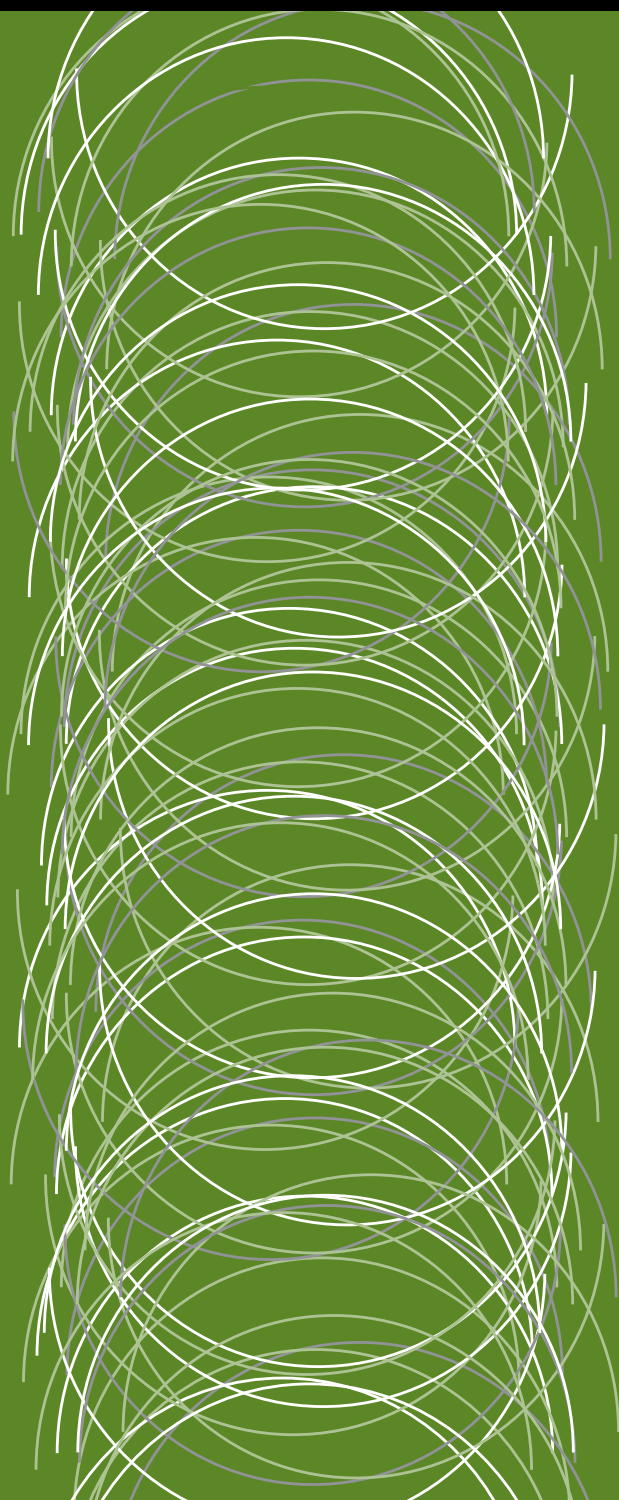


Australian Medical Council Limited

# Accreditation Report: The Education and Training Programs of the Royal College of Pathologists of Australasia

# AMC



Specialist Education Accreditation Committee  
August 2022

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# 1. Introduction

## 1.1 The process for accreditation extension submission

The Australian Medical Council (AMC) document, *Procedures for Assessment and Accreditation of Specialist Medical Education Programs and Professional Development Programs by the Australian Medical Council 2022*, describes AMC requirements for accrediting specialist programs and their education providers.

Depending on the outcome of an assessment visit, the AMC can consider requests for extension of accreditation via an accreditation extension submission. In submitting an accreditation extension submission, the education provider is expected to provide evidence it continues to meet the accreditation standards and has maintained its standard of education and of resources.

