



**AUSTRALIAN MEDICAL COUNCIL**

**THE RECOGNITION OF  
MEDICAL SPECIALTIES AND SUB-SPECIALTIES:  
POLICY AND PROCESS**

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# **1 BACKGROUND AND AIMS OF THE RECOGNITION OF MEDICAL SPECIALTIES**

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## **1.1 The role of the Australian Medical Council (AMC)**

The Australian Medical Council (AMC) is an independent national standards body for medical education and training. Membership of the Council is drawn from a broad cross-section of the groups associated with the standards of medical practice in Australia, including nominees of the state and territory medical boards, the universities, the specialist medical colleges, the Australian Medical Association, health consumers and the community, and the Commonwealth and the states.

The functions of the AMC are:

- advising Health Ministers on matters pertaining to the registration of medical practitioners and the maintenance of professional standards in the medical profession;
- advising and make recommendations to state and territory medical boards on:
  - the accreditation of Australian and New Zealand medical schools and medical courses
  - the assessment for admission to practice of overseas-trained medical practitioners
  - uniform approaches to the registration of medical practitioners; and
- advising the Commonwealth and the states on the recognition of medical specialties, and reviewing and accrediting specialist medical education and training programs, including continuing professional development programs.

## **1.2 Development of a new process for recognising medical specialties and sub-specialties**

In 1998, the Commonwealth Minister for Health and Aged Care invited the Australian Medical Council to consider taking on the functions of the former National Specialist Qualification Advisory Committee (NSQAC). NSQAC had been established in 1972 as a national advisory body to the agencies concerned with the recognition of medical specialists. It had advised the Minister on the recognition of new specialties and new specialist medical colleges for the purpose of payment of higher medical benefits for services rendered by the members of the specialty. This recognition also had the effect of legitimising new medical colleges in the Australian health care environment.

In response to the Minister's invitation, the AMC established a working party with members from the specialist medical colleges, the state and territory medical boards, the Commonwealth Department of Health and Aged Care and the community.

In May 1999, the working party circulated a *Discussion Paper on the Accreditation and Recognition of Vocational and Specialist Education*, outlining a new model for recognition of medical specialties with three linked components:

- (a) a national process for assessing requests to establish medical specialties and to have them formally recognised;
  - (b) a national process for review and accreditation of both new and existing specialist medical training and professional development programs;
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- (c) enhancement of the system of registration of medical practitioners, so that it includes processes to assure the community that individual specialists and general practitioners have the requisite skills and competence to provide treatment, and to help members of the community identify, through the registration system, the practitioners who meet the required standards in each specialty area.

Responses indicated general support for the model, and the working party recommended to the AMC Council that it accept the Minister's invitation and develop this model further. The Council accepted this recommendation in July 1999, and set up processes to develop the three components of the model.

These Guidelines have been developed through a consultative process: the AMC has invited comments on both a general model for recognition and the detailed procedures and criteria for recognition in these Guidelines. The AMC expects this model to evolve as it gains experience in the process, and in response to feedback from participants. The AMC will review these Guidelines periodically in consultation with stakeholder groups.

### **1.3 Aims of recognition of medical specialties and sub-specialties**

The AMC has been asked by the Commonwealth Minister to develop a new process for developing advice to the Minister that will assist in determining which fields of medical practice should be recognised as specialties for the purposes of the *Health Insurance Act, 1973*. Such recognition enables doctors trained in those fields to gain specialist recognition so that they may render services that attract a Medicare benefit.

Organisations may wish to have specialist medical skills and knowledge acknowledged, and the education and training programs that lead to these attributes accepted as the standard for a particular area of practice without seeking recognition for the purposes of the *Health Insurance Act*. This will become increasingly important if enhancements are made to the system of registration of medical practitioners. The process described in these Guidelines also provides the avenue for such applications to be considered.

Through this process, recognition should signify that a medical specialty or sub-specialty is developing 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 process of decision-making concerning the recognition of medical specialties and sub-specialties is explained in the next section.

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 and sub-specialties based on sound clinical and scientific principles;
- (c) medical specialties and sub-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, which uses available health care resources wisely;
- (d) specialties and sub-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.

Key elements in the recognition model are summarised in Table 1.

#### **1.4 Conduct of the recognition process**

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 and public of New Zealand;
- (b) in making decisions, gather and analyse information and ideas from multiple sources and viewpoints;
- (c) be conducted in an open and objective manner, using clear guidelines and procedures;
- (d) include mechanisms to ensure that members of review groups, committees, and staff apply standards and procedures in a consistent and appropriate fashion;
- (e) be reviewed periodically by the AMC, with external input.

#### **1.5 Notes on terminology**

This document uses the terms specialist register and specialist registration to refer to the registration of specialist medical practitioners. The document, *Discussion Paper – Nationally Consistent Approach to Medical Registration*, developed by a working party of the Australian Health Ministers' Advisory Council in April 2002 uses the terms vocational register and vocational registration.

Once the AHMAC working party has reported, the AMC will review the terminology used in these Guidelines to ensure consistency with the key principles agreed by Health Ministers.



## **2 DECISIONS CONCERNING RECOGNITION OF MEDICAL SPECIALTIES AND SUB-SPECIALTIES**

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Recognition means that the Commonwealth Minister for Health and Ageing has made a decision to recognise a new specialty or sub-specialty, and **if necessary** approved an amendment to the *Health Insurance Regulations, 1975*.

These Guidelines propose a linked two-stage process for developing advice to the Minister on the recognition of medical specialties and sub-specialties. Different aspects of the application for recognition are assessed in the two stages. Recognition as a specialty or sub-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 new specialty or sub-specialty.

In **Stage 1** the AMC assesses the case for recognition of a new medical specialty or sub-specialty. This assessment addresses aims (a), (b), (c) and (e) in section 1.3 above. This assessment process is described in these *Guidelines*.

The AMC will provide advice to the Commonwealth Minister for Health and Ageing on whether an applicant organisation has met the criteria for the Stage 1 assessment. The Minister may accept or decline this advice from the AMC. If, at the end of Stage 1, the Minister decides that there is a case for a new specialty, then the recognition process will proceed to Stage 2 and organisations with training programs in that specialty become eligible to apply for accreditation of their training programs.

In **Stage 2**, the AMC assesses the standard of the specialist education and training programs, including the continuing professional development programs, available for the medical specialty or sub-specialty. This assessment addresses aim (d) in 1.3 above. This process is outlined in section 5.6, and 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 the 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 assessed meets the criteria for accreditation and recognition as a specialty or sub-specialty. 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 Schedule 4 of the Health Insurance Regulations.

Recognition is effective only once Schedule 4 of the Health Insurance Regulations has been amended to include the new specialty, organisation and training program.

**Where the applying body is not seeking recognition for the 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 assessed meets the criteria for accreditation and recognition as a specialty or sub-specialty. 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 List of Australian Recognised Medical Specialties and Sub-specialties (see section 3.7.1). Recognition is effective only once the List of Australian Recognised Medical Specialties and Sub-specialties has been amended to include the new specialty, organisation and training program.

Recognition for the purposes of the Health Insurance Act automatically means recognition for other purposes, but the converse is not true and cannot be implied.

A separate set of procedures applies to the recognition of individual practitioners under the Health Insurance Act as specialists (e.g. surgeons, radiologists), consultant physicians or psychiatrists. Such practitioners can be paid Medicare benefits at the higher specialist and consultant physician rates specified in the Medicare Benefits Schedule. These processes are administered by the Health Insurance Commission and are not the responsibility of the AMC.

Section 3.2 identifies the benefits of specialisation, and costs of specialisation at both Commonwealth and state levels. The AMC recognises a requirement for the states and territories to participate in the development of a decision concerning the recognition of medical specialties and sub-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 departments of health, and include this information in its advice to the Minister.

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**TABLE 1: KEY ELEMENTS IN  
THE RECOGNITION OF MEDICAL SPECIALTIES AND SUB-SPECIALTIES**

<b>Reasons for recognising medical specialties and sub-specialties</b>
<p>To signify that a medical specialty or sub-specialty is developing 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.</p> <ul style="list-style-type: none"> <li>• Recognition of a medical specialty or sub-specialty may be sought for the purposes of the Health Insurance Act, or</li> <li>• Recognition may be sought for other purposes, such as acknowledgement of specialist medical skills and knowledge, and of a particular professional organisation’s education and training programs as the standard for a specific area of medical practice.</li> </ul> <p>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.</p>
<b>Decision-making</b>
<p>The AMC provides advice to the Commonwealth Minister for Health and Ageing concerning recognition of medical specialties and sub-specialties. The AMC assesses applications for recognition in two linked stages. 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 new specialty or sub-specialty.</p> <p><b>Where the applying body is seeking recognition for the purposes of the Health Insurance Act:</b> The outcome of the Stage 2 assessment will be advice by the AMC to the Commonwealth Minister indicating whether the organisation assessed meets the criteria for recognition as a specialty or sub-specialty, including the criteria for accreditation. The AMC’s advice to the Minister will relate to a particular organisation, specialty and qualification and the advice will be to assist in the determination of suitability for inclusion in Schedule 4 of the Health Insurance Regulations.</p> <p><b>Where the applying body is not seeking recognition for the purposes of the Health Insurance Act:</b> The outcome of the Stage 2 assessment will be advice by the AMC to the Commonwealth Minister indicating whether the organisation assessed meets the criteria for recognition as a specialty or sub-specialty, including the criteria for accreditation. The AMC’s advice to the Minister will relate to a particular organisation, specialty and qualification and the advice will be to assist in the determination of suitability for inclusion in the List of Australian Recognised Medical Specialties and Sub-specialties.</p>
<b>Aims of the process</b>
<p>The aim is the recognition of:</p> <ol style="list-style-type: none"> <li>areas that are developing in response to a need for specialist medical expertise and that will contribute to improved standards of health care;</li> <li>medical specialties and sub-specialties based on sound clinical and scientific principles;</li> <li>medical specialties and sub-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, which uses available health care resources wisely;</li> <li>specialties and sub-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;</li> <li>developments that, on balance bring benefits that outweigh any adverse effects on other aspects of health care delivery.</li> </ol>

## Conduct of the recognition process

The AMC's Recognition of Medical Specialties Advisory Committee first assesses the case for recognition of a new medical specialty or sub-specialty, focussing on aims (a), (b), (c) and (e) above. The AMC provides advice to the Commonwealth Minister who will decide whether there is a case for a new specialty or sub-specialty to be recognised.

