



AUSTRALIAN MEDICAL COUNCIL  
THE RECOGNITION OF MEDICAL SPECIALTIES:  
POLICY AND PROCESS

**Current as of March 2009**

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## Foreword

assist applicants to provide the appropriate level and form of information required by the AMC for a full assessment of the case.

4. The function of the preliminary application has changed. The original recognition process invited applicants to submit a preliminary application, the expressed purpose of which was to establish a priority order for full assessment for the case for recognition. This was implemented when there were a number of applicants ‘competing’ for assessment by the AMC. This situation now no longer exists. The AMC has changed the function of the preliminary application to one which requires the applicant to present a *prima facie* case for full assessment. This has been introduced because the recognition process is both time-consuming and resource intensive. A set of criteria against which a preliminary assessment will be assessed has been developed.

The AMC believes that these changes will ultimately result in an improved process that provides applicants with clear advice on what is required to achieve specialty recognition. Importantly, the aims of the recognition process have remained unchanged, and these taken together signal the AMC’s ongoing commitment ‘to promote and protect public health and safety by ensuring a safe and competent workforce distributed across Australia to meet community needs’.

Dr Robin Mortimer AO

Chair

Recognition of Medical Specialties Advisory Committee

July 2007

## **1. Background and Aims of the Recognition of Medical Specialties Process**

### **1.1 The Australian Medical Council**

The Australian Medical Council Limited (AMC) is the national standards body for medical education and training in Australia. It is independent of the Australian government.

The AMC's purpose is to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community. Its functions include:

- accrediting Australian and New Zealand medical schools and medical courses
- accrediting Australian/Australasian programs of specialist medical training
- providing advice to the Commonwealth and the states and territories on the recognition of medical specialties
- assessing overseas-trained medical doctors who wish to practise medicine in Australia
- advising state and territory medical boards on uniform approaches to the registration of medical practitioners and maintaining a national network of State and Territory medical registers
- advising the Australian Health Ministers' Advisory Council on the registration of doctors.

Membership of the Council includes nominees of the state and

### 1.3 Aims of the Recognition of Medical Specialties Process

Recognition signifies that a medical specialty has developed 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 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 based on sound clinical and scientific principles
- (c) medical 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, and who use available health care resources wisely
- (d) 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.

The recognition process is designed to allow the AMC to prepare advice to the Minister that assists in determining which fields of medical practice should be recognised as specialties for the purposes of the *Health Insurance Act 1973* (Cth). In practice this means either listing on Schedule 4, Health Insurance Regulations, 1975 as a recognised medical specialty, or in the case of the specialty of General Practice, the entitlement of appropriately trained individual practitioners to be listed on the Vocational Register of General Practitioners. Such recognition enables doctors with specific qualifications to attract a relevant Medicare benefit for services rendered.

Since 1996, Commonwealth legislation requires that all newly registered medical practitioners achieve Fellowship of a recognised medical college to be eligible for a Medicare provider number.

The AMC recognition process also allows for organisations to seek recognition of a medical specialty for purposes *other* than the *Health Insurance Act*. In such cases, applicants may wish to have specialist medical skills and knowledge acknowledged, and to have the education and training programs that lead to these attributes accepted as a standard for a particular area of practice. A successful application in such a case would lead to a listing on the AMC's *List of Australian Recognised Medical Specialties*. This enables medical specialist training providers to participate in the AMC's accreditation of specialist medical education, training and professional development programs. The specialty of Medical Administration is an example of a medical specialty recognised by the AMC for such purposes.

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. The process described in these Guidelines provides the avenue for both options to be considered.

## 1.4 Conduct of the Recognition Process

The AMC, in managing 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
- (b) gather and analyse information and ideas from multiple sources and viewpoints
- (c) refer (where relevant) to commonly accepted hierarchies of evidence in assessing the strength of applications; and, where feasible, critically appraise the quality of literature and research cited to support claims
- (d) conduct its assessment of the case in an open and objective manner, using clear guidelines and procedures
- (e) include mechanisms to ensure that members of review groups, committees and staff apply standards and procedures in a consistent and appropriate fashion
- (f) review periodically the processes and criteria described in the Guidelines, with external input.

