



IMG Guide II

A Guide for Clinical Assessors

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Acknowledgement

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INTRODUCTION

This guide has been produced by the Royal Australasian College of Surgeons (RACS) as an aid for Fellows who have agreed to take on the important role of providing assessment of the International Medical Graduate (IMG) surgeon's clinical practice

Clinical Assessment is undertaken within guidelines specified by RACS and the Medical Board of Australia (MBA) on Supervised Practice of IMGs, Level 3 supervision and Level 4 supervision.

These IMG surgeons have undergone an assessment by the RACS that has included the following:

- A document based assessment of their education and training, recency of practice, exit examination completed and quantity, depth and scope of practice since completion of training in order to determine the degree of comparability with an Australian and New Zealand trained surgeon, and
- A face-to-face semi-structured interview by an interviewing panel consisting of the following members or similar:
 - the specialty Chair and/or IMG Representative of the relevant specialty Board
 - a representative from the Board of Surgical Education Training (SET)
 - a jurisdictional representative

Following this process the IMG surgeon will have been assessed as “partially comparable” or “substantially comparable” to an Australian and New Zealand trained surgeon who is also a Fellow of the RACS.

If the IMG surgeon is assessed as “partially comparable”, they are usually required to undergo a period of up to 24 months of clinical assessment under Level 3 supervision, satisfactorily complete all other requirements stipulated in their recommendation and also present for and pass the Fellowship exam in order to attain specialist recognition and Fellowship of RACS by Examination.

If the IMG surgeon is assessed as “substantially comparable”, they are usually required to undergo a period of up to 12 months of clinical assessment under Level 3 supervision, progressing to Level 4 supervision based on satisfactory performance. They are not required to sit the Fellowship Examination and are therefore eligible upon satisfactory completion of their clinical assessment and any other requirements stipulated in their recommendation, to apply for specialist recognition and Fellowship of RACS by Assessment.

WHAT IS THE DIFFERENCE BETWEEN LEVEL 3 SUPERVISION AND LEVEL 4 SUPERVISION?

Clinical assessment – under MBA Level 3 supervision or MBA Level 4 supervision - requires the IMG and Clinical Assessors to interact via regular face-to-face, email and/or telephone contact. This enables the IMG and the Clinical Assessors to work together through issues including, but not limited to:

- a. identifying aspects of practice where support and assistance is required
- b. negotiating plans of action in order to meet needs and goals
- c. selecting continuing medical education or professional development activities and audit options to complement and support specific aspects of surgical practice
- d. determining the focus and design of audit activities
- e. reviewing the results of audit activities
- f. addressing any deficiencies which are revealed as a result of audit activities and performance review
- g. Assessment of progress towards preparing for satisfactory completion of the Fellowship Examination where and IMG is on a pathway to Fellowship by Examination



Level 3 supervision is the review of the clinical practice of an IMG who has a limited degree of autonomy. The IMG takes primary responsibility for each individual patient. Level 3 supervision can only be performed locally (on-site) and involves direct observation of the IMGs clinical practice on a regular basis. Level 3 supervision of an IMG's surgical practice can be performed by two Fellows nominated by the assessing Specialty Board Chair or nominee.

Level 4 supervision can be performed from a distance. Level 4 supervision of an IMG's surgical practice can be performed by two Fellows nominated by the assessing Specialty Board Chair or nominee. They are not necessarily located in the same hospital as the IMG surgeon. The IMG takes full responsibility for each individual patient. The Clinical Assessor(s) must be available for consultation if the IMG requires assistance.

Level 3 and Level 4 supervision of an IMG's clinical practice provides assurance to RACS, the MBA and the community that the IMG's surgical practice is safe and is not putting the public at risk. Together with the Fellowship Examination (if applicable), provides RACS the evidence that the IMG possesses the competencies, skills and attributes of an Australian or New Zealand trained surgeon. The period of supervision will also introduce the IMG to a culture of continuous learning and professional development.