The AMC considers applications against three core criteria:

- (a) that recognition of the medical specialty or sub-specialty will improve the safety of health care;
- (b) that recognition of the area of medical practice as a specialty or sub-specialty will or is likely to improve the standards of health care and that the data, where available, demonstrate better outcomes;
- (c) that recognition of the medical specialty or sub-specialty will result in cost-effective health care and/or that the community benefits justify the increased costs of health care.

Where the Minister decides there is a case for a new specialty or sub-specialty, the AMC then assesses the standard of the specialist education and training programs, including the continuing professional development programs, available for the medical specialty or sub-specialty. This assessment addresses (d) of the aims above.

The AMC's Specialist Education Accreditation Committee considers the training programs against AMC Accreditation Standards. The standards specify the following broad goals of specialist education and training, including professional development.

Specialist education and training:

- (a) enables the trainees to understand the scientific basis of the discipline and to learn through exposure to a broad range of clinical experience in the relevant specialty;
- (b) enables the trainees to appreciate the issues associated with the delivery of safe, high quality and cost effective health care within the Australian health system, to understand that system, and to be prepared for the broader roles of medical specialists in working with and taking a leadership role within the community on matters relating to health;
- (c) produces medical practitioners able to undertake unsupervised comprehensive medical practice in the relevant specialty (including general practice);
- (d) includes a process of assessment that tests whether the trainees have acquired the requisite knowledge, skills and professional qualities to practise in the specialty at an appropriate standard;
- (e) prepares specialists able to assess and maintain their own competency and performance through continuing professional education, maintenance of skills and the development of new skills.

Accreditation standards are specified in the areas of:

- the goals of the education and training program
- the curriculum
- assessment and examination of trainees
- accreditation of hospitals / training positions
- selection and training of supervisors of training, assessors, trainers and mentors
- selection of trainees
- processes for assessing the suitability of overseas-trained specialists for practise in Australia
- professional development programs that assist in the maintenance of knowledge, skills and performance
- processes for retraining and remediation of fellows who are under performing.

### **3 DESCRIPTION OF MEDICAL SPECIALTIES AND SUB-SPECIALTIES**

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In order for the AMC to advise that a medical specialty or sub-specialty should be recognised within the health care system, it must consider that this would be in the best interests of the community and the health care system. The following sections introduce the broad concepts upon which the AMC will base its advice concerning the recognition of medical specialties and sub-specialties. As this is a new process, the AMC reserves the right to amend the basis for its decision-making in the future.

#### **3.1 Development of medical specialties and sub-specialties**

As medical practice has expanded in its breadth and complexity, specialisation has grown to meet the needs of safe and efficient medical care.

A specialist area of medicine usually evolves over a number of years, in response to a combination of clinical, technological and scientific advances. A body of knowledge and specific skills relating to the area emerge, and medical practitioners who have gained that knowledge and those skills through training and experience begin to practise primarily in the new medical specialty. At this stage, the separate training requirements of practitioners in the specialist area would be formalised through the establishment of distinct postgraduate medical training and examination requirements, and requirements for ongoing continuing professional development. The community has also become increasingly aware of the improved outcomes that may be achieved by specialist skills, and these expectations may give impetus to the identification of a new specialty.

Medical sub-specialties build upon training and experience in a specialty, initially are confined to major teaching hospitals and regional hospitals but progressively move into private specialist practice. Normally, a sub-specialty develops a defined training program, which may have elements in common with other sub-specialties and with the specialty from which it develops. Since the sub-specialty builds on the specialty, practice in the sub-specialty requires completion of the preliminary training in the specialty as well as acquisition of the skills and knowledge specific to the sub-specialty. For example, cardiology is a sub-specialty of internal medicine and there is no other pathway to this field, while paediatric surgery is a sub-specialty of surgery and the only pathway to practice as a paediatric surgeon is via completion of the preliminary training in basic and general surgery.

Medical practitioners may also take up self-declared 'special interests' or focus on special skills, e.g. general practitioners may practise acupuncture or become skilled counsellors, and general practitioners and specialists may take on procedures or surgery such as cosmetic surgery.

Within the health care system, there are also expert roles for medical practitioners in non-clinical areas of health care focussing, for example, on issues such as the organisation and management of health systems, health care quality and information technology applications. Whilst the AMC recognises the importance of these roles in the Australian health care system, for the reasons outlined in section 3.5 below, in recommending specialties and sub-specialties for recognition the AMC's interest is in roles that have a direct relationship with the delivery of health care.

#### **3.2 The costs and benefits of specialisation**

In Australia, initial medical training aims to prepare broadly educated medical graduates who have an appropriate foundation for further training in any branch of medicine and who are competent to practise safely and effectively under supervision as an intern. Medical practitioners do not begin to specialise until they have a firm grounding in broad aspects of clinical medicine.

Over the period that specialisation has been developing, general practice has also evolved into a specialty or vocation, with formal training requirements, training programs and ongoing educational expectations.

General practice or family medicine is linked to the specialist system both by professional tradition and by the Health Insurance Act. General practitioners control entry to the specialist system, guiding patients towards the appropriate specialist and coordinating care when more than one specialist is needed. These responsibilities give general practitioners a key role in assisting in the allocation of the community's finite health care resources by only referring patients to other specialists where it is deemed clinically necessary.

In general this system, having evolved slowly and in response to perceived needs, has served the community and the medical profession well. There are, however, costs as well as benefits to increased specialisation. Easily identifiable costs include the extended and complex training programs, the high technology care that often accompanies special skills, and practitioners' expectations of higher rewards for those skills. Less obvious are other costs, such as decreasing the specific skills of doctors who previously provided such services, a problem now encountered in providing surgical, obstetric and anaesthetic services in remote and some rural parts of Australia. Patients may also be disadvantaged by the narrowing focus of some specialists. Their whole care may be overlooked or fragmented potentially leading to the inappropriate use of multiple specialists, late cross-referral or onward referral, and failure to recognise and treat concurrent emerging problems. For ambulant patients, some of these risks are avoided by the patient's ongoing relationship with their general practitioner, but this may not help when a patient has a long period of hospital care.

The cost of increasing sub-specialisation varies: some medical sub-specialties generate costs similar to those of a specialty; some generate few additional costs to the health care system. The recognition of a new sub-specialty may lead to pressure for more appointments of specialist practitioners and an increase in the range of practitioners seeking to charge at consultant physician rates. If there have been few specific training programs in this area, new training positions would need to be created and funded. On the other hand, a sub-specialty would have limited resource implications for the health care system where the training is already provided in an existing specialist training program and medical practitioners with special skills in the area are already recognised within the system.

Another emerging consequence of specialisation in Australia is the development of a segment of the profession that seeks to pursue generalist medical practice, e.g. within a state public hospital system or that does not obtain specialist or vocational general practice qualifications. Whilst not part of these Guidelines, strategies are required to meet the professional development needs and to utilise the skills of these practitioners.

### **3.3 The training of medical specialists in Australia**

Specialist medical colleges coordinate the training, education and examination of medical specialists and sub-specialists in Australia. Typically, the specialist medical colleges have as their mission the definition and promotion of high standards of medical practice and patient care in their specialty area, achieved through:

- setting standards of training, medical practice and professionalism;
- ensuring that trainees are prepared for specialist medical practice and equipped to respond to evolution in medical practice;
- promoting investigation and medical research;

- promoting medical knowledge and encouraging medical specialists to continue their professional development;
- public education and health education;
- contributing to debates about healthcare, wider health and social issues;
- collaborating with other medical bodies nationally and internationally; and
- promoting health policy that supports good care and responsible decisions.

Specialist medical practice requires completion of a comprehensive program of advanced training and assessment following a primary medical degree and intern training. The education and training requirements of each specialty depend on the type of clinical medical practice, but can be broadly summarised as:

- prevocational training involving a broad practical clinical experience in the intern and second postgraduate years, during which career aspirations are clarified;
- vocational training in a chosen specialty, which commonly includes basic and advanced training over several years, with the total period of vocational training ranging from three to seven years according to the specialty;
- the educational component of vocational training includes:
  - completion of a broad education program in basic medical sciences and clinical skills, with objective assessment of proficiency;
  - completion of supervised practical training in accredited training programs that emphasise graduated practical experience and development of a knowledge base in the science and practice of the relevant specialty;
  - completion of the requirements for fellowship of the relevant college, including a range of structured objective assessments and satisfactory supervisors' reports.

The structured assessments conducted during specialist training and the progressive increase in experience and level of responsibility are integrally related, so that assessments cannot be undertaken in isolation from the training program. All the colleges do however have processes for assessing and recognising medical practitioners who have undertaken comparable training and gained relevant experience outside Australia and New Zealand.

To encourage the development of additional skills and to broaden career paths, colleges support participation in research and completion of postgraduate degrees (PhD, MD) during training or during periods when training is temporarily interrupted.

### ***3.3.1 Vocational general practice***

The Royal Australian College of General Practitioners has offered postgraduate vocational training for doctors wishing to enter general practice since 1974, and since that time there has been a growing view that general practice should be regarded as a medical specialty.

Since 1989, the Health Insurance Act has provided a process for the patients of RACGP Fellows and other recognised general practitioners to receive higher Medicare rebates for prescribed medical services. The Health Insurance Commission maintains a Vocational Register of General Practitioners; eligibility for inclusion on the Register is certified against

criteria of the Royal Australian College of General Practitioners relating to training and experience in general practice. In order to maintain recognition, general practitioners must satisfy the Royal Australian College of General Practitioners' quality assurance and continuing medical education requirements, and remain predominantly in general practice\*.

This process has formalised the need for postgraduate training and the maintenance of standards of practice in general practice. The AMC accepts that general practice should be regarded as a specialist/vocational field of medical practice, but notes that the Health Insurance Act already provides separately for general practice.

### **3.4 Recognition of medical specialties in New Zealand**

The foregoing description of specialist medical training requirements applies equally to specialist training in New Zealand, since joint Australian/New Zealand colleges provide most of the specialist training programs.

Under *The Medical Practitioners Act 1995*, the Medical Council of New Zealand has the responsibility to advise the Minister of Health on approval of branches of medicine for the purposes of vocational registration. This new Act gives the Medical Council more flexibility to allow recognition of vocational branches than had been available under the previous Act and system of registration by specialties.

