

# Guide to Completing an Application for Short-Term Training in a Medical Specialty

This guide aims to assist international medical graduates (IMGs) and training sites complete the Royal Australasian College of Physicians (RACP) [Short-Term Training in a Medical Specialty Application Form](#).

The application form should only be downloaded from [the RACP website](#) as we will only accept the current version of the application form.

Please refer to the [RACP Short-Term Training in a Medical Specialty Policy](#) for information about the pathway requirements. IMGs and training sites are encouraged to review this policy before submitting an application.

The following documents are required for a Short-Term Training in a Medical Specialty application with the RACP:

1. Primary source verification of qualifications
2. Ahpra AAMC-30 form
3. RACP Short-Term Training in a Medical Specialty Application Form, which includes:
  - a. Curriculum Vitae (CV) template
  - b. Training program template
  - c. Supervisor forms
  - d. Declaration by the employer
  - e. Statement of intention
4. Position description
5. Trainee statement letter
6. Letter from overseas College or State Medical Council letter (if applicable).

Instructions for each document are provided in this guide.

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## Primary Source Verification

[Primary source verification](#) is required for all IMGs seeking medical registration in Australia.

The Medical Board of Australia requires IMGs to apply to the Australian Medical Council (AMC) for primary source verification of their primary medical degree and specialist qualification (if obtained).

Qualifications must be submitted via the AMC online platform and show a verification status of 'verified' **before** the RACP can process an application. Please ensure that access to the IMG's portfolio has been granted to the RACP, to allow us to view the verification status.

Applicants from Malaysia must submit their National Specialist Register accreditation for primary source verification via the AMC. This is required as evidence of their specialist qualification; we do not accept Membership of the Royal College of Physicians (MRCP) or Membership of the Royal College of Paediatrics and Child Health (MRCPCH) as a specialist qualification.

Applicants from the Philippines must submit their Diplomate Certificate for primary source verification via the AMC. This is required as evidence of their specialist qualification.

## Ahpra AAMC-30 Form

The RACP requires a completed AAMC-30 form as part of the IMG's application; the form can be downloaded from the [Medical Board of Australia's website](#). We will only accept the current version of the AAMC-30 form. No other Ahpra or Medical Board forms need to be submitted for a Short-Term Training application or extension.

Sections A-D of the AAMC-30 form must be completed as follows:

- Sections A & B have ten questions that must be completed by the IMG. These should include addresses, phone numbers, and email addresses in the relevant sections.
- Section C is general information only.
- Section D requires signatures from the IMG and from the IMG's employer or sponsor. Both signatures must be included. The RACP cannot accept typed signatures.

The RACP is responsible for completing Sections F-H. Please do not input any information into these sections.

## Curriculum Vitae (CV)

This is the first section in the RACP Short-Term Training in a Medical Specialty Application Form. This must be provided in the RACP CV template. Alternative forms or templates will not be accepted by the RACP.

The CV must include details in each relevant section. The IMG's contact address should match the address on the AAMC-30 form (for billing purposes).

Training and post-training experience should be listed in chronological order in the relevant sections. If there are any gaps in training or employment, please include details about these gaps in the CV.

The CV must include the applicant's signature (the RACP cannot accept typed signatures).

Example:

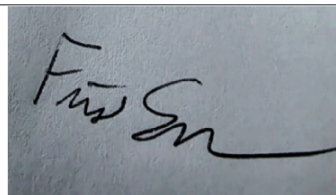
### DECLARATION BY APPLICANT:

I (print full name) **FIRST NAME SURNAME**, do solemnly and sincerely declare that the statements made and the information shown in this application form and in the identified documents attached are true and complete.

I wish to apply for short term training in a medical specialty by the Royal Australasian College of Physicians. I have familiarised myself with the requirements of this training pathway as set out by the College (<https://www.racp.edu.au/docs/default-source/default-document-library/specialist-assessment-guide-for-applicants-2015v1.pdf?sfvrsn=0>) and also the requirements for registration in Australia with the Australian Health Practitioner Regulation Agency (<http://www.ahpra.gov.au/>).

Furthermore, I acknowledge that the College may contact regulatory authorities (such as the Australian Medical Council and the Australian Health Practitioners Regulation Agency) in relation to my application.

Signature:



Date:

01/01/2026



## Training Program

The proposed training program must be completed on the RACP template. Training programs not completed on this template will be declined.

The template contains fields which are highlighted in grey, to be completed by the IMG's employer. Please include all hospitals/training sites where the IMG will be working. We may accept a list of satellite sites in a separate document, but all training sites must be listed in the application, either in the training program or in a separate attachment.

The training start and end dates must be specific. The RACP will only approve the dates listed in the training program. If changes need to be made to the dates after an application is approved, IMGs will be required to pay the 'Changes to an Application after Approval' fee (listed on the [RACP website](#)).

