



PESCI frequently asked questions

1. Application Process

What is a PESCI?

The PESCI is a Fitness-for-Task assessment and interview conducted by a panel of assessors.

Usually, a three-member committee assesses applicants' skills, knowledge, and experience relevant to the position for which they are seeking registration.

The PESCI measures an applicant's ability to practise safely and effectively in Australia.

When should I submit my PESCI application?

It is recommended you submit your Pre-Employment Structured Clinical Interview (PESCI) application as soon as you receive a job offer, and prior to applying for registration with the Medical Board. Successful completion of a PESCI is a necessary step in the registration process for International Medical Graduates (IMGs).

(Please note that IMGs applying for Limited Registration (Area of Need) are required to have three years (full-time equivalent) experience working in general practice or primary care. Please ensure you meet this condition with the Medical Board before submitting a PESCI application.)

How do I apply for a PESCI?

PESCI applications can be submitted [online](#) via the ACRRM website.

What documents are required to be completed as part of a PESCI application?

IMGs must submit the following supporting documents:

- A copy of their certified passport
- College-formatted CV
- College-formatted Position Description (completed by the practice)
- Training Plan (only for IMGs applying for Limited Registration, Postgraduate Training or Supervised Practice).

Please ensure all documents are completed and signed prior to submission.

Third parties need to complete a Consent Form prior to any information being discussed in relation to an IMG's PESCI application.

I sat my PESCI last year and want to reapply; what do I do?

Applicants must reapply [online](#) following the same process as previously to renew their application. If you are applying for the same position, your documents must not be more than 6 months old at the time of re-application.

Can I use my result for another location?

PESCI assessments are position-specific. Applicants changing positions need to reapply for a new PESCI unless the [Medical Board of Australia](#) grants an exemption.

IMGs should contact the MBA directly for further information.

Who do I contact for migration information?

IMGs must meet Australian immigration requirements for temporary or permanent entry visas.

The [Australian Government Department of Home Affairs](#) has information about visa options for doctors seeking to work in Australia.

Who do I contact for registration information?

IMGs should contact the Medical Board of Australia regarding registration queries.

How do I get a job offer?

IMGs can seek job opportunities directly with practices or engage with a medical recruitment agency. ACRRM does not assist in this area.

When can I get a date/how long does it take?

Following a complete and successful application process, ACRRM will offer available slots for the interview. The assessment officer will email you to offer an interview date. We will try our best to accommodate your requests as best as we can.

Occasionally, earlier interview vacancies become available. Applicants who are willing to take an earlier interview will have their application prioritised.

What if I do not want the date offered to me?

The ACRRM assessment officer will try to meet your requests. However, once we lock in an interview date, it will be difficult to change other than in extenuating circumstances. Please note that administrative fees apply; in case of withdrawal, see below.

Can I change my confirmed date/documents after confirmation?

If you need to change your confirmed interview date or parts of your documentation, you must do so at least four weeks before your scheduled interview. **Fees** apply for a change of documentation or scheduled exam date.

If you cannot accept a rescheduled date, we will withdraw your application; the appropriate refund fees apply if you have met the above time frame. There is a no-refund policy should you cancel within less than four weeks' notice unless there is a claim of Force majeure.

How long till I receive my outcome?

It up to 21 days to receive your result, which can be viewed in your ACRRM account.

Outcomes will not be provided to applicants over the phone.

ACRRM is unable to release outcome reports to any third party. Request to do so must be made directly to AHPRA.

Can I interview in person?

We only offer interviews by Zoom Video Conference.

Can I request a feedback session?

Feedback sessions are not available. However, in the outcome report, there is a feedback section that you can discuss with your nominated supervisor.

How can I appeal the outcome?

If you have concerns about the interview's outcome, you may apply for [reconsideration, review and appeal](#).

How long is my outcome valid?

Your PESCI outcome is valid for one year. If you experience a delay in taking up your job offer, you should contact your practice to ascertain when your offer will expire.

Can I follow up on my application's progress?

You can log in to your online account to stay up to date with the progress of your application.

How do I contact the IMG assessment office?

Your Assessment Officer will inform you of each step of the application process. If you have any questions along the way, please email img@acrrm.org.au

What happens if there are IT issues during the PESCI?

If problems occur with the desktop video technology's audio and video quality during the PESCI, the panel will ascertain if this is at the assessors' end. If the panel members can access the desktop video technology without defect, the fault would be with the candidate's connection. Video and audio issues include the inability to read the text or see pictures on the screen clearly, or the inability to hear the assessors. We allow four minutes across the entire PESCI to remedy the problem.

What if I want to withdraw my application?

You must notify the IMG team via email if you wish to withdraw your application. The [amount refunded](#) to you will vary depending upon the date and stage of the process at which you elected to withdraw.

I failed my PESCI. When can I reapply?

There is no specific timeframe to reapply for a PESCI. You can re-sit a PESCI interview for either the same position or a new position. You must reapply online and pay the full PESCI fee. However, you may want to undertake any remediation action suggested in your PESCI outcome before you reapply.

2. Interview process

If I demonstrate safe practice, is this sufficient to be assessed as satisfactory?