In order to be recognised or continue to be recognised as a vocational branch of medicine in New Zealand, the branch must meet the following criteria:

- (a) clearly identify with empirical evidence how the new branch fulfils a recognised health need and contributes to improved medical care;
- (b) provide evidence to support being a new or separate discipline. This should be based on major developments in medical science or health care delivery, identifying societies and journals devoted to the branch;
- (c) have a defined body of knowledge and practice specifically identifiable with the new branch;
- (d) have a group of practitioners with the specific skills or expertise associated with the new branch who have the capacity to provide an appropriate professional environment, including vocational training, continuing medical education, maintenance of professional standards and recertification;
- (e) have a national body responsible for setting and maintaining the requirements for training, examination and recertification, and advising the Medical Council on matters of vocational registration;
- (f) have an existing training program of proven standing that is consistent with the defined body of knowledge and practice, including attitudes, behaviours and skills (see c above) and the goals and objectives of the national body;
- (g) provide a single nationally recognisable qualification for inclusion in the vocational register;
- (h) provide an existing recertification program that assists practitioners working in that vocational branch maintain their competence throughout their working lives. A competent medical practitioner is one who has the attitude, knowledge and skills to

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\* See the Glossary for explanation.



practise medicine in accordance with his or her registration and meets the reasonable standard expected of a medical practitioner with his or her level of registration;

- (i) identify existing branches whose scope of practice or training are similar. (Council advises that small scopes of practice may be requested to work in conjunction with affiliating bodies for the purposes of vocational branch recognition.);
- (j) identify formal components of the training and recertification programs which demonstrate an understanding and respect of cultural competence.

The Medical Council of New Zealand also has criteria to review the training program of a vocational branch of medicine (similar to Stage 2 of the recognition process). These criteria have been taken into account in the development of the AMC's Guidelines for the review of specialist medical training and professional development programs.

The philosophy behind vocational registration in the 1995 Act and the previous system of specialist registration are different. Specialist registration regulations required an intensive and advanced five-year training program, and only applied to secondary or tertiary care and the provision of 'specialist' services. With vocational registration, the Medical Council may now accept a shorter and less intensive training program where the 'defined body of knowledge and practice (including behaviour, attitudes and skills)' is correspondingly smaller and more specialised. For example under the previous Act there was a separate Indicative Register of General Practitioners for which different criteria were specified. Under the 1995 Act, general practice is a recognised vocational branch in New Zealand.

The Medical Council has applied a three-year moratorium on recognition of vocational branches during which time it will revise the criteria for recognition.

### **3.5 Recognition and medical registration**

The second and third components of the AMC model for the recognition of medical specialties provide links between the recognition of a medical specialty or sub-specialty and the registration of medical practitioners.

The second component is a process for the review and accreditation of the specialist medical training and professional development programs of both new and existing medical specialties, which is described in the Guidelines, *Accreditation of Specialist Medical Education and Training and Professional Development Programs*, and is the Stage 2 assessment described in section 5.6 below. One of the principal aims of the accreditation process is the identification of specialist medical education and training programs that produce specialists able to practise in the area and that assist medical practitioners to maintain and enhance knowledge, competence and performance.

Another aim of the accreditation process is to provide the basis for the medical registration boards to grant the legal requirements for practice in the relevant specialty. In Australia, registration of doctors is a state responsibility. The purpose of registration is to protect the community by defining those individuals who are legally qualified to practise medicine within the relevant state or territory. For this purpose, each state and territory maintains a register of qualified practitioners. The current system of registration is not able to inform members of the community about a practitioner's specific field of practice, sub-specialty or areas of particular expertise. At present only two states maintain separate specialist registers that enable members of the public to establish that a particular doctor is registered as a specialist in a broad field of specialist practice.

The third component of the AMC's proposed model was a series of recommendations to enhance the system of registration of medical practitioners, including medical specialists.

The AMC had recommended that each state and territory should have provision to indicate on its medical register the field of practice in which a doctor has formally trained and qualified (specialist registration). In introducing the accreditation process, the AMC has also proposed that eligibility for specialist registration should be limited to practitioners who have completed a recognised (AMC-accredited) specialist or vocational training program, and overseas-trained specialists whose training and qualifications have been assessed as equivalent to those of Australian-trained specialists by the appropriate medical college.

The AMC's recommendations have been overtaken by developments initiated by the Australian Council on Safety and Quality in Health Care and extended by a working party of the Australian Health Ministers' Advisory Council on national registration arrangements.

These developments have resulted in a document, *Nationally Consistent Approach to Medical Registration – A Discussion Paper*. The Discussion Paper particularly asks for views on three broad principles:

- (a) that improved portability arrangements should be achieved through improvements in the current mutual recognition arrangements and the development of a national index (database);
- (b) that new, nationally consistent registration categories should be introduced, including vocational registration for those who are recognised as specialists;
- (c) that re-registration should be linked to ongoing competency, the basic measure of which would be evidence of continued professional development and recent practice.

In view of (c) above, the capacity to sustain professional skills and competence on a career-long basis including the continuing professional development of the practitioners will be an important consideration in the recognition of medical specialties and sub-specialties.

The outcomes of these discussions will be reflected in subsequent iterations of the Recognition Guidelines.

### **3.6 Definition of the medical specialty or sub-specialty**

The boundaries between specialties and sub-specialties are not absolute and variation in practice can be found between institutions and over time between specialties.

It is possible for complementary specialties or sub-specialties to develop which share some common skills and knowledge but for the practitioners in the specialty or sub-specialty to be represented by different professional bodies or organisations. The process for considering the case for recognition of a medical specialty or sub-specialty (described below) provides opportunities for public submissions on the case for recognition. The AMC will take these submissions into account in formulating advice on recognition.

Whilst recognising the benefits of specialisation, the AMC will expect groups representing developing specialties and sub-specialties to have identified existing specialties and sub-specialties whose scope of practice or training programs are similar and will encourage dialogue and cooperation between developing specialist groups and existing specialist groups, in order to maximise the use of limited resources.

More than one professional body may consider it fulfils the roles described in 3.3 above as the typical education and training roles of a specialist medical college. The recognition process provides for open submissions on the case for recognition of a medical specialty or sub-specialty, and the possibility of accreditation of more than one body to provide the

training and continuing professional development programs in that specialty. Section 5.6 outlines how such bodies should apply for accreditation.

### **3.7 Implementation of the recognition process**

Section 1.3 identifies two broad purposes of the recognition process: the first is to allow the AMC to provide advice to the Minister that will assist in determining which fields of medical practice should be recognised as specialties for the purposes of the Health Insurance Act. The second is to provide advice to the Minister on fields of medical practice that meet the criteria but are not seeking recognition for the purposes of the Health Insurance Act.

Section 2 describes the different outcomes available to organisations, depending on whether or not recognition is sought for the purposes of the Health Insurance Act.

#### ***3.7.1 Lists of recognised medical specialties and sub-specialties***

The AMC envisages that, when the system of recognition of medical specialties and sub-specialties is fully implemented, two lists of recognised medical specialties and sub-specialties would be maintained.

The first list is Schedule 4 of the Health Insurance Regulations, which lists the specialties, organisations and qualifications accepted as specialties for the purposes of the Health Insurance Act, including Medicare Benefits Payments.

On the recommendation of the Recognition of Medical Specialties Advisory Committee, in July 2002 the AMC Council provided advice to the Minister on changes to Schedule 4 of the Health Insurance Regulations, to reflect the current names of specialties, organisations and qualifications.

The second proposed list is the List of Australian Recognised Medical Specialties and Sub-specialties, which would consist of all specialties/sub-specialties, organisations and qualifications approved by the Minister, including those listed in Schedule 4 of the Health Insurance Regulations.

The AMC discussion documents that preceded the development of these Guidelines included a list that was proposed as the basis for development of the List of Australian Recognised Medical Specialties and Sub-specialties. This list was based on:

- the list of accepted specialties, including sectional specialties, produced by the National Specialist Qualification Advisory Committee, which was last updated in May 1997;
- information from the Commonwealth Department of Health and Ageing on subsequent decisions by the Minister on the recognition of medical specialties;
- information from the specialist medical colleges whose qualifications were recognised by NSQAC on their existing specialist and sub-specialist training programs;
- the categories of specialists recognised in the two states that presently have specialist registers: Queensland and South Australia.

On the recommendation of the Recognition of Medical Specialties Advisory Committee, in July 2002 the AMC Council provided advice to the Minister on the contents of the List of Australian Recognised Medical Specialties and Sub-specialties. The recommended List of Australian Recognised Medical Specialties and Sub-specialties is at Appendix 1.

### ***3.7.2 Non-recognised sub-specialties established after 1997***

Using information provided by specialist medical colleges whose qualifications were recognised by NSQAC, the AMC has prepared a list of the sub-specialties that have not been formally recognised either by NSQAC or subsequently by the Minister, but which were established by the colleges that were recognised formally. This list is at Appendix 2.

The AMC proposes that in order for these non-recognised sub-specialties to gain recognition, the organisations representing the sub-specialties in the list at Appendix 2 will need to lodge an application for recognition for consideration by the Recognition of Medical Specialties Advisory Committee.

With the implementation of the system of accreditation of specialist medical education and training programs, all these sub-specialty programs will be submitted to an accreditation review when the relevant college's training and professional development programs are assessed. The AMC, in consultation with the colleges, has determined a forward program for accreditation reviews of the specialist medical training and professional development programs. The relevant training and professional development programs for the sub-specialties listed in Appendix 2 will be reviewed when the college's training and professional development programs are assessed.

## 4 CRITERIA FOR THE RECOGNITION OF MEDICAL SPECIALTIES AND SUB-SPECIALTIES

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In developing criteria for recognition of medical specialties and sub-specialties, the AMC has considered the criteria used in similar processes overseas, particularly those of New Zealand, Canada and the United States of America, and the criteria of the National Specialist Qualification Advisory Committee. It has also taken account of the valuable feedback of stakeholder organisations provided over a series of consultations.

The account of the evolution of medical specialties and sub-specialties in section 3 indicates that medical specialties and sub-specialties emerge in response to different factors. Thus the recognition of two specialties may be regarded as in the best interest of the community but for different reasons. Whilst three core criteria for recognition are described, this does not necessarily imply that equal weighting will be given to the three criteria.

### 4.1 Safer health care

Under this criterion the case must be made that the recognition of the medical specialty or sub-specialty will improve the safety of health care.

