

ATTACHMENT 5

Pre-employment Structured Clinical Interview (PESCI) Guidelines and Criteria for AMC Accreditation of PESCI Providers

Updated March 2024 for consultation

(AMC governance changes only – section A7)

Consultation Draft

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Glossary

The PESCI (pre-employment structured clinical interview)	In this document, the term “the PESCI” may refer to the interview process overseen and coordinated by an AMC-accredited provider (the interview that objectively assesses the performance of an applicant against a specific position description through interview and exploration of at least four standardised scenarios), as well as to the reporting of the PESCI to the Medical Board of Australia through an outcomes report.
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.
Supervisor	All international medical graduates who are granted limited registration or provisional registration must be supervised. The Medical Board of Australia has developed guidelines on these supervision requirements, Supervised practice for international medical graduates .
Prevocational Standards Accreditation Committee	The AMC committee responsible for the accreditation of PESCI providers, including the initial accreditation, monitoring and any subsequent re-accreditation.
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.

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

A.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 accredited 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 accredited providers.

The '*Criteria for AMC Accreditation of Pre-employment Structured Clinical Interview providers*' at Part B details what providers must demonstrate to be granted and maintain AMC accreditation to conduct PESCI.

A.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](#).

A.3 Who requires a PESCI?

The Medical Board of Australia 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.

The Board has decided a PESCI is mandatory for international medical graduates seeking limited or provisional registration in Australia to practise in general practice. This includes international medical graduates on the standard pathway (leading to award of the AMC Certificate) or on the competent authority pathway.

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.

Is an existing PESCI transferable from one position to another?

A PESCI is position-specific and is not transferable from one position to another. However, where an applicant's circumstances have changed after a successful PESCI result, an applicant may apply to the Medical Board of Australia for approval to use an existing PESCI for a new position/location.

A new PESCI may be required, even where the new position description is substantially similar to the previous position description, as the level of responsibility, nature of the health service and the broader health context may be different and have implications for an applicant's suitability.

When applying to the Board for approval to use an existing PESCI for a new position/location, the applicant will need to provide a rationale for why the nature and the level of risk is the same (or less) for the new position/location as the one previously assessed. The Board will decide whether to approve the existing PESCI for the new position/location or whether a new PESCI is required based on the requirements of the individual position and the level of risk inherent to the position.

A.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 <https://www.ahpra.gov.au/Registration/Registration-Process.aspx>. The Medical Board of Australia's registration standards define the general requirements for eligibility for registration. Each registration standard also defines the specific requirements applicable to the type of registration.

In most cases, applicants who are required to undertake a PESCI should arrange a PESCI before applying for registration. This will streamline the registration process and ensure the Medical Board has all the necessary information to make a decision about whether to grant registration. However, the Medical Board recommends that applicants applying for limited registration for area of need to work in general practice apply for registration before arranging a PESCI to ensure they meet the Medical Board's requirement for a minimum of three years equivalent experience in general practice or primary care. For more information refer to '[When should you arrange a PESCI](#)'.^[1]

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 prerequisite.

Eligibility requirements for the AMC CAT MCQ examination are available on the AMC website. These requirements include applying for primary source verification.

[1] www.medicalboard.gov.au/Registration/International-Medical-Graduates/pecsi

All applications for registration to practise in general practice positions require successful completion of a PESCI.

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 deciding whether to grant an applicant registration.

A.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 its 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 accreditation 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 unsuitable 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 Accreditation of Pre-employment Structured Clinical Interview providers*.

A.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 which 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 along with guidance. 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 unsuitable in a higher risk position, they may still be registrable in a position of lesser risk.

The Board is responsible for deciding whether an applicant may use an existing PESCI for a new position/location or whether a new PESCI is required in the circumstances (see section A.3).

AMC responsibilities

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

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

Accredited PESCI providers must conduct PESCI in accordance with the AMC accreditation criteria.

