



AUSTRALIAN MEDICAL COUNCIL

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5.6 STAGE 2 ASSESSMENT:

1 BACKGROUND AND AIMS OF THE RECOGNITION OF MEDICAL SPECIALTIES

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 (6) Medical specialists (7pu8ps9pil)tV8Q9I77Qs)hV8s9y

3s9yQA8uQs96.7)u/d/9y/n9u8e)ts6s)h8829306)yoQB9(770)9tu)879)hV8Q95087)jeV97ijts)/V80Rui)t76i

- (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**

(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 summarise

2 DECISIONS CONCERNING RECOGNITION OF MEDICAL SPECIALTIES AND SUB-SPECIALTIES

Recognition means that the Commonwealth Minister for Health and Ageing has made a decision to recognise a new specialty or sub-specialty, and

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

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

Reasons for recognising medical specialties and sub-specialties
<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"> • Recognition of a medical specialty or sub-specialty may be sought for the purposes of the Health Insurance Act, or • 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. <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>
Decision-making

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 of medical specialties and sub-specialties.

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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

3 DESCRIPTION OF MEDICAL SPECIALTIES AND SUB-SPECIALTIES

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 s9uyip)cV8Q9sQ67p)aVu9y6lQt)rV8u9uitt7)eVt97uiti) V8s79uyip)sV8u97s7yp)yV8i9uQsQQ)sV8
A ub-specialoy i79uuisi)oV8s9s7til)u9yQyly)7p)aV69ul6768Q9h7C9y)h89spTlgoM [)uVy9yiyQ)pVI

MeQ9sQ67p)hV8s9yQtQi)nVu9pluiy)oV8s9d87Q96li

Over the period that specialisation has been develo

- promoting medical knowledge and encouraging medical specialists to continue their professional development;
- public education and health education;
- contributing to debates about healthcare, wider hea

criteria of the Royal Australian College of General Practitioners relating to training and experience in general practice. In order to mainta

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.

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3.7.2 Non-recognised sub-specialties established after 1997

Using information provided by specialist medical colleges whose qualifications were

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

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(a ofder oiQ6%YJdvQiWGJT qWi **Breakn**

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

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.

TABLE 2: THE ASSESSMENT PROCESS

Submission of the application for recognition

Recognition of Medical Specialties Advisory Committee es

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.

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.

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>Documentation for review</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>Choice of dates for the review</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>Accreditation team</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>Team considers accreditation submission</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>Team provides detailed feedback to the training organisation</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>The accreditation review</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>Post review: preparing the accreditation report</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>

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

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6 FEES AND CHARGES

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 recognitio**

GLOSSARY AND DEFINITIONS

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

Medicare

Australia's universal medical insurance scheme. Under the Medicare program, people who

**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.

Specialty **Sub-specialty**

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

MEMBERSHIP

THE RECOGNITION OF MEDICAL SPECIALTIES ADVISORY COMMITTEE

Updated February 2005

Membership category	Member
Chair of the Committee on the advice of the Commonwealth Department of Health and Ageing	Dr Robin Mortimer Ms Marian Kroon, Director Specialist & Prevocational Workforce Section, Workforce and Quality Branch, Health Industry and Investment Division, Department of Health and Ageing

RECOGNITION REVIEW GROUPS

Attributes and qualifications of members of recogni

RECOGNITION OF A MEDICAL SPECIALTY OR SUB-SPECIALTY

APPLICATION FORM

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

AUSTRALIAN MEDICAL COUNCIL

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Street Address
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BARTON ACT 2600
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Telephone No: (02) 6270 9750
Facsimile No: (02) 6270 9799
Email: 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**

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
- **Preliminary application form for recognition**
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

Form last updated: January 2004.

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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:

-

- 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.

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

Assessment of overseas-trained specialists