## 1.5 Medical Specialties and the AMC Recognition Process in the context of the Australian health system

The term medical specialty is used in a variety of ways. In its simplest form *specialism* has been historically defined in opposition to *generalism*. The generalist in medicine is understood as a doctor whose knowledge and practice of medicine extends across a broad range of medical conditions, bodily organs and systems. In contrast, the specialist develops significant expertise within a specific domain or branch of medical practice and research. These are most commonly (but not solely) defined by a bodily system and its pathologies, a group of diseases, and related interventions or procedures. Such practitioners are typically concerned with diagnosing, treating and managing particularly complex or difficult-to-treat conditions falling within their particular area of expertise. There is a growing scholarly literature on the benefits and costs of specialisation in medicine, and on achieving the ideal workforce balance between generalists and specialists in the health system. Whilst these Guidelines are not the appropriate place for a discussion of these, a number of the lessons from this literature are prefigured in the recognition criteria (in particular, Criterion II).

The medical specialties in Australia have also historically been defined by their function within the health system. The Australian health system generally recognises at least three levels of medical care. These are broadly known as primary, secondary and tertiary care. Although there is debate over precise definitions, primary care includes the notions of point of first contact with the health system and delivery of services at a local level; secondary care includes activities provided on the basis of a referral from a primary care clinician and delivered usually by consultants or specialists; and tertiary care includes activities delivered within large hospital settings requiring sophisticated technology. Referral is the mediating link between these levels, including referral to more specialised levels within the system and, on completion of the specialised service, referral back to more generalised levels.



Medical specialists in the Australian health system have largely been confined to secondary or tertiary care. They have been typically employed within the hospital system and/or maintain a referral-based private practice. Whilst reflecting the fact that most of the major specialty groups developed historically within the hospital setting, regulatory frameworks and financing arrangements continue to influence strongly the role of medical specialists within the health system.

Whilst acknowledging the reality of such historical considerations, the AMC does not maintain a narrow understanding of the term ‘medical specialty’. The discipline of General Practice, for example, is recognised by the AMC as a distinct medical specialty in itself – both for the purposes of the *Vocational Register of General Practitioners* and AMC accreditation of the training and education programs in the discipline.

The four recognition criteria have been devised to assess whether ongoing developments and innovations in medical care warrant formal recognition of a discipline as a distinct specialty within the context of the Australian health system and medical education sector. These criteria serve in lieu of a formal definition of the term ‘medical specialty’. The criteria have also been designed to distinguish between a distinct medical specialty and what more usefully should be regarded as a ‘special clinical interest’.

A guiding principle of the recognition process is that the Australian community and health system are better served by avoiding *unnecessary* fragmentation of medical knowledge, skills and medical care. As is clear from the four criteria, the onus is placed on the applicant to demonstrate that the benefits of specialisation in a particular field of medicine outweigh the potential costs, and present evidence to this effect.

## **1.6 Relationship between Medical Specialties and Professional Specialty Organisations**

The capacity of the professional organisation representing the discipline to fill the role of setting and assessing standards in the discipline, *and* overseeing a postgraduate program of training, education and assessment is considered to be central to a successful application. This is made clear in Criterion III of the recognition criteria. Whilst the AMC will not make a full assessment of the training and education program until Stage 2 of the recognition process, the applicant will need to demonstrate its capacity and track record in this area during Stage 1.

The AMC recognition process allows for the possibility of complementary or overlapping disciplines to be recognised in their own right as distinct specialties; and for the practitioners in the specialty to be represented by different professional bodies or organisations. An application for recognition of an area of practice already recognised (fully or partly) under a different name, however, would need to be based on a **very strong case**. The AMC also expects groups representing developing specialties to have identified existing specialties whose scope of practice or training programs are similar, and will expect cooperation between developing specialty groups and existing specialty groups in order to maximise the use of limited resources.

Finally, more than one professional body may consider that it fulfils the standard setting and training roles for an already recognised medical specialty.<sup>1</sup> The AMC processes allow for the possibility of



*Medical Specialties* has been amended to include the new specialty, organisation, training program and qualification.

The AMC recognises a requirement for state and territory governments and agencies to participate in the development of a decision concerning the recognition of medical 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 health authorities and include this information in its advice to the Minister.

**NB** A separate set of processes apply to the recognition of individual practitioners under the *Health Insurance Act* as vocationally registered general practitioners, specialists (e.g. surgeons, radiologists), consultant physicians or psychiatrists. These processes are administered by *Medicare Australia* (formerly the Health Insurance Commission) and are **not** the responsibility of the AMC.