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

PESCI provider responsibilities

An accredited provider is responsible for:

- the work of the interview panels it convenes
- ensuring positions are categorised according to their level of risk
- undertaking PESCI in line with the accreditation criteria and
- reporting on individual PESCI and its processes.

Following each PESCI, the provider completes 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).

A.7 How does the AMC accredit PESCI providers?

An AMC-accredited PESCI provider has demonstrated that it meets the *Criteria for AMC Accreditation of Pre-employment Structured Clinical Interview providers*.

The AMC Prevocational Standards Accreditation Committee considers applications for the accreditation of PESCI providers. This includes initial accreditation, monitoring, reviewing material changes to providers, and subsequent reaccreditations.

The AMC's Prevocational Standards Accreditation Committee considers applications for:

- accreditation of new PESCI providers
- changes to accredited providers.

The Committee assesses applications through a paper-based process. It may ask for additional information, or ask for a discussion with the PESCI provider to assist its assessment of the application for accreditation.

The Committee makes the decision on whether the provider meets the accreditation criteria, and the decision on whether to accredit the PESCI provider.

The Committee monitors accredited PESCI providers against the accreditation criteria via monitoring submissions submitted annually, 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.

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

Reconsideration of a decision to not grant accreditation/to grant accreditation subject to conditions

An organisation may seek formal reconsideration of the Committee's accreditation findings in the event of a decision to not grant accreditation or to grant accreditation subject to conditions.

Reconsideration is undertaken by the Prevocational Standards Accreditation Committee. The organisation must lodge a request for reconsideration in writing with the secretary of the Committee within 14 calendar days of receiving the Committee's findings.

Within 30 days of receiving the Committee's accreditation findings, the organisation must identify the areas of concern, and provide a full explanation of the grounds for reconsideration and any additional material considered relevant to the reconsideration.

The Prevocational Standards Accreditation Committee will discuss the request for reconsideration either at its next scheduled meeting or by special arrangement. The Committee will determine any process considered necessary to undertake the reconsideration.

The Committee considers the accreditation findings, the material supplied by the organisation, and any additional material and documentation agreed by the Committee. The Committee finalises its accreditation findings. The Committee will advise the organisation of its response to the request for reconsideration in writing following its meeting and provide a copy of its final report and findings.

Where an organisation remains dissatisfied with the Committee's final findings, it may make a request for an internal review of a decision to refuse accreditation/to grant accreditation subject to conditions (see below). The organisation is given 14 calendar days to respond.

Internal review of a decision to refuse accreditation/to grant accreditation subject to conditions

The organisation may seek internal review of the decision to refuse accreditation, or of the decision to grant accreditation subject to conditions. Internal review is a review based upon all of the material and information available to the Prevocational Standards Accreditation Committee at the time it made its decision. (Note internal review does not include consideration of new material or variations to the organisation's submission).

An organisation must make any request for an internal review of a decision identified above in writing to the AMC Chief Executive Officer within 14 calendar days of receiving the outcome of the formal reconsideration process. A fee applies to the internal review process.

Within 30 calendar days of receiving the outcome of the formal reconsideration process, the organisation must provide a detailed explanation of each matter which the organisation claims is in error in the original decision or justifies a different decision, together with any conditions or amended conditions which are proposed by the organisation.

The AMC will establish a review committee comprising members with appropriate qualifications and experience which will meet as required to consider any request for a review of a decision to refuse accreditation/to grant accreditation subject to conditions. The review committee will provide independent advice and will therefore not include any Prevocational Standards Accreditation Committee member.

The review committee will determine the process to be undertaken for the review and will inform the organisation of that process and the timeframe.

The review committee considers the Prevocational Standards Accreditation Committee's final accreditation findings, all submissions by the organisation during the original process and the submission made by the organisation as part of the request for internal review. The review committee may seek further information from the Prevocational Standards Accreditation Committee, the organisation or AMC staff.