Accreditation extension submissions require self-reflection, analysis of performance against the accreditation standards, and an outline of the challenges facing the college over the period of the possible extension of the accreditation. Without this assessment, the AMC does not have the evidence to determine if the college will meet the standards for the next period.

The AMC considers the submissions from the college trainee committee and stakeholders along with college accreditation extension submissions.

If, on the basis of the submission, the AMC's Specialist Education Accreditation Committee decides the education provider and the program of study continue to satisfy the accreditation standards it may recommend to the AMC Directors to extend the accreditation of the education provider and its program.

The extension of accreditation is usually for a period of three or four years, taking education providers to the full period of accreditation of ten years granted by the AMC between reaccreditation assessments. Following this extension, the provider and its programs undergo a reaccreditation assessment.

The AMC and the Medical Council of New Zealand work collaboratively to streamline the assessment of education providers that provide specialist medical training in Australia and New Zealand, and both have endorsed the accreditation standards. The two Councils have agreed to a range of measures to align the accreditation processes, resulting in joint accreditation assessments, joint progress and comprehensive reporting, and aligned accreditation periods. The AMC will continue to lead the accreditation process.

## 1.2 Decision on accreditation

Under the Health Practitioner Regulation National Law, the AMC can accredit a program of study if it is reasonably satisfied that:

- (a) the program of study, and the education provider that provides the program of study, meet the accreditation standard; or
- (b) the program of study, and the education provider that provides the program of study, substantially meet the accreditation standard and the imposition of conditions will ensure the program meets the standard within a reasonable time.

Having made a decision, the AMC reports its accreditation decision to the Medical Board of Australia to enable the Board to make a decision on the approval of the program of study for registration purposes.

Based on the accreditation extension submission provided, the AMC finds that the College and its programs meet the accreditation standards.

The September 2022 meeting of the AMC Directors resolved:

- (i) to grant an extension of the accreditation of the Royal College of Pathologists of Australasia's training, education, and continuing professional development programs in the recognised specialty

of Pathology, by four years to 31 March 2027. This accreditation decision covers the following fields of specialty practice:

- General Pathology
- Anatomical pathology (including cytopathology)
- Chemical Pathology
- Forensic Pathology
- Haematology
- Immunology
- Microbiology.

## 2. The Royal College of Pathologists of Australasia

### 2.1 Accreditation history

The College's training programs were first accredited by the AMC in 2007.

An overview of the College's accreditation and monitoring history is provided below:

2007: Full assessment	Accreditation granted until 31 December 2010.
2010: Follow-up assessment	Accreditation extended until 31 December 2012.
2012: Accreditation extension submission	Extension of accreditation granted until 31 March 2016, subject to satisfactory monitoring submissions.
2016: Reaccreditation assessment	Accreditation granted for six years until 31 March 2023, subject to satisfactory monitoring submissions. 36 conditions were set on accreditation.

A copy of the 2016 Royal College of Pathologists of Australasia accreditation report can be found [here](#).

### 2.2 Royal College of Pathologists of Australasia Accreditation Extension Submission

In its 2022 accreditation extension submission the College was asked to provide a report against the standards. No conditions remain on the College's accreditation.

The following was to be addressed for each standard:

- 1. Analysis of strengths and challenges, and significant developments undertaken or planned.**
  - identification and assessment of factors that could influence the achievement of the College's goals over the next five years
  - a short summary of major developments since the last accreditation assessment
  - a description of the College's development plans for the next five years, and significant milestones for their implementation
  - Any matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program.

## 2.3 Royal College of Pathologists of Australasia executive summary to accreditation extension submission

### **Standard 1** *Context of Education and Training*

Since its last accreditation in 2016 the College has continued to develop its Fellowship programs. The College continues its support for recognition of Genetic Pathology and Clinical Forensic Medicine as medical specialties, and the Faculty of Post-Mortem Imaging was established and founding Fellows admitted in 2022. Since 2019, National Pathology Accreditation Advisory Council (NPAAC) certifications have been conducted to allow the expansion of its Fellows' scope of practice to supervise molecular and genomic testing. Advances in this area are being incorporated into the core pathology disciplines' curriculums from 2023.

