multiple re-uses of scenarios.

## Criterion 2 Independence

- 2.1 The provider carries out the PESCI process independent on undue influence from any stakeholder.

- 2.2 The PESCI provider has developed and follows procedures for identifying, managing and recording conflicts of interest in the work of its PESCI panels and in decision making about PESCI outcomes.
- 2.3 The provider collates panel members' declarations of interest and reviews actual and potential biases in relation to assessing an applicant. The provider manages potential conflicts or biases conservatively. It does not use a panel member where there is a perception of conflict or bias or a real conflict or bias.

### Criterion 3 Initial assessment of applicant eligibility for PESCI

- 3.1 The provider has a process to ensure that the applicant is a medical practitioner and is qualified for limited or provisional registration, prior to conducting the PESCI.
- 3.2 The provider has a process that assesses the applicant against the position description prior to conducting the PESCI.

#### Notes:

Applicants for PESCI must have passed the AMC CAT MCQ examination or have qualified for the Competent Authority pathway. Some applicants may also have passed the AMC Clinical Examination but this is not a pre-requisite.

The PESCI may be used in assessing applications for limited registration or provisional registration.

Providers are not approved to conduct PESCI for medical practitioners in the specialist pathway.

### Criterion 4 Position description

- 4.1 The provider requires a position description from the potential employer that:
  - states the location, scope and level of the position in sufficient detail to enable a common understanding of the responsibilities of the position by the international medical graduate, employer, assessors, supervisor(s) and Medical Board;
  - includes the demographics of the location to be worked in and local services available;
  - meets the requirements of the Medical Board of Australia;
  - having regard to the level of risk, states the orientation arrangements;
  - having regard to the level of risk, states the supervision arrangements in sufficient detail to enable understanding by the international medical graduate, employer, assessors, clinical supervisor(s) and the Board;
  - states the names of the principal clinical supervisor and co-supervisor(s) and their workplace location/s;
  - states the mandatory and highly desirable selection criteria.

- 4.2 The PESCI panel considers the position description when assessing an international medical graduate's ability to practise safely and competently in the position to which the applicant has been selected for employment.
- 4.3 The PESCI provider has a process to categorise positions consistently according to their level of risk. The types of position that will require a PESCI are clearly defined.
- 4.4 The provider obtains a curriculum vitae containing all relevant qualifications for each PESCI applicant. Desirably, the Medical Board of Australia/AHPRA preferred [curriculum vitae \(CV\)](#) template is used, to avoid duplication in the preparation of a CV for the applicant. The CV includes a full work experience history with no gaps in its chronology that accounts for all working and non-working periods.

**Notes:**

While position descriptions may vary between health services, providers must ensure that the position description includes the items listed in 4.1 when submitting to the Medical Board of Australia.

Employers should provide a statement of intention to employ or an employment offer for the applicant.

## Criterion 5 Interview process

- 5.1 The PESCI provider clearly describes their process and publishes the information on its website.
- 5.2 Interview panel
  - 5.2.1 The provider constitutes PESCI interview panels with a minimum of three interviewers. Each panel includes:
    - two medical practitioners who are appropriately qualified, preferably in the same field of medicine as the position for the international medical graduate, have recent clinical experience, and are completely familiar with the clinical and professional demands of the type of position for which the international medical graduate is being interviewed;
    - at least one other interviewer who may be a health professional, a lay person, or a medical practitioner.
  - 5.2.2 The provider must have a process to ensure that interviewers who are medical practitioners:
    - hold appropriate registration with the MBA
    - do not have conditions imposed on their registration or undertakings accepted by the Board as a result of health, performance or conduct issues;
  - 5.2.3 The provider must have a process to ensure that interviewers:
    - are not a relative or domestic partner of the applicant;
    - are not an employee of the applicant and are not a potential employer of the applicant.