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

- (a) that the medical specialty or sub-specialty is based on substantiated and major concepts in medical science and health care delivery and that it represents a well-defined\* and distinct field of medical practice, both here and in comparable countries;
- (b) that the practice of the specialty or sub-specialty requires the possession of a defined body of knowledge, and specific clinical skills or specific aggregations of clinical skills or expertise;
- (c) that a demonstrable link exists between patient safety and competence in the skills and expertise required of the practitioners;
- (d) that where the specialist medical services are already provided or could be provided by practitioners in an existing specialty or sub-specialty or a combination of specialty groupings, provision of these services by a single specialty or sub-specialty would enhance the safety of health care;
- (e) that the development and recognition of this medical specialty or sub-specialty will not adversely affect safety for example through the deskilling of other practitioners.

### 4.2 Improved standards of health care

Under this criterion, the case must be made that recognition of the area of medical practice as a specialty or sub-specialty will or is likely to improve the standards of health care and that the data, where available, demonstrate better outcomes.

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

- (a) that the medical specialty or sub-specialty has a demonstrable and sustainable base in the medical profession, indicated by some or all of the following:
  - practitioners who possess the knowledge and skills to practise in the specialty, and who practise predominantly in the specialty

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\* In general, single treatments and techniques would not be regarded as a field of medical practice.

- projections of the future need for special skills and knowledge in this area
  - sufficient practitioners to sustain academic activities such as vocational training and assessment, continuing medical education and maintenance of professional standards
  - academic journals in the specialty area
  - a substantive body of research in the area that meets international standards
  - the status of the area of practice and of training in the area in comparable countries;
- (b) that the specific body of knowledge and skills is sufficiently complex or extensive to require a comprehensive and complete training program, and that there is a program of education, training and assessment that will develop the knowledge and skills necessary to practise safely and competently in the specialty or sub-specialty;
- (c) that there is a program or programs for the continuing professional development and maintenance of professional standards of practitioners in the specialty or sub-specialty;
- (d) that there is a professional body or professional bodies:
- responsible for setting the requirements and standards for training, assessment and certification in the specialty
  - capable of defining, promoting and maintaining 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 members of the specialist body. The level of knowledge, skills and competence of foundation members should be no lower than the level of those who will complete its training program
  - with appropriate processes for determining the equivalence of the standard of education, training and experience of medical practitioners trained in the discipline overseas;
- (e) that where the specialist medical services are already provided or could be provided by practitioners in an existing specialty or sub-specialty or a combination of specialty groupings, the provision of these services by a single specialty or sub-specialty would improve the standard of health care.

### **4.3 Wise use of available health care resources**

Under this criterion, the case must be made that the recognition of the medical specialty or sub-specialty will result in health care that uses available resources wisely and/or that the community benefits justify the increased costs of health care.

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

- (a) that the proposed specialty or sub-specialty is of public health significance as demonstrated by burden of disease, incidence, prevalence or impact on the community.

Evidence of support for the recognition of the medical specialty or sub-specialty in the community may also be taken into consideration;

- (b) that where the specialist medical services are already provided or could be provided by practitioners in an existing specialty or sub-specialty or a combination of specialty groupings, the provision of these services by a single specialty or sub-specialty would provide improved levels of care;
- (c) that, on balance, the resource implications for both public and private sector health care providers are justified on the basis of the benefits to the community of the recognition of the specialty or sub-specialty, eg through attracting practitioners to an under-subscribed field of medical practice;
- (d) that the enhanced expertise that follows from the recognition of this medical specialty or sub-specialty would provide community benefits that justify progressive limitations on the ability of other medical practitioners to provide some or all of the services within the province of the new specialty or sub-specialty.

#### **4.4 Specific requirements**

Taking into account the criteria listed above and the statements in section 3 concerning increasing specialisation, the AMC considers that applications based on any of the following:

- (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.

would need to demonstrate that the benefits for the targeted population group of recognition of the proposed specialty would substantially outweigh any disadvantages to the broader community.

An area of practice not directly involved in clinical care would have to provide evidence that its recognition will have substantial benefits to the clinical care of the community.

Similarly, an application for recognition of an area of practice substantially recognised under a different name would need to be based on a very strong case. The option exists for the body seeking recognition to apply for accreditation as a provider of training and professional development programs for the existing specialty or sub-specialty. This is explained in section 5.6.

## 5 THE ASSESSMENT PROCESS

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The process for assessment of the case for recognition of a medical specialty or sub-specialty entails two stages.

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

**Stage 2:** This stage entails an assessment of the standard of the specialist training and continuing professional development programs for the medical specialty or sub-specialty for the purpose of AMC accreditation. This process is briefly described in this document. The *Guidelines for Accreditation of Specialist Medical Education and Training and Professional Development Programs* provide detailed information on the accreditation process and the standards against which training and professional programs are reviewed.

The decision to recognise a medical specialty or sub-specialty is made by the Commonwealth Minister for Health and Ageing. Recognition as a specialty or sub-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 new specialty or sub-specialty.

### 5.1 Administration of the recognition process

#### 5.1.1 Recognition of Medical Specialties Advisory Committee

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

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

Membership of the Committee (called the Recognition Advisory Committee) is set out in Appendix 3.



### **5.1.2 Recognition review groups**

The AMC constitutes a recognition review group to review the case for recognition of a medical specialty or a sub-specialty when an application has been received and accepted. Recognition review groups report to the Recognition of Medical Specialties Advisory Committee and work within the recognition policy and guidelines of the AMC.

The AMC will establish and maintain a database of potential reviewers. The AMC's expectations of members of recognition review groups are listed in Appendix 4.

### **5.1.3 Specialist Education Accreditation Committee**

The AMC Specialist Education Accreditation Committee completes the second stage of the recognition process described above. This process is described in the Accreditation Guidelines, *Accreditation of Specialist Medical Education and Training and Professional Development Programs: Standards and Procedures*.

### **5.1.4 Assistance by AMC staff**

The AMC will conduct the recognition assessment process using the process and criteria provided in these Guidelines, and will conduct 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 in the early stages of the process, issues of interpretation of these two documents will need to be considered by the relevant committee.

Applying bodies must recognise and accept their responsibility for developing the case for recognition and providing an application that answers the requirements in these Guidelines.

## **5.2 Statement on 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. In respect of each application for recognition, members of the Recognition Advisory Committee and the recognition review group will declare any personal or professional interests that might, or might be perceived to, diminish their capacity to undertake their roles impartially. Where, after such declaration, it is decided that the member should nevertheless continue to participate the declared interest will be disclosed to the applying body. Members will not vote on matters on which they have a declared personal or professional interest.

Similarly, members of the AMC Council will declare to the Council any personal or professional interests that might, or might be perceived to, impact on their capacity to undertake impartially their roles as members of the Council. Members will not vote on matters on which they have a declared personal or professional interest.

## **5.3 Statement on confidentiality**

The application process is an open process. Applications and submissions on them will be placed on the AMC Internet site.

The assessment completed by the Recognition of Medical Specialties Advisory Committee will be available from the AMC when the first stage of the recognition process is complete.

The AMC's advice to the Minister is confidential information. When the application process is complete, the AMC will advertise the decision by the Minister on the AMC Internet site.

## **5.4 The assessment process**

The process is summarised in Table 2.

### ***5.4.1 Applying for recognition***

The AMC has provided a guide to the format and content of the application (see Appendix 5). It is the responsibility of the applicant(s) to develop a case for recognition around the criteria for recognition (see section 4) and in the format required.

The AMC aims to provide a draft report on its assessment of the case for recognition of a medical specialty or sub-specialty usually within twelve months of the application's initial consideration by the recognition review group. More time may be required depending on the completeness of the application, the quality of supporting evidence and the 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 Priority order for applications***

Whilst the AMC Secretariat will generally process applications in the order received, the AMC reserves the right to decide that a particular application should be given priority. The Recognition of Medical Specialties Advisory Committee may take the following into account in determining the priority order for consideration of applications:

- (a) the perceived health care benefit of recognition;
- (b) the extent to which the service is established and the demonstrated and/or potential ability of this applicant to improve the provision of the service;
- (c) the concordance of the application with existing health priorities;
- (d) the preparedness of the applicant and the quality of the submission;
- (e) the accreditation program of the Specialist Education Accreditation Committee;
- (f) the availability of resources to undertake an assessment.

The Recognition of Medical Specialties Advisory Committee will establish a priority order of initial applications, and review the priority order every six months (based on applications received by February and September). The Committee will report annually to the Council on its forward plan and the basis for its decisions on the priority order. The Committee will advise applicants of their place in the priority order, and propose a date for the applicant to submit any other material in support of the application.

Applications submitted at other dates must be submitted to the AMC Secretariat at least six weeks before the Recognition Advisory Committee meeting, or may be held over to the next meeting of the Committee. The Committee will decide on the priority of such applications, taking into account its forward work plan. The AMC lists dates of Recognition Advisory Committee meetings on its Internet site.

**TABLE 2: THE ASSESSMENT PROCESS**

<p><b>Submission of the application for recognition</b></p> <p>Recognition of Medical Specialties Advisory Committee establishes a priority order of initial applications, and reviews the priority order every six months (February and September). Applicants are advised of their place in the priority order, and the date by which other supporting material should be submitted.</p> <p>An application for recognition is lodged with AMC Secretariat in paper and disk format at least six weeks before the relevant Recognition of Medical Specialties Advisory Committee meeting.</p>
<p><b>Preliminary assessment</b></p> <p>The Recognition of Medical Specialties Advisory Committee conducts a preliminary assessment of the application. On the Committee's recommendation the Council may:</p> <ul style="list-style-type: none"><li>• Accept the application. Recognition Advisory Committee negotiates a commencement date for the assessment of the case for recognition.</li><li>• Postpone a decision to accept the application, where the submission is judged to be incomplete.</li><li>• Reject the application in its current form.</li></ul>
<p><b>Preparation for assessment of the case for recognition</b></p> <p>If the application is accepted, the AMC establishes a recognition review group to consider the case for recognition.</p> <p>The AMC invites submissions on the application, and places the application on its Internet site. Responses are requested within 12 weeks.</p>
<p><b>Recognition review group considers the case for recognition</b></p> <p>The recognition review group meets to consider the application, and to discuss the additional data and information that will be required to assess the case and any additional expertise required.</p> <p>The review group meets again after all submissions have been received and confirms its plans for the review. The AMC Secretariat arranges for the required data and information to be collected and sets up any interviews required by the review group. The group collects additional information and data. The aim is to complete this process within eight weeks. This may require one or more meetings of the recognition review group.</p> <p>This phase concludes with a meeting of the recognition review group to decide on preliminary findings.</p>
<p><b>Assessment by the Recognition of Medical Specialties Advisory Committee</b></p> <p>The recognition review group completes its draft assessment with the group's secretary as the coordinator. The aim is to complete this phase within eight weeks.</p> <p>The applicant is invited to comment on the draft assessment, usually within eight weeks of its receipt.</p> <p>The recognition review group considers the comments and prepares its final assessment for the Recognition of Medical Specialties Advisory Committee.</p> <p>The Committee considers the group's assessment. The assessment endorsed by the Committee and its recommendations are submitted to the AMC Council. A copy of the Committee's assessment is sent to the applicant. The applicant may seek a review of the assessment by writing to the AMC (see section 5.4.7).</p>
<p><b>Consideration by Council and advice to the Minister</b></p> <p>The Council considers the Committee's assessment and recommendations, and any report produced following a review. Council provides a report to the Minister, containing its advice on recognition.</p> <p>If the Minister decides there is a case for a new specialty or sub-specialty, then the process proceeds to Stage 2. Organisations with training programs in that specialty or sub-specialty may apply for accreditation of their training programs.</p>

### **5.4.3 Preliminary assessment**

The Recognition Advisory Committee undertakes a preliminary assessment to establish whether the application has addressed the core criteria and whether there is a sufficiently detailed and robust case to begin the recognition process.