Approving the *RCPA Reconciliation Action Plan* (RAP) in 2021 demonstrates the College's commitment to reconciliation with first nations people of Australasia. The College's Aboriginal, Torres Strait Islander and Māori Health and Workforce Steering Committee, formed in 2019, has been overseeing the College's progress towards its implementation and works to strengthen the College's ties to Indigenous organisations such as the Australian Indigenous Doctors' Association (AIDA) and Te Ohu Rata o Aotearoa (Te ORA).

In the administration and governance of the College's decisions, new and revised policies have clarified important procedures. The *Regulation for Reconsideration, Review and Formal Appeal of certain Decisions of the College* (2019, reviewed 2022) provides a process for those party to a decision at the College to resolve issues with it in a fair and transparent manner.

A major development is the introduction of the College's Online Training Portal (OTP) from 2023, through which exams will be conducted online and administration procedures systematised. The implementation of the OTP will be phased in over the next two years to streamline the College's operations.

The College adapted successfully to the challenge of the COVID-19 pandemic. To ensure smooth and efficient management during this time, the Board of Education and Assessment met eight times a year instead of the usual three in 2020 and 2021. The College conducted all exams efficiently during the pandemic by means of flexible exam management with virtual and local administration of exams.

### **Standard 2** *Outcomes of specialist training and education*

As mentioned under Standard 1, the College's Reconciliation Action Plan was developed to address the needs of Aboriginal and Torres Strait Islanders.

The Lay Committee's name was changed to 'RCPA Community Advisory Committee' in 2021 to reflect its activities. This committee released a position statement: *Pathology Testing for Transgender and Intersex Individuals – Statement of Best Practice for Medical Pathology Laboratories* and a community information flyer in 2020.

The curricula of all disciplines have been updated every year, particularly with respect to emerging technology in molecular pathology and genomics. In the 2021 handbooks, Curriculum Milestones were a significant update for the medical disciplines by restructuring and clarifying graduate outcomes.

Program outcomes have been continually monitored through annual surveys of New Fellows and the biennial education survey of all Fellows and trainees. The RCPA Workforce Study of 2018 demonstrated shortages in all disciplines except Haematology.

In response to the COVID-19 pandemic and for managing related disruptions to training and assessment, the College surveyed trainees and Fellows with closed and open questions to assess the impact and inform measures to meet the challenge.

### ***Standard 3 The specialist medical training and education framework***

The Academic Committee was established to address issues in pathology related to medical schools and prevocational training. As noted above, curricula are being updated to include developments in molecular and genomics and the Curriculum Milestones were introduced. Online modules for Ethics, Professionalism and Confidentiality, Anti-Discrimination, Cultural Safety, Harassment and Bullying and Mentoring have been introduced or rewritten.

Curriculum reviews that survey Fellows, trainees and relevant parties to incorporate recent developments and improvements are carried out on an ongoing five-year cycle. Between 2016 and 2022, Anatomical Pathology, Basic Pathological Sciences, Chemical Pathology, Clinical Forensic Medicine Forensic Pathology, General Pathology, Genetic Pathology (Biochemical & Medical Genomics), Haematology, Immunopathology, and Microbiology have undergone this process at least once. Curriculum reviews in the coming years include Clinical and General Pathology, Dermatopathology, Forensic Pathology, Haematology and Immunopathology in 2023, and Microbiology in 2026.

In Anatomical Pathology, autopsy assessment was discontinued in 2019 and an optional Certificate in Autopsy made available. In addition, a Post-Fellowship Diploma in Dermatopathology was introduced in 2018.

### ***Standard 4 Teaching and learning methods***

The College adapted to the COVID-19 pandemic by producing examinations in a collaborative online environment, allowing expert examiners to connect in real time with the guidance of the curriculum development staff at the College to successfully deliver exams virtually and locally. To support trainees under pandemic conditions, more resources were made available online and meetings and educational sessions were conducted virtually.