**3. The Preliminary Application - Criteria and Other Considerations for Establishing a Prima Facie Case for Assessment**

A full assessment of the case for the recognition of a medical specialty is resource intensive and time-consuming. Before submitting a full application,

training roles for an already recognised medical specialty.<sup>2</sup> The AMC processes allow for the possibility of alternate providers of specialist training and education. In such cases, the most appropriate avenue is via the AMC's *Accreditation of Specialist Medical Education and Training and Professional Development Program* and not the recognition process.

More information on the process of assessing the prelimi



#### **4.2 Criterion II: that specialisation in this area of medicine is demonstrably contributing to substantial improvements in the quality and safety of healthcare**

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

- (a) that specialisation can be demonstrated to have improved the quality of healthcare in Australia across the following dimensions<sup>3</sup>:
  - increased *effectiveness* of health care as defined by improved health outcomes
  - increased *appropriateness* of health care as defined by providing care relevant to the patient's needs and based on established standards
  - increased *safety* of care (e.g. significant reduction of harm experienced as a result of receiving healthcare).
- (b) that specialisation is not adversely affecting the quality of healthcare in Australia, and will not in the future, by promoting:
  - the *unnecessary* fragmentation of medical knowledge and skills (e.g. where this serves to increase the risk of medical errors and/or inefficient or inappropriate care)
  - the *unnecessary* fragmentation of medical care (e.g. where patients are required to see multiple practitioners for care at a significant coordination cost)
  - the *unnecessary* deskilling of other medical practitioners (e.g. General Practitioners and other primary health care providers)
  - inequitable access to health care as defined by socioeconomic status, geography or culture.
- (c) that where the specialist medical services are already provided or could be provided by practitioners in a recognised specialty or a combination of



**4.3 Criterion III: that specialisation in this area of medicine is demonstrably contributing to substantial improvements in the standards of medical practice**

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

- (a) that there is a professional body:
  - responsible for setting the requirements and standards for training, assessment and certification in the specialty
  - capable of defining, promoting, maintaining and improving 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 Fellows/Members of the body (NB the level of knowledge, skills and competence of Foundation Fellows/Members should be no lower than those who will complete its training program)
  - with appropriate processes for determining the standard of education, training and experience of medical practitioners trained in the discipline overseas.
- (b) that the specific body of knowledge and skills is sufficiently complex or extensive to require a comprehensive and distinct training program
- (c) that there is a program of education, training and assessment that will enable practitioners to:
  - undertake unsupervised, comprehensive, safe and high quality medical practice in the relevant specialty, including in the general roles and competencies that apply to all professional medical practice
  - demonstrate the requisite knowledge, skills and professional attributes through exposure to a broad range of (a) 12 (b) 13 (c) 14 (d) 15 (e) 16 (f) 17 (g) 18 (h) 19 (i) 20 (j) 21 (k) 22 (l) 23 (m) 24 (n) 25 (o) 26 (p) 27 (q) 28 (r) 29 (s) 30 (t) 31 (u) 32 (v) 33 (w) 34 (x) 35 (y) 36 (z) 37 (aa) 38 (ab) 39 (ac) 40 (ad) 41 (ae) 42 (af) 43 (ag) 44 (ah) 45 (ai) 46 (aj) 47 (ak) 48 (al) 49 (am) 50 (an) 51 (ao) 52 (ap) 53 (aq) 54 (ar) 55 (as) 56 (at) 57 (au) 58 (av) 59 (aw) 60 (ax) 61 (ay) 62 (az) 63 (ba) 64 (bb) 65 (bc) 66 (bd) 67 (be) 68 (bf) 69 (bg) 70 (bh) 71 (bi) 72 (bj) 73 (bk) 74 (bl) 75 (bm) 76 (bn) 77 (bo) 78 (bp) 79 (bq) 80 (br) 81 (bs) 82 (bt) 83 (bu) 84 (bv) 85 (bw) 86 (bx) 87 (by) 88 (bz) 89 (ca) 90 (cb) 91 (cc) 92 (cd) 93 (ce) 94 (cf) 95 (cg) 96 (ch) 97 (ci) 98 (cj) 99 (ck) 100 (cl) 101 (cm) 102 (cn) 103 (co) 104 (cp) 105 (cq) 106 (cr) 107 (cs) 108 (ct) 109 (cu) 110 (cv) 111 (cw) 112 (cx) 113 (cy) 114 (cz) 115 (da) 116 (db) 117 (dc) 118 (dd) 119 (de) 120 (df) 121 (dg) 122 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- the development and dissemination of the discipline's evidence base
- the education of other medical and health professionals
- engagement with health consumers.