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

- (a) Accept the application. The Recognition of Medical Specialties will negotiate a date for the assessment of the case for recognition of the medical specialty or sub-specialty to begin. The assessment will follow the process described below.
- (b) Postpone a decision on the application, in the event that the submission is incomplete. The AMC will propose a timeframe for re-submission, and it will not consider the application until this information is presented.
- (c) Reject the application in its current form.

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

### **5.4.4 Assessment of the case for recognition**

The AMC Council, on the advice of the Recognition Advisory Committee, will set up a recognition review group, with members drawn from the Advisory Committee and elsewhere to review the case for recognition. A member of the AMC Secretariat will be secretary to the group.

#### **Public submissions.**

The AMC will place the application on the AMC Internet site.

The AMC will invite submissions on the application. It will advertise that it has accepted an application for recognition of a new medical specialty or sub-specialty on its Internet site and in the public notice section of the national press and by writing directly to key stakeholder groups. The closing date for submissions will be three months from the date of the public notice. Submissions relating to the application will also be placed on the AMC Internet site.

#### **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 routinely seek the advice of the Australian Medical Workforce Advisory Committee and the Medical Council of New Zealand.

#### **Meetings of the recognition review group.**

The recognition review group will meet to consider the application, discuss the additional information and data that will assist it to review the case, and set a schedule for completion of its review.

The recognition review group will meet again when all submissions have been received to consider the submissions and to confirm the additional information and data required to conduct the review. The group may choose to interview the office bearers of the organisation seeking recognition or other stakeholders.

#### **5.4.5 The recognition review group's assessment**

Having considered the application, related submissions and other information available to it, the recognition review group prepares a draft assessment, coordinated by the secretary.

The assessment addresses the case for recognition, including:

- (a) the case for and against the recognition of the medical specialty or sub-specialty;
- (b) the recognition of the area as a separate medical specialty or as a sub-specialty;
- (c) the implications of limiting access to specialist practitioners to patients referred specifically for this service;
- (d) any other matters the review group considers relevant.

The aim is to prepare a draft assessment within eight weeks of the conclusion of the review process. More time may be required, however, to resolve any inconsistency in the comments of group members on successive drafts.

The group's draft assessment is forwarded to the organisation seeking recognition, which is invited to comment, within eight weeks, on the accuracy of the draft and on any conclusions or judgments in the draft. The AMC reserves the right to have the draft assessment considered by other stakeholders.

#### **5.4.6 Consideration by the Recognition of Medical Specialties Advisory Committee**

The Recognition of Medical Specialties Advisory Committee considers the draft assessment of the recognition review group and any comments by the applicant and/or other stakeholder bodies.

The Committee may seek further information from the recognition review group, the applicant, or the AMC Secretariat in developing its advice on the recognition of the medical specialty or sub-specialty. It may ask the recognition review group to reconsider or clarify the assessment.

The Recognition 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, as endorsed by the Recognition Advisory Committee, is forwarded to the AMC Council, together with the Committee's recommendations to the Council.

The Recognition Advisory Committee's assessment is also sent to the applicant. The applicant will be informed of the date by which advice will be forwarded to the Minister. The applicant can request a review of the AMC assessment before this date (see 5.4.7).

#### **5.4.7 Review process**

If the applicant is dissatisfied with the conclusions or judgements made by the Recognition Advisory Committee in the assessment, it may seek a review. The applicant should specify its reasons for seeking a review.

The AMC Council selects an appropriately qualified person, who is not a member of the Council or any of its committees, to chair the review panel. 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 and, if so, the Chair and the President will select suitable persons of appropriate expertise.

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

#### ***5.4.8 Consideration by the AMC Council***

After considering all the material received by it, the AMC Council decides on the report and the advice to the Minister for Health and Ageing on whether an applicant organisation has met the criteria for the Stage 1 assessment.

The Council's advice to the Minister is confidential.

#### ***5.4.9 Decision by 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 a new specialty or sub-specialty, then the process will proceed to Stage 2 and organisations with training programs in that specialty or sub-specialty become eligible to apply for accreditation of the training programs.

If, at the end of Stage 1, the Minister decides there is not a case for a new specialty or sub-specialty, the AMC will review the priority order for considering a new case for recognition of that specialty or sub-specialty.

### **5.5 Notification concerning the outcome of Stage 1**

The Australian Department of Health and Ageing notifies the AMC of the Minister's decision on Stage 1 of the assessment.

The AMC will advise the applying body, 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 Internet site.

The assessment by the Recognition of Medical Specialties Advisory Committee will then be available as a public document.

### **5.6 Stage 2 assessment: accreditation of the training and continuing professional development programs**

The accreditation process is summarised in Table 3.

**Table 3: THE ACCREDITATION PROCESS**

<p>Once the Minister has decided that a case for a new specialty or sub-specialty exists, all bodies that consider they fulfil the typical education and training roles of a specialist medical college may apply for review and accreditation of their specialist medical training and professional development programs by the AMC.</p> <p>The Specialist Education Accreditation Committee will inform the Recognition of Medical Specialties Advisory Committee of all the applications received, and the Recognition Advisory Committee will determine what, if any, additional information will be required relating to the specialty or sub-specialty.</p>
<p><b>Documentation for review</b></p> <p>The training organisation develops an accreditation submission guided by questions in the Guidelines for Accreditation. The organisation's documentation should be submitted seven months before the formal accreditation to allow time for the team's review and for the organisation to respond to the team's questions.</p>
<p><b>Choice of dates for the review</b></p> <p>The training organisation nominates dates for the accreditation (i.e. meetings with office bearers and relevant committees). The AMC will confirm dates based on availability of team members.</p>
<p><b>Accreditation team</b></p> <p>The AMC chooses a team after discussion with the organisation about required expertise. The team should provide for a balance of educational knowledge and experience with emphasis on postgraduate medical training and professional development, health service and community interests.</p>
<p><b>Team considers accreditation submission</b></p> <p>The training organisation lodges copies of its accreditation submission.</p> <p>The accreditation team meets to discuss the submission, and the range of meetings, site visits and other activities that will make up the review. The team decides on the format of the accreditation report and assigns individual team members responsibility for preparing parts of the report. The team decides what groups or organisations will be asked to comment on the College's training and professional development programs, and the AMC Secretariat invites submissions from these groups.</p>
<p><b>Team provides detailed feedback to the training organisation</b></p> <p>The team will provide detailed feedback and a series of additional questions about the organisation's training and professional development program arising from its review of the accreditation submission. The program for accreditation meetings and site visits and administrative arrangements are negotiated between the AMC/the team and the organisation.</p> <p>Any additional information should be submitted at least one month before the formal accreditation.</p>
<p><b>The accreditation review</b></p> <p>The team completes its program of site visits and meetings and discussions with office bearers of the organisation and committees relevant to the organisation's training and professional development programs.</p>
<p><b>Post review: preparing the accreditation report</b></p> <p>The team completes its review and prepares a report on the education and training and professional development programs. The finalisation of an accreditation report takes three to four months. This includes preparation of a draft report by the team, a series of opportunities for the organisation to comment on the report, and its consideration first by the Specialist Education Accreditation Committee and then by Council.</p> <p>The aim is to complete the accreditation process within ten months of establishing the accreditation team.</p>

If the Minister determines that there is a case for recognising the medical specialty or sub-specialty, the AMC will begin the review of the standard of the specialist medical training and professional development programs of the specialty or sub-specialty, using the process described in the document *Accreditation of Specialist Medical Education and Training and Professional Development Programs: Standards and Procedures* (the Guidelines for Accreditation).

More than one professional body may consider that it fulfils the roles listed in section 3.3 as the typical education and training roles of a specialist medical college. Once the Minister has decided that a case for a new specialty or sub-specialty exists, all such bodies may apply for review and accreditation of their specialist medical training and professional development programs by the AMC.

The AMC's advice to the Minister concerning recognition of a specialty or sub-specialty relates to a particular organisation and qualification as well as to the specialty. The process for considering a second or subsequent provider of training and professional development in a specialty will result in advice to the Minister on the inclusion of the provider in Schedule 4 of the Health Insurance Regulations or the List of Australian Recognised Medical Specialties and Sub-specialties. On receipt of a request for consideration and accreditation as an alternate provider of training and professional development in a specialty or sub-specialty, the Specialist Education Accreditation Committee will inform the Recognition of Medical Specialties Advisory Committee of the application, and the Recognition Advisory Committee will determine what, if any, additional information will be required relating to the specialty or sub-specialty.

#### **5.6.1 Stage 2 Assessment Process**

The AMC will not proceed to the accreditation of the education and training program until it has confirmation that the medical specialty has been recognised and that the resources necessary to underpin the delivery of the education and training program will be available.

The AMC's Specialist Education Accreditation Committee is responsible for the review and accreditation of specialist medical training and professional development programs. For each review, the Committee sets up an accreditation team that conducts the detailed accreditation of the education and training program using the standards set out in Guidelines for Accreditation. A copy of the accreditation standards is at Appendix 6.