### ***Standard 5 Assessment of learning***

The Curriculum Milestones updated the assessment methods of non-technical roles in 2021. The process-based discussion (PbD), was introduced into Haematology as a new assessment format. A field was introduced into supervisor report forms for a senior scientist to sign off. The *Allocation of Grades* policy clarified the terms used for reporting results and a more standardised and timely approach to providing exam feedback was implemented.

For Anatomical Pathology, digital slide examinations were introduced in 2020 in place of traditional glass slides. Haematology slide examinations will be digitised from 2023. The Basic Pathological Science exam will become an online invigilated exam from 2023 via risr/assess, as part of the implementation of the Online Training Portal. Online invigilated exams will be phased in for the main disciplines over the next two years (2023 and 2024).



### ***Standard 6 Monitoring and evaluation***

Feedback from trainees and Fellows is collected through the Annual New Fellows and Biennial Education surveys, as well as five yearly curriculum reviews of each discipline and on specific topics raised by the Trainees' Committee. The findings of these surveys are discussed at the Board of Education meetings and changes for improvement implemented. The RCPA Workforce Study of 2018 was conducted to monitor the supply and demand requirements for pathologists and senior scientists for all disciplines. In 2022, the Victorian Pathology Workforce Review and the fourth RCPA Needs Analysis are being conducted to inform the College's strategic priorities.

### ***Standard 7 Issues relating to trainees***

The College has increased its support for the Trainees' Committee, including representation at Board of Education and Assessment meetings. Since 2020, the College's Marketing & Communications Coordinator has been working to consolidate and enhance communications with trainees and enhance the RCPA's social media presence. A funded Mentoring Program was introduced for Aboriginal, Torres Strait Islander and Māori trainees and all trainees were given access to the College's Employee Assistance Program. To better support trainees throughout their training, and with the support from supervisors, the *Skills for Supervisors to Support Wellbeing of STP Trainees Project 2022 – 2024* was launched.

The policy on selecting trainees was revised in 2018 to improve the clarity of criteria for selection. The Victoria/Tasmania/Northern Territory Haematology network began using a computerised process to match trainees from 2017 to improve selection.

### ***Standard 8 Implementing the training program – delivery of educational resources***

The NSW Health Pathology network was expanded to encompass Anatomical Pathology, Forensic Pathology and Microbiology. Guidelines were introduced for service and educational activities for trainees in addition to Anatomical Pathology. Action is being taken on the hours of cutup that Anatomical Pathology trainees are being asked by their laboratories to do, as this is interfering with educational activities.

### ***Standard 9 Continuing professional development, further training and remediation***

In 2020, a new program and online system for entering Fellows' Continuing Professional Development (CPD) materials was introduced. Automatic systems to allow Fellows to submit and update CPD related correspondence have been implemented. The College registered to be a CPD 'home' with the AMC in line with recent reforms in this area, effective from January 1, 2023.

In response to workforce needs, training determinations have been provided for Anatomical Pathologists and Chemical Pathologists to retrain in Genetic Pathology to assist workforce shortages.

### ***Standard 10 Assessment of specialist international medical graduates***

Following AMC requirements, the Summary of Preliminary Review was introduced in 2021 as part of the assessment procedure. The possibility of using the Online Training Program to streamline and track the process of applications will be investigated.

### 3. AMC Findings

#### 3.1 Summary of findings against the standards

The findings against the ten accreditation standards are summarised in the table below. Explicit feedback is available on each standard under 3.2.