Satisfactory performance against the required standards confirms that the recommended pathway for the IMG is an appropriate one.

WHAT IS THE ROLE OF THE CLINICAL ASSESSOR?

The role of the Clinical Assessor is to provide assessment of the IMG surgeon's clinical practice on a pathway to Fellowship of the RACS and to confirm that he or she is safe to practise independently as a specialist surgeon. The Clinical Assessor also assesses that the IMG surgeon is practising at the level of a Fellow of the RACS who has just completed the RACS Surgical Education and Training (SET) program. The Clinical Assessor is **not** "training" the IMG surgeon and the IMG surgeons are **not** trainees of RACS.

RESPONSIBILITIES OF CLINICAL ASSESSORS

Clinical Assessors assigned to an IMG undertaking **Level 3 supervision** are required to:

- a. Ensure that there are mechanisms in place for monitoring whether the IMG is practicing safely. This involves direct observation of the IMGs clinical practice on a regular basis;
- b. Ensure that they are accessible by telephone or video link if they are not physically present;
- c. Conduct performance assessment meetings and provide constructive feedback;
- d. Complete periodic assessment reports as required by RACS. Assessors are expected to liaise with other members of the hospital unit to ascertain the IMG's performance across all College competencies;
- e. Address any problems that are identified;
- f. Monitor the IMG's operative experience and outcomes and regularly review the operative logbook summary;
- g. Notify RACS immediately if the IMG is not complying with conditions imposed or undertakings accepted by the RACS or is in breach of any requirements expected under clinical assessment;
- h. Verify that the IMG is practicing in accordance with specifications depicted in position description assessment form approved by the relevant Specialty Training Board;



- i. Obtain feedback using RACS's multi-source feedback (MSF) tool on the IMG's performance from other medical and nursing staff at the hospital where the IMG is based;
- j. Undertake Direct Observation of Procedural Skills (DOPS) and Mini Clinical Examinations (Mini-CEX) assessments;
- k. Identify, document and advise the IMG and the Specialty Board via the IMG Assessment Department of any unsatisfactory or marginal performance at the earliest possible opportunity;
- l. Understand, apply and communicate RACS policies and guidelines relevant to Specialist Assessment and Assessment of Clinical Practice of IMGs;
- m. Conduct themselves in accordance with RACS's Code of Conduct;
- n. Ensure approval from RACS has been obtained for any proposed changes to supervision arrangements or requirements before they are implemented;
- o. Inform RACS if they are no longer able or willing to provide supervision;
- p. Ensure the IMG has completed an IMG Orientation Program via RACS eLearning resource available on College website within the first 3 months from commencement of clinical assessment;
- q. Be clear about how they can be contacted by the IMG when the IMG is practicing, during work hours and after hours;
- r. Agree to provide supervision at a level determined by the RACS and the Medical Board of Australia Guidelines: Supervised Practice for International Medical Graduates.

Clinical Assessors assigned to an IMG undertaking **Level 4 supervision** are required to:

- a. Oversee the IMG's practice;
- b. Be available for consultation if the IMG requires assistance;
- c. Periodically conduct a review of the IMG's practice;
- d. Monitor the IMG's log book and clinical audit;
- e. Conduct performance assessment meetings and provide constructive feedback. Assessors are expected to liaise with other members of the hospital unit to ascertain the IMG's performance across all College competencies;
- f. Notify the RACS immediately if the IMG is not complying with conditions imposed or undertakings accepted by the RACS or is in breach of any requirements expected under clinical assessment;
- g. Verify that the IMG is practicing in accordance with specifications depicted in position description assessment form approved by the relevant Specialty Training Board;
- h. Obtain feedback using RACS's multi-source feedback (MSF) tool on the IMG's performance from other medical and nursing staff at the hospital where the IMG is based;