### TRAINING PROGRAM

The DEPARTMENT at HOSPITAL has offered Dr NAME a POSITION in SPECIALTY for the DURATION period from START DATE (DD/MM/YYYY) to END DATE (DD/MM/YYYY).

DETAIL ABOUT THE DEPARTMENT AND HOSPITAL: type of cases received, procedures undertaken, facilities and equipment available, staff numbers, etc.

Dr NAME's goals and objectives for the DURATION will be:

Please type here.

To assist in meeting with these goals and objectives, Dr NAME will be expected to participate in the following activities within the department:

Supervisors must provide information on the supervision and the support that will be available for applicants for the clinical, teaching and research activities that will be undertaken during this period.

The training program should include details in all fields. Generic training programs or training programs that lack sufficient information will be declined and returned to the IMG and hospital/employer for amendment. This will cause delays in the approval of a Short-Term Training application.



In particular, please pay attention to the following three sections:

1. Activities
2. Statement
3. Timetable.

## 1. Activities

The training program includes three sections for the following activities:

- Clinical activities
- Teaching activities
- Research activities.

All three sections must be completed with the relevant details. If the position does not include one or more of these activities, the section must still be included with the reasons why these activities are not part of the IMG's role.

If details are not provided for all three activities, the application will be declined and returned to the IMG and hospital/employer for amendment. This will cause delays in the approval of a Short-Term Training application.

**Clinical activities:** Please provide a summary of these activities and the level of supervision and support available to the applicant.

**Teaching activities:** Please provide a summary of these activities and the level of supervision and support available to the applicant.

**Research activities:** Please provide a summary of these activities and the level of supervision and support available to the applicant.

## 2. Statement

There is a section called 'Statement' in the training program, where the hospital/employer needs to confirm that the training that will be provided is not available in the IMG's home country. This statement must be completed, along with a list of opportunities that are unique to the role. If this section is not completed, the application will be declined and returned to the IMG and hospital/employer for amendment. This will cause delays in the approval of a Short-Term Training application.

**STATEMENT:** I confirm that aspects of the training that Dr **NAME** will be receiving at the **HOSPITAL** are not available in their country of practice. The following opportunities are unique to this role:

- 1.
- 2.
- 3.

### 3. Timetable

The training program requires a timetable to be completed. The RACP will not accept generic timetables.

Example of an acceptable timetable:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM	8:00 - IFD inpatient ward round  11:00 - Microbiology round ICU round	8:15 - ID unit meeting  Viral hepatitis Clinic	8:00 - Orthopaedic ID meeting  8:00 - Infection control meeting/Paediatric teaching (alternate weeks  TB Clinic	8.30 - IFD Journal Club  Clinical research Microbiology Lab work  Microbiology and ICU round	8:00 - HITH Clinic
PM	Surgical Consults	Medical Consults	Microbiology teaching round AMS round	IFD outpatients	clinical research

Example of an unacceptable timetable:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM	Ward Rounds	Ward Rounds	Ward Rounds	Ward Rounds	Ward Rounds
PM	Ward Rounds	Ward Rounds	Ward Rounds	Ward Rounds	Ward Rounds



If the IMG will be working at more than one site, the timetable needs to detail the location where the IMG will be completing their work. Separate timetables may be provided for each training site. The RACP may accept detailed timetables in a separate attachment.

## Supervisor Forms

Supervision should meet the requirements of the [RACP Short-Term Training in a Medical Specialty Policy](#).

Two supervisors are required at each training site. A separate supervisor form must be provided for each supervisor, listing the sites they will be supervising the IMG.

Example:

If yes, please list <u>all</u> site(s) where you will be available as an onsite supervisor?	Hospital #1 Hospital #2
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The [Ahpra level of supervision](#) also needs to be included in the supervisor form (Level 1, 2, or 3).

Example:

What level of supervision is <u>being requested from</u> Ahpra for this IMG (please state Level 1, 2 or 3 supervision)?	Level 2
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The dates that the supervisor will be supervising the IMG must match the dates in the training program.

At the bottom of the supervisor form (just above the signature lines) is a summary sentence that must be completed. If this section is not completed, the application will be declined and returned to the IMG and hospital/employer for amendment. This will cause delays in the approval of a Short-Term Training application.

I have agreed to act as a supervisor for Dr **NAME** for the duration of their training program, during which time they will work in a  FTE **POSITION** in **SPECIALTY**.

[Signature Line]	[Date Line]	[ ]
Signature of Supervisor	Date	

[Signature Line]	[Date Line]	[ ]
Signature of IMG	Date	





The supervisor and the IMG must both sign and date the relevant supervisor form. The IMG's signature is required on both supervisor forms. The RACP will not accept typed signatures for the IMG or the supervisors.