<b>Standard</b>	<b>Finding in 2016</b> (Including any requirements substantially met or not met)	<b>Finding in 2022</b>
1. Context of Education and Training	Substantially Met (Standards 1.1.3, 1.1.6, 1.3.1, 1.6.4 substantially met)	Met
2. Outcomes of specialist training and education	Met (Standards 2.1.2, 2.2.1, 2.3.1 substantially met)	Met
3. The specialist medical training and education framework	Met (Standard 3.2 substantially met)	Met
4. Teaching and learning methods	Met (Standard 4.2.4 substantially met)	Met
5. Assessment of learning	Substantially Met (Standards 5.2.1, 5.3.3, 5.4.1, 5.4.2 substantially met, Standards 5.3.2 not met)	Met
6. Monitoring and evaluation	Substantially Met (Standards 6.1.1, 6.1.3, 6.2.3, 6.3.2, 6.3.3 substantially met)	Met
7. Issues relating to trainees	Substantially Met (Standards 7.1.1, 7.1.2, 7.1.3, 7.1.5, 7.4.1, 7.4.2, 7.5.2 substantially met)	Met
8. Implementing the training program – delivery of educational resources	Substantially Met (Standards 8.1.3, 8.2.1, 8.2.2 substantially met)	Met
9. Continuing professional development, further training and remediation	Substantially Met (Standards 9.1.1, 9.1.4, 9.1.6, 9.3.1 substantially met)	Met
10. Assessment of specialist international medical graduates	Met (Standard 10.2.2 substantially met)	Met

## 3.2 Detailed findings against the standards

Providers must satisfy conditions on accreditation in order to meet the relevant accreditation standard. The AMC provides feedback on the conditions using the following:

**Unsatisfactory**      *The College may not meet the related accreditation standard and AMC should investigate further.*

**Not Progressing**      *No progress or overly slow progress given the timeframe on the condition.*

**Progressing**      *Indicates satisfactory progress against the condition, with further reporting necessary.*

**Satisfied**      *The College has satisfied all requirements and can cease reporting against the condition. Condition is marked as closed.*

### Standard 1: The context of training and education

Areas covered by this standard: governance of the college; program management; reconsideration, review and appeals processes; educational expertise and exchange; educational resources; interaction with the health sector; continuous renewal.

<b>Summary of accreditation status</b>	2020: Met	2022: Met
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#### Activity against Conditions from 2016 accreditation report

Condition:	Year to be met:	2022 Status:
1 Review the role of trainee representation in the educational governance structure, the links with the wider trainee body and external trainee organisations, as well as training for Trainees' Committee members. (Standard 1.1.3)	2018	Satisfied
2 Develop and implement documentation for the New Zealand National Committee and the Australian Regional Committees that details each committee's composition, terms of reference, reporting and relationships with local training networks and trainee representatives. (Standard 1.1.3)	2018	Satisfied
3 Publish the College's conflict of interest policy to ensure that it is readily accessible to all those undertaking College functions, and includes a transparent system for consistently identifying, managing and recording conflicts of interest. (Standard 1.1.6)	2017	Satisfied
4 Review the reconsideration, review and appeals policies and make information about these processes publicly available. (Standard 1.3.1)	2018	Satisfied
5 Finalise and implement processes to ensure systematic Māori input into College processes. (Standard 1.6.4)	2018	Satisfied
6 Develop formal partnerships with organisations in the Aboriginal and Torres Strait Islander and Māori health sectors. (Standard 1.6.4)	2019	Satisfied

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## Standard 2: The outcomes of specialist training and education

Areas covered by this standard: educational purpose of the educational provider; and, program and graduate outcomes

<b>Summary of accreditation status</b>	2020: Met	2022: Met
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### Activity against Conditions from 2016 accreditation report

Condition:	Year to be met:	2022 Status:
7 Develop and implement a plan to ensure the needs of Aboriginal and Torres Strait Islander peoples of Australia and Māori people of New Zealand are incorporated into the College's purpose. (Standard 2.1.2)	2018	Satisfied
8 Strengthen leadership and advocacy in workforce planning to ensure the best alignment of training numbers and requirements for specialist positions, and to ensure evolving practices and community needs in pathology are met. (Standard 2.2.1)	2020	Satisfied
9 Develop and implement a process for reviewing the program and graduate outcomes to ensure new practices are incorporated into curricula in a timely fashion. (Standard 2.3.1)	2020	Satisfied