**5. The Recognition of Medical Specialties Process: Administration and Assessment**

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

### **5.1.3 The Recognition Review Group**

At the recommendation of the Recognition of Medical Specialties Advisory Committee, the Directors establish a recognition review group to undertake a detailed assessment of the case for recognition of the medical specialty. This occurs after the Recognition of Medical Specialties Advisory Committee has assessed a full application and judged it to be sufficiently detailed and robust to proceed to full assessment.

The recognition review group works within the policy and guidelines of the AMC and assesses the case for recognition against the four criteria.

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 and to be willing to

A member of the AMC secretariat will be secretary to the group.

#### **5.1.4 The Recognition of Medical Specialties Economic Sub-committee**

The Economic Sub-committee of the Recognition of Medical Specialties Advisory Committee provides technical assistance and advice to both the Committee and the individual recognition review groups on the assessment of the 'wise use of resources' criterion. The Economic Sub-committee reports to the Recognition of Medical Specialties Advisory Committee and work within terms of reference established by the AMC.

According to its terms of reference, the Economic Sub-committee will:

- (1) advise the Recognition of Medical Specialties Advisory Committee on guidelines, policy and procedures to assist in the assessment of applications for recognition against the fourth core recognition criterion, which is that recognition of the specialty would be a wise use of resources
- (2) review each individual application for recognition, and provide advice to the recognition review group to assist in the assessment of the case for recognition against the fourth recognition criterion. This would include:
  - (a) advice on the:
    - completeness of the information and data provided in relation to the fourth criterion
    - other information that could be requested from the applicant
    - information the recognition review group could seek from sources other than the applicant
    - groups that the recognition review group might meet to assist its understanding of the case for recognition against the fourth criterion
  - (b) as requested, advice on interpretation of data or information concerning the fourth recognition criterion
  - (c) as requested, consider the group's draft assessment report and give general advice on clarity and completeness of the group's assessment in relation to the fourth criterion
- (3) report at least annually to the Recognition of Medical Specialties Advisory Committee on its work.

The Economic Sub-Committee will not undertake the assessment of costs and benefits for recognition; this is the task of the recognition review group.

It is the responsibility of the applicant body to develop the case for recognition and to provide an application that addresses the requirements in the Guidelines.

### **5.1.5 The Specialist Education Accreditation Committee**

The Specialist Education Accreditation Committee is a standing Committee of the Australian Medical Council. It oversees the second stage of the recognition process. This process is described in the AMC Guidelines, the *Accreditation of Specialist Medical Education and Training and Professional Development Programs: Standards and Procedures*.

### **5.1.6 Assistance by the AMC Secretariat**

The AMC conducts the recognition assessment process using the process and criteria described in these Guidelines. It conducts 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 applicants are solely responsible for presenting the case for recognition. Questions of interpretation of AMC policy and processes are the responsibility of the relevant committee.

## **5.2 Conflict of Interest**



## **5.4 The Assessment Process**

A flowchart of Stage 1 of the recognition process is provided at *Figure 1*.

### **5.4.1 General Comments**

It is the responsibility of the applicant to develop a



The preliminary application fee must accompany the submission.

Should the Directors invite a full application for assessment, the AMC secretariat will advise

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

- (a) 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 recognition review group works within the policy and guidelines of the AMC and assesses the case for recognition against the four criteria. At the completion of its review, the recognition review group provides its written assessment of the case to the Recognition of Medical Specialties Advisory Committee.

The AMC appoints one member of the review group as the chair. A member of the AMC secretariat will be the secretary to the review group. The chair is responsible for the conduct of the assessment and the presentation of the group's report to the Recognition of Medical Specialties Advisory Committee.

All communication with the AMC about the assessment process should be through the secretary of the review group.

### **Public submissions**

The AMC secretariat will place all applications and additional written submissions by the applicant body on the AMC website.

The AMC secretariat will invite submissions on the application from the broader community. It will advertise that it is undertaking an assessment of a full application for the recognition of a medical specialty on its website, in the public notice section of the national press, and by writing directly to key stakeholder groups.

the opportunity to assess independently the role and place of clinical practice in the proposed specialty within the broader context of the Australian health system.

During this, the review group will interview Fellows of the applicant body, non-Fellows practising substantially in the field, and medical and other health professionals working in related or associated disciplines. Where possible, these interviews will take place at the site of clinical practice.

Following the program of clinical site visits, the recognition review group may seek additional information from the applicant in order to clarify any matters of substance relating to the case that have emerged out of the interviews.