#### **5.6.2 Decision on accreditation**

The team prepares a report and recommendations for the Specialist Education Accreditation Committee. The Committee makes a recommendation to Council on accreditation.

The options available to the Council in accrediting the specialist medical education and training and professional development programs for a new specialty or sub-specialty are as follows:

- (a) Accreditation for six years subject to satisfactory annual reports from the training organisation during the period of accreditation.
- (b) Accreditation is refused. In this case the body seeking accreditation of its training and professional development program could re-apply for accreditation at a later date or it would be open to another organisation to seek accreditation to provide training in the specialty area.



Where deficiencies are identified in the training program, which the Specialist Education Accreditation Committee considers must be addressed before the program begins, the Committee will recommend that accreditation be refused. The AMC will advise the applicant on the deficiencies to be addressed before the AMC will reconsider accreditation of the training and professional development programs.

### ***5.6.3 Ministerial decision on recognition of the specialty or sub-specialty***

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 new specialty or sub-specialty.

**Where the applying body is seeking recognition for the 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 assessed meets the criteria for accreditation and recognition as a specialty or sub-specialty. The AMC's advice to the Minister will relate to a particular organisation, specialty and qualification and the advice will be to assist in the determination of suitability for inclusion in Schedule 4 of the Health Insurance Regulations.

Recognition is effective only once Schedule 4 of the Health Insurance Regulations has been amended to include the new specialty, organisation and training program.

**Where the applying body is not seeking recognition for the 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 assessed meets the criteria for accreditation and recognition as a specialty or sub-specialty. The AMC's advice to the Minister will relate to a particular organisation, specialty and qualification and the advice will be to assist in the determination of suitability for inclusion in the List of Australian Recognised Medical Specialties and Sub-specialties. Recognition is effective only once the List of Australian Recognised Medical Specialties and Sub-specialties has been amended to include the new specialty/sub-specialty, organisation and training program.

## **6 FEES AND CHARGES**

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Based on its experience, the AMC is able to indicate the components of the cost of the proposed new process for the recognition of medical specialties and sub-specialties, including the AMC infrastructure costs of sustaining the recognition process. The costs include:

- (a) the cost of at least two meetings annually of the AMC standing committee responsible for overall policy and direction (the Recognition Advisory Committee), including fees to members, travel and accommodation, preparation of agendas and committee support;
- (b) the cost of the work of the recognition review group, including fees to members, travel and accommodation, preparation of agendas and committee support;
- (c) the cost of developing policy and procedure, and obtaining external advice including fees and preparation of papers;
- (d) the cost to the AMC of the resources to underpin the management of the process, including staff, equipment, photocopying, office supplies, advertising.

The benefits to various stakeholders also need to be examined in considering costs. This will assist in apportioning the costs appropriately according to perceived beneficiaries.

In no particular order of importance, the stakeholders include:

- (a) the general community who benefit by assurance that a new medical specialty brings real benefits to them;
- (b) the successful applicants who benefit from the status and in some cases the improved remuneration;
- (c) the Commonwealth and state governments, the former through assistance to the Health Insurance Commission and the latter through increased capacity to ensure that state-based medical specialist registration reflects the needs of the community; and
- (d) the medical profession through enhancement of self-regulation, the effectiveness of which is vital to ongoing confidence of the community in the profession.

The AMC recognises the Medical Council of New Zealand as a stakeholder in this process, and the membership of the AMC's Recognition of Medical Specialties Advisory Committee includes of a nominee of the Medical Council of New Zealand whose costs are met directly by the Medical Council of New Zealand.

The AMC recognises the contribution made by the Department of Health and Ageing to the infrastructure costs of the AMC to undertake this work.

Similar to its accreditation process, the AMC proposes that the organisation seeking recognition meet the direct costs of the assessment and the Australian Medical Council meet the indirect costs of the process including the meetings of the relevant AMC standing committee and ongoing administrative costs.

The direct cost of assessing application for recognition using the model outlined in these Guidelines would include:

- (a) the cost of the required meetings of the recognition review group and of an additional data gathering and consultation deemed necessary by that group;
- (b) the cost of completing the second stage of the recognition process, accreditation of the training and professional development program.

There will be opportunities to restrain costs, especially by the AMC providing clear guidance to assist applicants to provide high quality applications and by sensible use of small groups, where possible meeting by teleconference, to undertake key tasks on behalf of the Recognition Advisory Committee.

The AMC proposes that fees apply as follows:

- (a) An initial application fee paid on lodgement of the preliminary application. If the AMC accepts the application, the Recognition of Medical Specialties Advisory Committee decides on a date for submission of supplementary material.
- (b) A second fee is payable on submission of supplementary material and consideration of the full application by the Committee. The Recognition Advisory Committee then recommends the recognition review group to complete the assessment. The AMC will provide an estimate of the cost of the work of the recognition review group to the applying body, after the review group's first meeting.
- (c) The direct cost of the review group's work, minus the cost of the second fee, is payable before the Recognition Advisory Committee's report and recommendations are submitted to the Council.

## **GLOSSARY AND DEFINITIONS**

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### **Accreditation**

A process of quality assurance that entails self-evaluation and external review. Accreditation encourages improvement in the institution and the program being reviewed and determines whether the institution or program meets agreed standards. The AMC accreditation of specialist medical training and continuing professional development programs certifies that the training and the requirements for continuing professional development in a medical specialty are appropriate, that the specialist has the knowledge, clinical skills and attitudes for safe and competent practice of the specialty, and is being assisted to maintain his/her knowledge and competence during his/her career.

### **Continuing or continuous professional development (CPD)**

The training and education undertaken by individual medical practitioners throughout their career to maintain their knowledge and skills. College-organised programs for continuing professional development may be known as Maintenance of Professional Standards (**MOPS**) or Continuing Medical Education (**CME**).

### **Health Insurance Commission (HIC)**

A Commonwealth statutory authority that, inter alia, administers Medicare and maintains the Vocational Register of General Practitioners for Medicare rebate purposes.

### **Medical registration**

Is regulated by separate laws in each state and territory, which are administered by Medical Boards. The purpose of registration is to protect the community by defining those individuals who are legally qualified to practise medicine within the relevant state or territory. Before a medical practitioner is legally entitled to treat patients in a state or territory, he/she must be registered under the laws of that state or territory.

There are two standard registration categories:

- Registration without conditions (also known as unconditional registration)
- Registration with conditions (also known as limited registration), which may be available in the following categories:
  - Postgraduate Training
  - Supervised Training
  - Teaching or Research
  - Public Interest/Areas of Need
  - Conditional (disciplinary or health conditions)
  - Overseas Trained Specialist (following assessment by the relevant Specialist College)

Each state and territory maintains a register of legally qualified doctors. Two States maintain separate specialist registers that identify doctors as a specialist in a particular field of practice. The remaining six states and territories record specialists on their general register.

### **Medical specialty**

An autonomous medical discipline with a defined training program leading to its own discipline-specific postgraduate qualification. The holder of the qualification would practise predominantly or essentially in this specialty, for example a medical practitioner who attains Fellowship of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists would practise obstetrics and gynaecology or one of its sub-specialties.

### **Medical sub-specialty**

A semi-autonomous medical discipline with a defined training program that it may share in part with the main specialty or other sub-specialties but which normally does not lead to an independent postgraduate qualification. A practitioner in a sub-specialty could also practise in the main specialty, for example a gastroenterologist can also practise general medicine.

## **Medicare**

Australia's universal medical insurance scheme. Under the Medicare program, people who incur medical expenses for clinically relevant professional services provided by qualified medical practitioners (and certain other practitioners) receive a benefit for those services. The Medicare Benefits Scheme lists the professional services that attract a Medicare benefit and describes any conditions applying to the use of specific services. Medicare is managed by the Health Insurance Commission.

## **Recognition of individual practitioners for Medicare purposes**

The process stipulated by the Health Insurance Act that enables medical practitioners to seek recognition as specialists (e.g. surgeons, radiologists), consultant physicians or psychiatrists. Such practitioners can be paid Medicare benefits at the higher Specialist and Consultant Physician rates specified in the Medicare Benefits Schedule. Practitioners who hold a qualification of an approved organisation are recognised automatically (these have been the qualifications of certain listed specialist medical colleges). The Act provides a mechanism for other doctors to have their experience and training considered for recognition.

## **Recognition of medical specialties**

The formal process that signals that the area of medical practice has become sufficiently specialised to require practitioners with specific knowledge and skills, who maintain and develop their knowledge and skills by practising predominantly in the area and by participating in continuing professional development. Formal recognition of a medical specialty acknowledges that special training and continuing professional development in the area leads to better and safer medical outcomes.

## **Training of medical specialists**

Specialist medical training and practice in Australia historically arose from the model of postgraduate advanced clinical training and examination developed in the United Kingdom. National Specialist Medical Colleges set the standards of training and coordinate the training, education and examination of medical specialists in Australia.

## **Specialist Recognition Advisory Committees (SRAC)**

Are constituted under the Health Insurance Act to consider applications from medical practitioners for recognition as a specialist, consultant physician or psychiatrist, where the applicant does not hold a qualification of a recognised specialist college.

## **Vocational Registration**

The Commonwealth's system through which general practitioners are recognised to receive higher Medicare rebates for prescribed medical services. The Health Insurance Commission maintains a Vocational Register of General Practitioners: eligibility for inclusion on the Register is certified against criteria of the Royal Australian College of General Practitioners relating to training and experience in general practice.

In order to maintain recognition, general practitioners must satisfy the Royal Australian College of General Practitioners' quality assurance and continuing medical education requirements, and remain predominantly in general practice. For practitioners other than RACGP fellows, predominantly in general practice means that more than 50 percent of clinical time and more than 50 percent of services for which Medical benefits are claimed are in general practice.