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### **Standard 3: The specialist medical training and education framework**

Areas covered by this standard: curriculum framework; curriculum content; continuum of training, education and practice; and curriculum structure

<b>Summary of accreditation status</b>	2020: Met	2022: Met
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#### **Activity against Conditions from 2016 accreditation report**

Condition:	Year to be met:	2022 Status:
10 Review the curriculum content and outcome statements relating to non-technical expert roles to ensure their education, training and appropriate assessment. (Standard 3.2)	2020	Satisfied

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## Standard 4: Teaching and learning approach and methods

Areas covered by this standard: teaching and learning approach; teaching and learning methods

<b>Summary of accreditation status</b>	2020: Met	2022: Met
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### Activity against Conditions from 2016 accreditation report

Condition:	Year to be met:	2022 Status:
11 Define expectations regarding trainees' development of increasing degree of independent responsibility at different training stages to enable monitoring of progress and ensure that training, education and levels of supervision align with the trainee's rate of progress with ability to undertake key responsibilities in each discipline. (Standard 4.2.4)	2020	Satisfied

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## Standard 5: Assessment of learning

Areas covered by this standard: assessment approach; assessment methods; performance feedback; assessment quality

<b>Summary of accreditation status</b>	2020: Met	2022: Met
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### Activity against Conditions from 2016 accreditation report

Condition:	Year to be met:	2022 Status:
12 Review the examination burden on trainees and explore ways to reduce this load. (Standard 5.2.1)	2018	Satisfied
13 Increase the assessment of non-technical expert roles to promote learning and to reassure the community that the College regards these roles as important. (Standard 5.2.1)	2020	Satisfied
14 Review the portfolio format to enhance its value and reputation by taking account of trainee feedback regarding the challenges they face in its use. (Standard 5.2.1)	2020	Satisfied
15 Develop administrative procedures and documentation with the Royal Australasian College of Physicians to minimise duplication for joint trainees. (Standard 5.2.1)	2019	Satisfied
16 Provide supervisors of those candidates who fail an examination with the full details of their examination performance in order to enable them to adequately support the trainees in their learning. (Standard 5.3.2)	2018	Satisfied
17 Clarify the arrangements for managing joint trainees who are in difficulty and formalise the allocation of responsibility for remediation to an individual College and the lines of communication between the Royal Australasian College of Physicians (RACP) and RCPA. (Standard 5.3.3)	2018	Satisfied
18 Require all disciplines to be compliant with the Quality Framework for Written, Oral and Practical Examinations. (Standard 5.4.1)	2018	Satisfied
19 Implement systems to monitor and ensure comparability in the scope and application of workplace-based assessment practices and standards across the different training sites. (Standard 5.4.2)	2019	Satisfied

## Standard 6: Monitoring and evaluation

Areas covered by this standard: program monitoring; evaluation; feedback, reporting and action

<b>Summary of accreditation status</b>	2020: Met	2022: Met
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### Activity against Conditions from 2016 accreditation report

Condition:	Year to be met:	2022 Status:
20 Seek and utilise regular feedback from trainees on the amount of time spent on key learning and service tasks and recommended minimum times for activities of key importance to guide training sites in offering appropriate balance. (Standard 6.1.1)	2019	Satisfied
21 Implement regular and safe processes for external stakeholders, including other medical specialties, other health professions, consumers and Indigenous organisations to provide feedback about program delivery and program development. (Standard 6.2.3)	2020	Satisfied
22 Develop a more systematic approach to communicate with trainees using a variety of means to ensure their feedback is sought and considered in monitoring and program development. (Standards 6.1.3 and 6.3.2)	2019	Satisfied
23 Register as a risk, the College's reliance on Specialist Training Program funding to provide private laboratory training experience and have a strategy in place to mitigate against the potential impact on trainees and their training should funding be reduced or withdrawn. (Standard 6.3.3)	2018	Satisfied