## Declaration by the Employer

There are fields highlighted in grey in the Declaration by the Employer. If these fields are not completed, the application will be declined and returned to the hospital/employer for amendment. This will cause delays in the approval of a Short-Term Training application.

The authorised officer must sign the Declaration by Employer. The RACP will not accept typed signatures.

### DECLARATION BY THE EMPLOYER

The **DEPARTMENT** at **HOSPITAL** confirms that:

- This training position offered to Dr **NAME** as a **POSITION** in **SPECIALTY** constitutes a genuine training position which, complying with the [MBA Guidelines](#), means that is a training position accredited by RACP or is a formal structured training position that consists of formal assessment processes and mechanisms for measuring learning outcomes.
- The training position does not disadvantage any trainee in the RACP training program.
- The training position is not primarily a service position.
- The IMG intends to remain in Australia for a short period of training (no more than 24 months) only

Name of authorized officer:

Signature of authorized officer:

Date:

## Statement of Intention

The Statement of Intention needs to be completed by the IMG. The first highlighted field must include their typed full name. Their signature must be provided in the second field (the RACP cannot accept typed signatures). Please also include the date the Statement of Intention was signed.

## STATEMENT OF INTENTION

### Overseas Specialist OR Overseas Specialist in training

I, Dr [REDACTED] confirm that:

- It is my intention to leave Australia at the completion of the attached training position/program, which shall not be for a period of longer than two years (24 months).
- I have read and understand the [IMGs: Requirements for Undertaking Physician Training in Australia Policy](#) which outlines the criteria which short term training in a medical specialty is approved.
- I have read and understand the [Guidelines: Supervised Practice for International Medical Graduates](#) which outlines the requirements for my supervision during this training.
- I do **not** intend to submit any further applications for registration at the end of the approved maximum period of training on this pathway.

Signature: [REDACTED]

Date: [REDACTED]

## Position Description

The position description needs to be on a hospital letterhead. The position description is often similar to the job posting used to advertise the role. The RACP recommends checking with the employer/hospital's Human Resources department for this listing.

The RACP cannot accept offers of employment or letters of support in place of a position description.



## Trainee Statement Letter

This letter should include sufficient details about the IMG's objectives for training and the reasons/benefits for undertaking this training in Australia. The statement should be no more than 500 words. The RACP does not provide a template for this statement.

## Letter from Overseas College or State Medical Council

This letter is only required if the IMG has not yet completed their specialist training and is within the last two years of their overseas specialist training.

The letter will need to be submitted on a College or State Medical Council letterhead and confirm that the IMG is currently enrolled in a training program and is currently within two years of completion of their specialist training. The letter must also outline the objectives of the training to be undertaken in Australia.

## Payment of Short-Term Training Fees

The IMG's RACP Case Officer will set up an online account for the IMG after the Short-Term Training Application Form has been received. The IMG will be provided with an RACP Member Identification Number (MIN) and payment instructions.

Once the IMG has verified their account and set up a password, they will be able to access their invoice for the 'Short-Term Training in a Medical Specialty Application Fee'. The IMG must notify their Case Officer via email once the fee has been paid. Failure to notify the Case Officer will cause delays in approving the application.

New applications and extension applications require payment of the Short-Term Training in a Medical Specialty Application Fee.

The 'Changes to Application after Approval Fee' is applicable when there is:

- a change to the previously approved supervision arrangement
- a change to the initially approved dates (not including extensions in the same role), or
- an additional site being included (with no changes to supervision, position or responsibilities).



## Other Documents

Unless specifically requested, the RACP does not require any other documentation to be submitted with a Short-Term Training in a Medical Specialty Application Form.

We ask that you please do not provide any additional documentation with the application. Any unnecessary additional documentation will not be saved to our records, for example:

- Ahpra/Medical Board of Australia forms other than the AAMC-30 form
- Copy of passports
- Qualifications (these should be verified on AMC only)
- Certificates
- Logbooks
- English language test results
- Offers / letters of employment
- CPD certificates
- EPIC identification forms
- CV not on the RACP template.

## Is Short-term Training the Right Pathway for You?

IMGs who have completed their specialist training may be eligible for specialist assessment through the RACP. Specialist assessment leads to Fellowship with the RACP and specialist registration with Ahpra.

For further information on eligibility for this long-term pathway into Australia, please refer to the [RACP website](#) and the [Overseas Trained Physicians \(OTP\) Guidelines](#).

If you have any questions about Short-Term Training, please contact our IMG Team at [img@racp.edu.au](mailto:img@racp.edu.au) before submitting an application.

If you have any questions about specialist assessment, please contact our OTP Team at [otp@racp.edu.au](mailto:otp@racp.edu.au) before submitting an application.