Whilst the recognition review group may seek recommendations from the applicant on who to include in the clinical site visits, the group will develop its own program with the research assistance of the AMC secretariat.

### **Advice from the Economic Sub-committee**

The Economic Sub-committee will independently review the application against the 'wise use of resources' criterion. This will result in advice to the review group on (a) whether this criterion has been adequately addressed, and (b) whether, based on the application, initial findings of the review group and any additional information, the recognition of a medical specialty would be a wise use of resources. The Economic Sub-committee may request that the recognition review group seek additional information from the applicant body and also from other sources.

Upon completion of its assessment, the recognition review group will seek further advice from the Economic Sub-committee on the appropriateness of its findings.

### **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, for example, always seek input from state and territory health authorities, and routinely seek de-identified clinical practice data from Medicare Australia.

In some circumstances, the Recognition of Medical Specialties Advisory Committee may commission additional work by third bodies (e.g. academics, health economists), should such work be regarded as essential to the assessment of the case. The cost of this will be borne by the applicant.

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

At the completion of its review, the review group prepares a written assessment to be submitted to the Recognition of Medical Specialties Advisory Committee. This will be coordinated by the review group's secretary.

The assessment addresses the case for recognition against the four recognition criteria (and sub-criteria), but may also include any other matters that the review group considers relevant to the case.

It is expected that a draft assessment will be completed within eight weeks of the review group's final meeting. More time, however, may be required. The applicant body will be kept informed of any changes to this timetable.

The applicant body will be provided with a copy of the review group's assessment. The body will be invited to submit comments on the factual accuracy and findings of the assessment. These comments will be considered by the Recognition of Medical Specialties Advisory Committee when it meets to consider the review group's assessment.

The AMC reserves the right to seek comment on the assessment from other stakeholders.

The recognition review group's assessment is confidential to the AMC, the applicant and any other stakeholders invited to consider the document.

### **5.4.5 Consideration of Assessment by the Recognition of Medical Specialties Advisory Committee**

In developing its recommendations to the Directors, the Recognition of Medical Specialties Advisory Committee considers the review group's assessment, along with any comments submitted by the applicant body or any other stakeholder.

The Recognition of Medical Specialties Advisory Committee may seek further information or ask the recognition review group to reconsider or clarify the assessment. In the event that it finds the assessment insufficient or unsatisfactory, the Committee may direct the review group to undertake further work in specified areas. Where this occurs, the applicant body will be informed of any new timeframes.

The Recognition of Medical Specialties 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 is forwarded to the Directors as a Recognition of Medical Specialties Advisory Committee endorsed report. This is accompanied by the Committee's recommendations to the Directors.

The AMC secretariat sends the Committee's report to the applicant, together with advice on the steps to complete the AMC assessment. The applicant can request a review of the assessment report before the Directors formally consider it.

#### **5.4.6 Review Process**

The applicant, upon receipt of the Recognition of Medical Specialties Advisory Committee report, may request a review of the assessment should it be

The assessment report of the Recognition of Medical Specialties Advisory Committee will become available as a public document at this point.

## **6. Stage 2 of the Recognition Process: Accreditation of Training, Education and Continuing Professional Development Programs**

This process is described in another set of AMC Guidelines: *The Accreditation of Specialist Medical Education and Training and Professional Development – Standards and Procedures*.

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

## **7. Fees and Charges**

The AMC undertakes assessments on a cost-recovery basis. Applicants pay the direct cost of the assessment.

Applicants should refer to the current fee schedule for relevant fee-scales. This is available from the AMC secretariat.

An application fee must accompany the submission of a preliminary application. This upfront fee covers the cost of assessing whether a *prima facie* case for full assessment has been established.

A further application fee is required upon submission of a full application. This upfront fee covers the costs of the initial assessment by the Recognition of Medical Specialties Advisory Committee and initial assessment by the Economic Sub-Committee. Should the application proceed to full assessment, this fee will be used to cover:

- sessional fees for recognition review group members and members of the Economic Sub-committee
- all travel and accommodation associated with meetings and site visits
- incidental costs of meetings and site visits
- costs of seeking public submissions
- any additional work commissioned by the AMC.

A full assessment is likely to incur costs in addition to the initial fee. It is not possible to provide applicants with an accurate estimate. Total costs vary, reflecting the complexity of the case.

The AMC Secretariat will issue an invoice for the balance of the total cost upon the completion of assessment and *prior* to the provision of advice to the Commonwealth Minister for Health and Ageing.

Should the AMC determine that the case not proceed to a