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## Standard 7: Issues relating to trainees

Areas covered by this standard: admission policy and selection; trainee participation in education provider governance; communication with trainees; trainee wellbeing; resolution of training problems and disputes

<b>Summary of accreditation status</b>	2020: Met	2022: Met
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### Activity against Conditions from 2016 accreditation report

Condition:	Year to be met:	2022 Status:
24 Develop and implement a standardised policy for selection into College training programs and a process to monitor the application of the policy across all disciplines, training sites and networks. (Standards 7.1.1, 7.1.2 and 7.1.5)	2019	Satisfied
25 Finalise, implement and monitor the plan to increase the recruitment and participation of Aboriginal and Torres Strait Islander and Māori trainees. (Standard 7.1.3)	2018	Satisfied
26 Implement a system for appropriate recording and management of allegations of discrimination, bullying and sexual harassment. (Standard 7.4.1)	2018	Satisfied
27 Develop and implement a systematic approach to trainee wellbeing especially for trainees experiencing personal and/or professional difficulties. (Standard 7.4.2)	2018	Satisfied
28 Review the policy on Trainees in Difficulty Support to clarify the process by which trainees may raise any concerns regarding their supervision and training environment and to ensure a mechanism exists for such concerns to be dealt with in a transparent, safe, confidential and supportive manner. (Standard 7.5.2)	2017	Satisfied

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## Standard 8: Implementing the training program - delivery of education and accreditation of training sites

Areas covered by this standard: supervisory and educational roles and training sites and posts

<b>Summary of accreditation status</b>	2020: Met	2022: Met
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### Activity against Conditions from 2016 accreditation report

Condition:	Year to be met:	2022 Status:
29 Monitor and address the uptake of supervisor training to ensure supervisors complete the minimum training requirements as mandated under College policy. (Standard 8.1.3)	2018	Satisfied
30 Define the role, training and reporting requirements of the RCPA assessor undertaking the joint RCPA and NATA/IANZ accreditation visits. (Standard 8.2.1)	2019	Satisfied
31 Develop and implement a process to collect more quantitative data at the joint RCPA and NATA/IANZ accreditation visit taking account of trainee/supervisor feedback regarding rostering, workload and service versus training requirements that will allow for both monitoring, evaluation and benchmarking of training. (Standard 8.2.2)	2020	Satisfied

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## Standard 9: Continuing professional development, further training and remediation

Areas covered by this standard: continuing professional development; further training of individual specialists; remediation

<b>Summary of accreditation status</b>	2020: Met	2022: Met
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### Activity against Conditions from 2016 accreditation report

Condition:	Year to be met:	2022 Status:
32 Publish the requirements of the CPDP program, in line with the Medical Board of Australia and Medical Council of New Zealand registration standard on continuing professional development. (Standard 9.1.1)	2017	Satisfied
33 Develop a framework for participants in College's CPD programs to assist them in assessing and defining their learning needs and in self-evaluation of learning goals and achievements. (Standard 9.1.4)	2019	Satisfied
34 Develop criteria for CPDP participants to assess whether educational activities delivered by external providers that can earn CPD program credit are educationally sound. (Standard 9.1.6)	2019	Satisfied
35 Develop and implement a formal process for reporting CPDP non-compliance and underperformance to the Medical Council of New Zealand. (Standard 9.3.1)	2018	Satisfied

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## Standard 10: Assessment of specialist international medical graduates

Areas covered by this standard: assessment framework; assessment methods; assessment decision; communication with specialist international medical graduate applicants

<b>Summary of accreditation status</b>	2020: Met	2022: Met
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### Activity against Conditions from 2016 accreditation report

Condition:	Year to be met:	2022 Status:
36 Develop and implement specific procedures to inform employers, and where appropriate the regulators, where patient safety concerns arise during the assessment of specialist international medical graduates. (Standard 10.2.2)	2017	Satisfied

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