## DRAFT LIST OF AUSTRALIAN RECOGNISED MEDICAL SPECIALTIES AND SUB-SPECIALTIES

Medical specialties and sub-specialties in Australia. The names used for the medical specialties and sub-specialties are those used by the relevant college.	
<b>Specialty</b>	<b>Sub-specialty</b>
Adult Medicine	General Medicine Cardiology Clinical Genetics Haematology Immunology and Allergy Clinical Pharmacology Endocrinology Gastroenterology and Hepatology Geriatric Medicine Infectious Disease Intensive Care Medical Oncology Nephrology Neurology Nuclear Medicine Rheumatology Thoracic and Sleep Medicine
Paediatric Medicine	Health Insurance Regulations currently show all the headings listed as sub-specialties of Adult Medicine AND Paediatric Medicine as 'specialties'. The RACP contains Divisions of Adult Medicine and of Paediatrics and Child Health. The latter has requested that paediatric medicine be listed as a separate specialty to 'adult medicine' with a distinct range of paediatric subspecialties.
Anaesthesia	Intensive Care
Dermatology	
Diagnostic Radiology	Diagnostic Ultrasound Nuclear Medicine
Emergency Medicine	
General Practice	
Medical Administration	
Obstetrics and Gynaecology	Gynaecological Oncology Maternal-Fetal Medicine Obstetric & Gynaecological Ultrasound Reproductive Endocrinology & Infertility Urogynaecology
Occupational Medicine	
Ophthalmology	
Oral and Maxillofacial Surgery	

Medical specialties and sub-specialties in Australia. The names used for the medical specialties and sub-specialties are those used by the relevant college.

**Specialty**

**Sub-specialty**

Pathology

General Pathology  
Anatomical Pathology (including Cytopathology and Forensic Pathology)  
Clinical Chemistry  
Haematology  
Immunology  
Microbiology

Psychiatry

Public Health Medicine

Radiation Oncology

Rehabilitation Medicine

Surgery

General Surgery  
Cardiothoracic Surgery  
Neurosurgery  
Orthopaedic Surgery  
Otolaryngology - head and neck surgery  
Paediatric Surgery  
Plastic and Reconstructive Surgery  
Urology  
Vascular Surgery (*Status checked by Departmental Officers – list amended February 2004*)

**MEDICAL SPECIALTIES AND SUB-SPECIALTIES CREATED  
BY RECOGNISED COLLEGES AFTER 1997**

<b>Specialty</b>	<b>Sub-specialty</b>
Addiction Medicine	
Palliative Medicine	
Anaesthesia	Pain Medicine
Pathology	Genetics
Paediatrics and Child Health (Health Insurance Regulations include paediatrics in the specialties of the Royal Australasian College of Physicians)	General Paediatrics Paediatrics and Child and Adolescent Psychiatry Clinical Genetics Community Child Health Neonatology and Perinatal Medicine Paediatric Cardiology Clinical Haematology and Oncology Haematology (joint training program with the RCPA) Clinical Immunology and Allergy Endocrinology Gastroenterology and Hepatology Infectious Disease Intensive Care Nephrology Neurology Nuclear Medicine Paediatric Emergency Medicine Rehabilitation Medicine Rheumatology Thoracic and Sleep Medicine Thoracic Medicine Sleep Medicine
Psychiatry	<u>Child and Adolescent Psychiatry</u> <u>Psychiatry of Old Age</u>



## MEMBERSHIP

## THE RECOGNITION OF MEDICAL SPECIALTIES ADVISORY COMMITTEE

*Updated February 2005*

<b>Membership category</b>	<b>Member</b>
Chair of the Committee	Dr Robin Mortimer
on the advice of the Commonwealth Department of Health and Ageing	Ms Marian Kroon, Director Specialist & Prevocational Workforce Section, Workforce and Quality Branch, Health Industry and Investment Division, Department of Health and Ageing  Mr Ian McRae Retired, Head Medicare Benefits Branch Department of Health & Ageing
on the advice of the Australian Health Ministers' Advisory Council	Dr Martha Finn, Director of Clinical Training, Royal Darwin Hospital and Senior Lecturer in Obstetrics and Gynaecology, Northern Territory Clinical School, Flinders University  Dr Mark Mattiussi, District Director, Medical Services Logan Hospital
on the advice of the Health Insurance Commission	Dr Jo-Anne Benson, Senior Medical Advisor, Health Insurance Commission
on the advice of the Committee of Presidents of Medical Colleges	Mr Kingsley Faulkner, Past President Royal Australasian College of Surgeons  Dr Richard Willis, Past President Australian and New Zealand College of Anaesthetists  Vacant
on the advice of the Federal Council of the Australian Medical Association	Dr Choong-Siew Yong Blacktown City Mental Health Service
on the advice of the Committee of Deans of Australian Medical Schools	Professor Peter Brooks Dean, Faculty of Health Sciences The University of Queensland
a background in, and knowledge of, health consumer issues;	Ms Rebecca Coghlan, Consumers Health Forum of Australia Ms Robin Toohey AM, Consumers Health Forum of Australia
Specialist Education Accreditation Committee	Professor Richard Smallwood AO
on the advice of the Medical Council of New Zealand	Professor A John Campbell President of the Medical Council of New Zealand
other members appointed by Council	Dr Joanna Flynn, President Medical Practitioners' Board of Victoria Member of the Australian Medical Council  Dr James Butler Chair Economic Sub-committee Senior Fellow (Health Economics) & Deputy Director National Centre for Epidemiology and Population Health - ANU

## **RECOGNITION REVIEW GROUPS**

### **Attributes and qualifications of members of recognition review groups**

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 for the Recognition of Medical Specialties and Sub-specialties 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.

### **Responsibilities**

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 on its findings. Beyond providing this assessment, the group is not responsible for the Council's advice on recognition of the medical specialty or sub-specialty.

### **Membership of recognition review groups**

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

- (a) evidence-based science such as 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 AMC or its Executive will appoint members of a recognition review group on the advice of the Recognition Advisory Committee.

## RECOGNITION OF A MEDICAL SPECIALTY OR SUB-SPECIALTY

### APPLICATION FORM

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#### **Application process**

Recognition of a medical specialty or sub-specialty is a two-stage process.

**Stage 1** entails assessment of the case for recognition of a medical specialty or sub-specialty. This application form outlines the information required at this stage of the process. The AMC Guidelines for Recognition, *Recognition of Medical Specialties and Sub-specialties*, describe the recognition process and the criteria against which applications are considered.

Applicants should not submit an application for recognition until invited to do so. Applicants must first be placed in the AMC's priority order for applications. The AMC provides a separate preliminary application form for applicants to apply for a position in the priority list. The AMC's Recognition of Medical Specialties Advisory Committee reviews the priority order every six months (based on preliminary applications received by February and September). It advises applicants of their place in the priority order, and proposes a date for the applicant to submit this application form.

This form is intended as a guide to organisations seeking recognition of a medical specialty or sub-specialty. It is the responsibility of the organisation(s) sponsoring the application to provide the data and information that will support the case for recognition. Detailed supporting documents may be appended.

After the Recognition of Medical Specialties Advisory Committee has considered the application, on the Committee's advice, the AMC will decide whether it will accept the application. The Committee reserves the right to ask for more information from the applicant. If it is accepted, the AMC Secretariat will place the application on its Internet site, to allow public review and comment. Rejected applications will also be placed on the AMC Internet site.

**Stage 2** entails assessment of the specialist training and continuing professional development programs for the medical specialty or sub-specialty for the purpose of AMC accreditation. This form does not cover Stage 2. The AMC provides a separate document outlining the information required for the review and accreditation of the training and professional development programs. The Guidelines, *Accreditation of Specialist Medical Education and Training and Professional Development Programs*, describe the accreditation process and the criteria against which programs are reviewed.

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**AUSTRALIAN MEDICAL COUNCIL**

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AUSTRALIA

**Street Address**  
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AUSTRALIA

**Telephone No:** (02) 6270 9750  
**Facsimile No:** (02) 6270 9799  
**Email:** [recognition@amc.org.au](mailto:recognition@amc.org.au)  
**Web:** <http://www.amc.org.au>

## **Lodgement of application form**

Applications should be lodged with the AMC Secretariat at:

Recognition of Medical Specialties Advisory Committee  
PO Box 4810  
Kingston ACT 2604  
Email: [recognition@amc.org.au](mailto:recognition@amc.org.au)

Please check with the AMC Secretariat on the number of copies of the application required. In addition to paper copies, please provide an electronic copy saved in a Microsoft Word document or Portable Document Format (PDF).

AMC policy is that the organisation seeking recognition meets the direct costs of the assessment and the AMC meets the indirect costs of the process. A fee will apply to this application. The AMC Secretariat can advise on the fee payable.

## **Related AMC documents**

The following AMC documents are available on the AMC Internet site and from the AMC Secretariat:

- Recognition of Medical Specialties and Sub-specialties  
[www.amc.org.au/forms/guidelinesspec.pdf](http://www.amc.org.au/forms/guidelinesspec.pdf)
- Preliminary application form for recognition  
[www.amc.org.au/forms/priorityapp.doc](http://www.amc.org.au/forms/priorityapp.doc)
- Accreditation of Specialist Medical Education and Training and Professional Development Programs  
[www.amc.org.au/forms/guidelines.pdf](http://www.amc.org.au/forms/guidelines.pdf)

Form last updated: January 2004.

## **CONTENTS PAGE**

Provide a table of contents and a list of the separate documents (attachments) provided with the submission. Please indicate which of the attachments are available on the applicant's website.

## ***Executive Summary***

Provide a short Executive Summary of the case for recognition of the specialty/sub-specialty, up to a maximum of five pages.

The AMC Secretariat will send a copy of the Executive Summary to all the bodies it invites to comment on the application. Stakeholder organisations will be referred to the AMC website to view the full application.

## **1 Applicant details**

### 1.1 Information on the recognition being sought:

Proposed specialty or sub-specialty (indicate whether recognition of a specialty or a sub-specialty is being sought):

Organisation name:

Qualification:

Is recognition being sought for the purposes of the Health Insurance Act?

### 1.2 Person to contact concerning this application:

### 1.3 Physical address of the sponsoring organisation:

### 1.4 Postal address:

### 1.5 Australian Business Number:

### 1.6 Contact numbers:

Business hours:

Facsimile:

Other:

E-mail address:

### 1.7 Indicate the preferred mode of contact:

Phone

E-mail

Fax

Postal

### 1.8 Include the name and signature of person responsible for application.

Date

## **2 Rationale and core criteria**

The AMC will assess applications for recognition against the criteria included in the *Guidelines for Recognition*. The Guidelines identify three core criteria. Provide summary responses to these criteria here, and indicate where in your submission more detailed information is provided.

- 2.1 Describe the rationale for seeking recognition of the specialty or sub-specialty in Australia. The answer should address how the public interest is served by the development of the specialty or sub-specialty including the following key issues:
  - (a) The implications of recognition of the medical specialty or sub-specialty for safety of care.
  - (b) The implications of recognition of the medical specialty or sub-specialty for the standards of care.
  - (c) The implications of recognition of the medical specialty or sub-specialty for the wise use of health care resources.
  