### 5.3 Interview arrangements

- 5.3.1 The provider provides the relevant documentation to the interviewers prior to the interview. This is to enable the interviewers individually to conduct a preliminary assessment of the applicant's suitability and as a group to plan the interview content based on the defined category of risk.
- 5.3.2 The provider has a process to confirm the identity of the applicant on presentation for the interview.
- 5.3.3 The provider aims to conduct face-to-face interviews as its preferred option.
- 5.3.4 If teleconferencing or video-conferencing is used, the provider has processes to:
- confirm the identity of the interviewee;
  - confirm the identity of the interviewer;
  - reliably invigilate to ensure that the applicant is not assisted during the interview;
  - maintain the integrity of the interview.

### 5.4 Interview content

- 5.4.1 The provider ensures that the content of the interview:
- is drawn, at least in part, from the secure bank of scenarios.
  - is directly related to the content of the position description.
  - includes a minimum of four detailed scenarios or a greater number of more simple scenarios (either posed or experiential).
  - as far as possible, simulates a patient consultation with investigation results, imaging, ECGs etc incorporated as appropriate.
  - is designed to evaluate the applicant's capacity to respond to circumstances in each of the following areas, as appropriate:
    - Medical Interviewing skills;
    - Physical Examination skills;
    - Clinical Judgment;
    - Treatment/Advice;
    - Communication skills;
    - Professionalism;
    - Procedural skills.
  - assesses the applicant's knowledge of, respect for, and sensitivity towards, the social and cultural needs of the community to be served, including those of Indigenous Australians.

#### **Notes:**

The standard expected of the applicant is one of safe practice. Assessors are also required to take into consideration the orientation and level of supervision and supports that will be available in the position for which the applicant is being assessed. The panel should report on these considerations and make

recommendations around this as required.

The provider ensures that the integrity of the interview content is never compromised. It does not provide written material that documents the interview content to the applicant, sponsor or employer.

The interview content may include clinical simulation, hypothetical scenarios and/or clinical scenarios from the applicant's experience.

It is important that the interview test the applicant's behaviours and skills necessary to perform in the position, not just their knowledge. Behavioural interviews, which explore specific instances where applicants have demonstrated certain skills or behaviours are used to make these assessments.

## 5.5 Report to the Medical Board of Australia

5.5.1 The provider ensures that the interview panel use the AHPRA *PESCI Report to the Medical Board of Australia* template to document:

- the interview content;
- the strengths and weaknesses of the applicant's responses;
- any general concerns that arose during the interview;
- whether or not the applicant is suitable for the position, giving reasons;
- any specific recommendations, for example, pre-commencement courses, clinical placements in relation to successful applicants.

5.5.2 The provider ensures that the report is finalised and provided to the relevant AHPRA office within one week of the interview date.

5.5.3 The provider includes the position description with the report to AHPRA.

## 5.6 Outcome reports to the applicant

5.6.1 In the outcome report the provider documents:

- whether the applicant is suitable or not for the position, giving reasons;
- any specific recommendations, for example, pre-commencement courses, cultural training, clinical placements in relation to successful applicants.

5.6.2 The provider ensures that the reports can be finalised and provided to the applicant and the Medical Board within 14 days of the interview date.

## 5.7 Review / Appeal

5.7.1 The provider has published processes for complaints, review and appeals that are rigorous, fair and responsive.

5.7.2 The procedures define the grounds for complaint/appeal, the process for complaint/appeal, and the possible outcomes including circumstances in which a second PESCI will be made available.

## **Criterion 6 Annual reporting**

6.1 The AMC approved PESCI provider submits an annual report to the AMC that:

- reports against each approval criteria, noting any changes in the provider's circumstances;
  - includes data on how many PESCI have been conducted, and whether face to face, teleconference or videoconference, how many applicants were found suitable or not suitable, and the support or supervision required for those found suitable;
  - reports on the number of scenarios the provider has and how often each is used;
  - reports on the number of assessors in the assessor pool and how many have been used in the past twelve months;
  - provides a self-analysis of the quality of assessors and quality of scenarios;
  - reports on any appeals considered and the outcomes of those;
  - details any changes to its capacity to deliver, or plans for any changes in the coming year.
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## **Approval of this document**

Australian Medical Council – 20 October 2014

Medical Board of Australia – 22 October 2014