'Effective' is a much higher level of competence than simply 'safe' meaning that safe but ineffective candidates are now deemed not satisfactory.

Is demonstration of knowledge sufficient?

Demonstrating topic knowledge is no longer sufficient as appropriate interaction with the patient and supervisor are now also mandatory requirements.

Can answers be framed in general terms?

Candidates must demonstrate their application of knowledge and clinical reasoning to the specific patient under consideration, rather than provide a generic response.

Do I have extra time to read the medical chart on the screen as I am not a native English speaker?

Sufficient English language and comprehension skills to understand a standard medical record is part of the assessment as this is a critical skill to work effectively in Australia.

Why do I always have an Aboriginal or Torres Strait Islander patient as the location I am going to rarely sees these patients?

The AMC/MBA have determined that Aboriginal or Torres Strait Islander People cultural competency is a core component of the PESCI and as such is always assessed.

What happens if I don't have enough bandwidth on my internet connection?

Delivery by desktop video means that inclusion of images (dermatological skin lesions, surface lumps, wounds, test results, etc) are often incorporated into scenarios. It is entirely the candidate's responsibility to ensure they have met the technical requirements. Inability to see the image may result in a technical abort of the PESCI.

Do I have to get the diagnosis correct to be deemed satisfactory?

As the assessment focus is on process, you may be found satisfactory even in the absence of choosing the most likely diagnosis. Hence, arriving at the correct diagnosis is helpful but candidates who are deemed satisfactory are able to demonstrate the pathway that leads to the diagnosis, and/or safe and effective management when the diagnosis is uncertain (an extremely common situation in Australian general practice).

Are the domains of communication and medical interviewing the same thing?

The domain of communication considers how you relate to the patient and supervisor (manner, engagement, rapport, respect, etc) while medical interviewing is how you interact with the patient to gain the information you require as part of the clinical process. Note that medical interviewing is much more complex than simply taking a history (see the Assessment Domains for Medical Interviewing Skills for more detail).

As this is an assessment and I want to demonstrate my knowledge, should I use technical language in the role play?

In the role play, you are required to provide management plans to the patient in an effective manner, in non-medical jargon, and not simply demonstrate that you know the principles of the management (e.g., topic headings).

Is the assessment all about choosing a diagnosis?

As many scenarios provide the diagnosis the candidate is required to manage a standard regular review of a patient with a chronic disease. This means that candidates are required to have an appropriate level of understanding to be able to manage this effectively noting that this is an extremely common consultation for an IMG and a critical component of Australian general practice.

Should I take an exhaustive history from the patient to make sure I don't miss anything?

No, you are required to interact appropriately with the patient, and ensure your questions are focussed and relevant to help you manage the clinical situation which has been presented to you. Using a rote list of history-taking questions that is not related to the patient, or otherwise engaging in a 'fishing expedition' is not appropriate.

How do I demonstrate a 'holistic' approach to my patient if I don't take a thorough history?

You are required to interact with the patient in a safe and effective manner that looks at the whole person but in the context of this consultation, especially in relation to the patient's agenda and reason for attending.

Can I ask intrusive questions e.g., sexual history as long as I ask for permission beforehand?

No, only clinically relevant questions can be asked. If the questions are of a sensitive nature, it is sometimes helpful to state why you need to know this information before asking.

Do I need to check the information on the medical chart is correct?

Everything stated on the medical chart will be accurate and up to date. Therefore, you do not need to check this information is correct by asking the patient what is already on the screen.

What does the medical chart mean when it says, 'nil relevant'?

This means that asking further questions in this area will not yield different information which will impact on clinical reasoning. However, asking these questions may reflect on the effectiveness of your clinical process.

Is it sufficient to simply mention diet and exercise, to ensure I have 'ticked the box' for these items?

You are expected to provide an effective clinical interaction with the patient. Hence, you would need to assess the patient's current diet and exercise status before simply prescribing these and then tailor your suggestions to this specific patient.

What does a focused, effective physical examination mean?

When asked for this, candidates are required to describe the examination that is relevant to the clinical situation presented using a structured format. Most important is to demonstrate looking for the important physical signs that will help include or exclude the elements of your differential diagnosis and planning your outcome for today e.g., which physical signs would determine sending to the hospital versus discharge home.

Can I perform a 'quick' exam?

No, you need to describe the relevant and focussed exam that is done correctly. Performing a quick exam that is intrinsically at risk of being inaccurate is not appropriate clinical practice.

I have been asked to examine a child.

Can I use the adult exam instead?

No, the exam described must be clinically focussed and relevant and hence a paediatric exam needs to be described.

As I am applying for Level 1, won't my supervisor simply manage all the patients anyway?

You are required to provide an appropriate handover to the supervisor that contains all the relevant clinical elements, including your provisional assessment and management plan. The role of the supervisor is to ensure your plan is safe, effective, and appropriate. Your supervisor will not be able to do this if you have not undertaken an appropriate clinical assessment.

What is the purpose of the handover?

An accurate, appropriate and thorough handover will ensure the information provided to your supervisor will enable a full understanding of your findings, impressions and management plan.

Is there a way to be more structured in the handover?

Yes, consider practicing using SBAR or ISBAR.