Attachment 3

Report 2

Family name	
Report date	



Assessment of international medical graduates

Specialist pathway (specialist recognition) Profession: Medical

This form is to be used for each applicant after final assessment by an Australian specialist medical college for specialist recognition (comparability assessment). The college sends a copy of this report to the applicant and uploads a copy on the secure portal.

Applicant details	
Date of report	
First report or amended report (note version)	
AMC candidate number	
EICS number	
EPIC number	
Family name	
Given name(s)	
Date of birth	
Specialty	
Field(s) of speciality practice	
Name of college undertaking assessment	
College division or faculty	
Date of completion of final assessment	

Final assessment outcome

Applicant's interim assessment outcome was substantially comparable (report 1)

1.	Was the required period of oversight satisfactorily completed?
	Yes - Go to question 2
	No - Go to question 2
	Additional comments
Lette	ar attached

Report 2 - I	Family name Report date
2.	Were the other requirements satisfactorily completed? Yes - Go to question 8 No - Go to question 8 Not applicable - Go to question 8 Additional comments
Applica	nt's interim assessment outcome was partially comparable (report 1)
3.	Was a period of supervised clinical practice required? Yes - Go to question 4 No - Go to question 5
4.	Were the supervised clinical practice and supervisor reports satisfactory?
	Yes - Go to question 5
	No - Go to question 5 Additional comments
5.	Was an examination required?
	Yes - Go to question 6
	No - Go to question 7
6.	Were the examination requirements satisfactorily completed?
	Yes - Go to question 7
	No - Go to question 7 Additional comments
7.	Were the other requirements satisfactorily completed?
	Yes - Go to question 8 No - Go to question 8
	Not applicable - Go to question 8
	Additional comments

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Report 2 - Family name

Report date

All ap	plicants
8.	Does the college recommend that the applicant be granted recognition as a specialist?
	Speciality
	Yes, full scope of practice - No further questions
	Yes, limited scope of practice - Provide details and go to question 9
	No
9.	Does the college recommend any conditions/limitations on specialist registration, if granted? For example, the applicant should be restricted to practise in (name the limited scope of practice and/or any other limitations relevant to the scope of practice) Note: The Medical Board of Australia will take the recommendations into consideration when deciding whether to grant specialist registration.
	Yes - Provide details
	No
Dones	t 2 explanatory notes

All the questions in Report 2 simply require a yes or no factual answer. Colleges need to ensure they have documentation that will justify the decisions that are the basis to the answers to these questions.

Effective from: 20 August 2015

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