- i. Undertake Direct Observation of Procedural Skills (DOPS) and Mini Clinical Examinations (Mini-CEX) assessments;
- j. Identify, document and advise the IMG and the Specialty Training Board (or its nominee) via the Department of IMG Assessments of any unsatisfactory or marginal performance at the earliest possible opportunity;
- k. Understand, apply and communicate College policies and guidelines relevant to Specialist Assessment and Assessment of Clinical Practice of IMGs;
- l. Conduct themselves in accordance with RACS's Code of Conduct.
- m. Ensure approval from the RACS has been obtained for any proposed changes to supervision arrangements or requirements before they are implemented;
- n. Inform the RACS if they are no longer able or willing to provide Level 4 supervision;
- o. Ensure the IMG has completed an IMG Orientation Program via RACS eLearning resource available on College website within the first 3 months from commencement of clinical assessment;
- p. Be clear about how they can be contacted by the IMG when the IMG is practicing, during work hours and after hours;
- q. Agree to provide Level 4 supervision as determined by the RACS and the Medical Board of Australia Guidelines: Supervised Practice for International Medical Graduates.

Clinical Assessors are also required to:

- a. Notify the relevant Specialty Training Board via the Department of IMG Assessments (or other delegated administrative support) of any changes in circumstances that may have an impact on the assessment of an IMG's clinical practice;
- b. Participate, where invited, in the review of policies, procedures and guidelines in relation to the clinical assessment process;
- c. Participate, where required, in clinical assessment workshops organised by RACS;
- d. Inform, if requested, hospital management and operating theatre management about the credentialing status of IMGs under clinical assessment by supervision, and their capacity to open operating theatres without direct supervision.

HOW TO GIVE EFFECTIVE FEEDBACK?

Meaningful feedback is at the heart of clinical assessment. It is a vital part of the assessment process where IMG surgeons are told how they are performing. It needs to be based on first hand observations of their performance, providing the IMG surgeon with data and feedback on their performance with actual patients in their practice environment. Direct observation can be based on clinical assessors with the expertise to observe and provide detailed feedback to IMG surgeons to facilitate learning and change.

Some key features of good feedback are that it is planned not rushed, and it is given in a timely fashion, as close to the observed behaviour as possible. It is important to be specific when giving feedback. The IMG surgeon needs to be told precisely the areas where he or she has performed well, and should be given illustrative examples to support this, for example; "when you told the patient their diagnosis you used clear and simple explanations and checked for their understanding".



Similarly if you are discussing areas that need to be improved you need to be clear and specific, for example; “when you told the patient their diagnosis you used technical terms that they appeared not to understand, you were rushed, and appeared insensitive to their concerns”.

A feedback session in a busy corridor is not adequate or effective. Time needs to be set aside for feedback. It needs to be **specific** and **constructive** and **given in such a way that it will be listened to and acted upon**.

Four Step Approach:

- Ask the IMG surgeon what they thought went well; they will usually be more critical of themselves than you might be
- Describe the tasks you thought the IMG surgeon did well, being specific
- Ask the IMG surgeon what they think they could improve
- Add any other areas you think could be improved, again being specific

HOW TO DEAL WITH AN IMG SURGEON WHO IS UNDERPERFORMING

It is easy to give positive feedback but we generally feel less comfortable telling an IMG surgeon that he or she is not meeting the required standard. Assessors often fail to report on the IMG surgeon who is performing poorly for a number of reasons. For example, there may be inadequate documentation to back up the decision or there may be a lack of understanding on what to document. There may be concern over a possible appeal or there may be a lack of confidence in the development options. It is important to be honest with the IMG surgeon. He or she needs the opportunity to deal with identified issues and improve performance. Development is important. Specialty Boards and the RACS's Clinical Director, IMG Assessments and Support and Department of IMG Assessments are resources for Clinical Assessors. They can provide guidance and advice to clarify the process and to ensure that an appropriate development plan is in place. The RACS, through the IMG department (or other delegated administrative support), also needs an accurate record of the IMG's progress.

If you become aware that an IMG surgeon is having difficulties then it is useful to approach the IMG surgeon in a systematic and sympathetic way.