The review committee may recommend that AMC Directors:

- (i) confirm the decision which is the subject of the review, or
- (ii) revoke the decision and refer it to the Prevocational Standards Accreditation Committee for further consideration (either in whole or in part), or
- (iii) revoke the decision and replace it with another decision.

The review committee may also recommend that the AMC waive part or all of the costs associated with the review.

The AMC Directors consider the review committee's recommendation and make a decision on the accreditation. The AMC will notify the organisation of the decision.

A.8 Complaints about accredited PESCI providers

The AMC does not have a role in investigating personal complaints. The *Criteria for AMC Accreditation of Pre-employment Structured Clinical Interview providers* (Part B of this document) require the PESCI provider to have and to document processes for applicants to seek review or lodge complaints (see criterion 5.7). Applicants with a personal complaint should use these processes.

From time to time the AMC will receive questions and/or complaints (referred to as 'complaints' in these guidelines) about the processes of PESCI providers it has accredited or is assessing for accreditation. Those complaints may come from applicants, staff, or other stakeholders. They may also be referred to the AMC by other bodies involved in the regulatory framework such as the Medical Board of Australia or Ahpra. The AMC policy, *Complaints about programs of study, education providers and organisations accredited by the Australian Medical Council*, available on the AMC website applies.

In broad terms, complaints will fall into one or two categories:

- a. A personal complaint which the complainant seeks to have investigated and rectified so as to bring about a change to their personal situation, such as a change to the outcome of a PESCI.
- b. A systemic complaint which may evidence some systemic matter that could signify a failure of a PESCI provider to meet accreditation criteria.

The AMC complaints process relates to systemic complaints.

A.9 Further information

The list of AMC-accredited PESCI providers is available on the Medical Board of Australia's website¹.

Queries about applying to become a PESCI provider can be sent to the AMC at prevac@amc.org.au.

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

¹ <http://www.medicalboard.gov.au/Registration/International-Medical-Graduates/pesci.aspx>

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

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

Accredited 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 number of items to avoid multiple re-uses of scenarios.
- 1.8 The provider conducts a separate PESCI for all new positions/locations.

Criterion 2 Independence

- 2.1 The provider carries out the PESCI process independent of 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.

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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 accredited 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 its 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 videoconferencing is used, the provider has processes to:
- confirm the identity of the interviewee
 - confirm the identity of the interviewers
 - 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:
 - Medical interviewing skills
 - Physical examination skills
 - Clinical judgment
 - Treatment/Advice
 - Communication skills
 - Professionalism; and
 - if appropriate, 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 uses the Medical Board of Australia *Pre-employment Structured Clinical Interview (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 the applicant is suitable or unsuitable for the position, giving reasons

- for suitable candidates, any specific recommendations for further training/upskilling, for example, orientation, cultural training etc.
- 5.5.2 The provider ensures that the report is finalised and provided to the Medical Board within 15 working days of the interview date.
- 5.5.3 The provider includes the position description with the report to Medical Board.
- 5.6 Outcome reports to the applicant
- 5.6.1 In the outcome report the provider documents:
- whether the applicant is suitable or unsuitable for the position, giving reasons
 - for suitable candidates, any specific recommendations for further training/upskilling, for example, orientation, cultural training etc.
- 5.6.2 The provider ensures that the reports can be finalised and provided to the applicant and the Medical Board within 15 working days of the interview date.

Note:

In order for the outcome report to the applicant to be released to an employer, the employer would need to obtain consent from the applicant.

- 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 accredited PESCI provider submits an annual report to the AMC for the last financial year, that:
- reports against each accreditation 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 and unsuitable, 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
 - provides all current fees for PESCI and outlines any plans for changes to the fees over the next 12 months
 - includes de-identified copies of the provider's outcome reports to the Medical Board of Australia as per the template, *PESCI Report to the Medical Board of Australia*.

Approval of this document

Australian Medical Council – tbc

Medical Board of Australia – tbc

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