- 2.2 Provide a history of the development of the specialty or sub-specialty in Australia.



### **3 Definition of the medical specialty or sub-specialty**

#### 3.1 Definition of the specialty or sub-specialty area:

- Provide supporting data that demonstrates that the medical specialty/sub-specialty is based on substantiated concepts in medical science and health care delivery.
- What evidence is there that the proposed specialty or sub-specialty represents a well-defined field of medical practice?

#### 3.2 What is the scope of practice of this specialty or sub-specialty? The answer should also identify existing specialties or sub-specialties whose scope of practice and/or training are similar.

#### 3.3 Describe the nature of present and past links and alliances with other specialties and sub-specialties, including:

- Within Australia.
- In other countries with health systems that are similar to that of Australia.

#### 3.4 Provide information on the scientific enquiry, research, acquisition of evidence, and publication of journals in the specialty or sub-specialty, in Australia and overseas.

#### 3.5 Describe any likely effect, positive or negative, of the development of the new specialty or sub-specialty on existing specialties and sub-specialties. Where the response indicates that deskilling of generalists or doctors in remote and rural Australia is likely, the application should demonstrate the benefits that outweigh this.

#### 3.6 Describe how the new medical specialty or sub-specialty will enhance the standard of health care and, where data are available, lead to better outcomes. The answer should cover issues such as equity of access to services.

#### 3.7 What is the status of the specialty or sub-specialty in other jurisdictions, including New Zealand? *Note:* the Recognition of Medical Specialties Advisory Committee is aware that recognition of vocational branches in New Zealand fulfils legislative requirements specific to New Zealand.

## **4 Nature of the medical practice in Australia**

4.1 In what settings is the medical practice performed and who does or would perform it?

4.2 Definition of the specialist practitioner:

- Describe the knowledge and practice (including behaviours and attitudes) required of the specialist practitioner.
- Describe the separate, specific skills or expertise required of the practitioner.
- Compare the required knowledge and skills to that required of medical specialists in a related existing medical specialty or sub-specialty. Indicate whether practitioners need to complete a separate comprehensive and complete training program to acquire the knowledge and skills required for the specialty or sub-specialty and, if so, why.

4.3 Is the practice based on referral from a general practitioner or other specialist or is it unreferral (primary care)? What is the effect of limiting access to services to patients referred specifically for these services?

4.4 Indicate the types of services provided, such as:

- Consultations
- Investigations
- Therapeutic and diagnostic procedures or other interventions
- Other activities undertaken for the health care system e.g. health promotion.

4.5 Describe the referral patterns between the members of this discipline and general practitioners and between members of this discipline and other medical specialists.

4.6 Provide information on the number and geographic spread of medical practitioners engaged full time or substantially in the practice of the specialty or sub-specialty:

- In private practice
- With appointment to public healthcare institutions as full time and sessional (or fee for service) staff.

Explain in detail how the number was derived, e.g. financial members of the sponsoring college or organisation.

- 4.7 Demonstrate that there are sufficient practitioners to provide a sustainable base for the specialty or sub-specialty. The answer should include summary information on the number and distribution of:
- Practitioners who possess the knowledge and skills to practise in the specialty or sub-specialty, and who practise predominantly in the specialty or sub-specialty.
  - Practitioners available to sustain academic activities.
  - Practitioners available to sustain training programs.
- 4.8 Describe the impact of recognition on the practice of other relevant health professions.

## **5 Public health significance**

5.1 Explain how the recognition of the specialty or sub-specialty would meet the health care needs of the Australian community, by expanding on the summary provided in your preliminary application.

5.2 Provide a copy of any data available to support the response to 5.1.

5.3 Describe the resource implications of recognition for both public and private sector health care providers. Resource implications should cover issues such as direct and indirect health care costs, the costs of providing training positions and the costs of new technology or equipment. Include any other relevant economic data or literature.

Indicate the source of funding for these medical services now (e.g. Commonwealth funding via Medicare/other programs, State funding through public hospitals/other programs, private insurance, out of pocket payments). What changes are anticipated to the funding source and quantum if recognition is granted?

5.4 Estimate anticipated growth in the specialty or sub-specialty and its impact (including economic) on the health care system.

What are the projections concerning the supply of specialist practitioners in this area in Australia over the next ten years? Explain how the number was derived.

## **6 *The organisation seeking recognition***

- 6.1 Provide the name of the professional body (or bodies) responsible for setting the requirements and standards for training, assessment and certification in the specialty or sub-specialty.
- 6.2 Provide a description of the organisation including the names and professional qualifications of the office bearers, and the names and qualifications of the founding members.
- 6.3 State the mission of the professional body or bodies representing the medical specialty or sub-specialty.
- 6.4 Describe the structures and the membership to support the provision of an appropriate professional environment including vocational training and assessment, continuing medical education and maintenance of professional standards.
- 6.5 Provide a copy of the Constitution and Bylaws.
- 6.6 Provide details of the requirements for foundation membership of the training organisation and of the processes used to determine eligibility for foundation membership.
- 6.7 Provide a copy of the most recent annual report of the organisation.

## **7 *Education and training and continuing professional development***

7.1 List the specialist/vocational and sub-specialist program(s) for which accreditation will be sought. Indicate:

- the program(s) already established by the applicant(s)
- the numbers of trainees anticipated
- the requirements for entry to the training program
- the training facilities already available and the training facilities required
- the training positions identified and likely to be appropriately supported
- the location of training
- the length of training.

If available, provide a copy of the training program handbook.

7.2 Summarise the requirements for continuing professional development for maintenance of professional standards in the specialty or sub-specialty.

7.3 Summarise the requirements for local recognition of medical practitioners trained in the discipline overseas.

7.4 Outline the educational resources available to the organisation to support the training and professional development programs.

STANDARDS FOR ACCREDITATION OF SPECIALIST MEDICAL  
EDUCATION AND TRAINING AND PROFESSIONAL DEVELOPMENT  
PROGRAMS

**GOALS AND OBJECTIVES OF SPECIALIST EDUCATION AND TRAINING  
AND PROFESSIONAL DEVELOPMENT**

Specialist education and training:

- enables the trainees to understand the scientific basis of the discipline and to learn through exposure to a broad range of clinical experience in the relevant specialty;
- enables the trainees to appreciate the issues associated with the delivery of safe, high quality and cost effective health care within the Australian health system, to understand that system and to be prepared for the broader roles of medical specialists in working with and taking a leadership role within the community on matters relating to health;
- produces medical practitioners able to undertake unsupervised comprehensive medical practice in the relevant specialty (including general practice);
- includes a process of assessment that tests whether the trainees have acquired the requisite knowledge, skills and professional qualities to practise in the specialty at an appropriate standard;
- prepares specialists (including general practitioners) able to assess and maintain their own competency and performance through continuing professional education, maintenance of skills and the development of new skills.

**ACCREDITATION STANDARDS**

**The Processes of Specialist Education and Training**

*The goals of education and training*

The training organisation has determined the goals for each of its education and training programs. These goals are based on the nature of the discipline and its role in the delivery of health care and are related to community need.

*The curriculum*

For each of its training programs, the training organisation has a curriculum that enables trainees to achieve the goals of the training program.

The curriculum specifies the educational objectives for each component, details the nature and range of clinical experience required to meet these objectives, and outlines the syllabus of knowledge, skills and professional qualities to be acquired.

Completion of training must be certified by a diploma or other formal award.

The training organisation has processes to determine the broad roles of practitioners in the discipline. These roles are addressed by the objectives of training programs.

### *Assessment and examination*

The training organisation implements a systematic program of formative and summative assessments, which it has demonstrated to be valid and reliable.

The assessment program reflects comprehensively the educational objectives of the training program.

The training organisation has processes for the early identification of trainees who are under performing and for determining programs of remedial work.

### *Accreditation of hospitals / training positions*

The training organisation specifies the clinical experience, infrastructure and educational support required of the accredited hospital / training position and implements clear processes to determine whether these requirements are met.

The training organisation's accreditation requirements cover: clinical experience, structured educational programs, infrastructure supports such as library, journals and other learning facilities, continuing medical education sessions accessible to the trainee, dedicated time for teaching and training and opportunities for informal teaching and training in the work environment.

The accreditation standards of the training organisation are publicly available.

### *Supervisors, assessors, trainers and mentors*

The training organisation has processes for selecting and training supervisors and trainers.

The training organisation has processes for ensuring that trainees receive regular feedback from supervisors and trainers and for obtaining confidential reports from trainees on the quality of their supervision, training and clinical experience.

The training organisation has a systematic process for selecting assessors in written, oral and performance-based assessment and examination who have demonstrated relevant capabilities. Selection of assessors takes account of an overall balance in gender, cultural background, nature of practice and its location.

The training organisation implements training programs designed to foster sound and consistent assessment methods.

The training organisation assists all trainees in identifying a suitable mentor who is not and highly unlikely ever to be a supervisor, assessor or trainer for the trainee.

### *Selection of trainees*

Selection of trainees into training programs is based on the principles in the 1998 report, *Trainee Selection in Australian Medical Colleges*, by the Medical Training Review Panel.



### *Assessment of overseas-trained specialists*

The processes for assessing the suitability of overseas-trained specialists\* for practise in Australia are in accordance with the principles outlined by the Joint Standing Committee on Overseas Trained Specialists of the AMC and the Committee of Presidents of Medical Colleges.

### *Outputs and outcomes of training*

The training organisation maintains records on the outputs of its training program, is developing methods to measure outcomes of training and is collecting qualitative information on outcomes.

### *Evaluation of the program*

The training organisation has processes for the regular evaluation and review of its training programs

Supervisors, trainees, health care administrators, other health care professionals and consumers contribute to these processes.

## **Professional Development Programs**

The training organisation has professional development programs that assist its members in maintaining their knowledge, skills and performance so they can deliver adequate and safe medical care.

The training organisation monitors participation in all areas in which the specialist is currently practising and has processes to counsel fellows who do not participate in such programs when they are not compulsory.

### *Retraining*

The training organisation has processes in place for retraining and remediation of its fellows who are under performing.

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\* *Overseas-trained specialist refers to a medical practitioner with specialist training and experience gained overseas and whose primary medical qualifications are not recognised in Australia, and who is seeking recognition as a specialist practitioner in Australia.*