Action:

- Ask yourself; is there really a problem? If yes, what is it?
- Problems can often be categorised into either issues of clinical competence, professionalism, communication or personal matters
- What is the cause?
- Work out whether the cause is personal, clinical or due to the demands of the hospital systems

How to manage the situation

The best way to deal with underperformance depends on the problem. Remember that unexpected feedback, if negative, can provoke a strong reaction so it is best to deal with situations and concerns quickly.

Action:

Meet in a quiet place with the IMG surgeon, then

- Share your concerns (make sure you have specific evidence on which to base your discussion and if there are rumours get to the bottom of them before you confront the IMG surgeon)
- Obtain their version of events/ performance
- Try to reach a consensus on the problem and cause
- Agree on an action plan
- Document your discussion
- Monitor any improvement as agreed



- Make sure that if the problem is unresolved, you grade the end of term form appropriately

Note: It is important to respect privacy but you will probably find it useful later on to have a record of the meeting and the agreed action plan. Consider referral to other sources of support; remember that the IMG surgeon can approach other RACS Fellows for help. Send the IMG surgeon a record of the meeting so you are both fully aware of the issues.

WHAT WILL HAPPEN IF AN IMG SURGEON RECEIVES A GRADE WHICH IS POOR

Assessment of Performance Standard

The Specialty Board Chair or nominee will review the assessment reports and operative logbook summary submitted at the conclusion of each three month period of assessment of clinical practice to ensure that the IMG's performance meets the required standards.

Management of Unsatisfactory Performance

Should an assessment report identify unsatisfactory performance, the Specialty Board Chair or nominee must formally notify the IMG via the Department of IMG Assessments (or other delegated administrative support), copied to the Clinical Assessors. The role of the RACS Clinical Director, IMG Assessment and Support in this process is to oversee and liaise with the Speciality Board Chair or nominee, and other relevant stakeholders in the management of unsatisfactory performance of an IMG. A performance counselling interview will be conducted and attended by the Specialty Board Chair or nominee, the IMG, and both of the Clinical Assessors. At the conclusion of interview, notification may include:

- Identification of the areas of unsatisfactory performance
- Confirmation of the remedial action plan signed by the IMG and both Clinical Assessors
- Identification of the required standard of performance to be achieved
- Review of the approved assessment post
- Possible implications if the required standard of performance is not achieved

Remedial Action Plan

Implementation of a remedial action plan is co-ordinated by the RACS IMG Assessments Department (or other delegated administrative support) in consultation with the Clinical Assessors, Specialty Board Chair and/or IMG specialty representative and IMG surgeon as soon as practicable following the interview.

The remedial action plan fulfils four functions as it:

1. Identifies the areas in which the IMG surgeon's performance is below standard
2. Specifies the areas where up skilling is required
3. Defines the assessment method and criteria
4. Records the performance grade at the end of the rotation

The RACS IMG Assessment Department (or other delegated administrative support) will send a copy of the remedial action plan to the IMG surgeon and both Clinical Assessors so it can be used during the next three-monthly rotation.

As soon as the IMG surgeon and Clinical Assessors have a copy of the plan they will meet to incorporate the education and assessment requirements for development into the intentions for the term. The Clinical Assessors will notify the RACS IMG Assessments Department as soon as possible if this has not occurred.

Throughout the term the Clinical Assessors will be required to keep written evidence to support their assessment decisions.



At the end of term the Clinical Assessors will again consult with medical and nursing staff on the IMG surgeon's progress, consolidated views, and draft a feedback report. With that report, the assessor will meet with the IMG surgeon to discuss progress. The Clinical Assessors are required to write comments against each area where the IMG surgeon's performance was below standard and to record an appropriate performance grade in the three-monthly progress report.

Should subsequent identification of unsatisfactory performance in any area and/or including inadequate breadth and scope of clinical practice by the IMG be identified, the Specialty Board Chair or nominee must formally notify the IMG via the Department of IMG Assessments (or other delegated administrative support) copied to the clinical assessors.. The Department of IMG Assessments will arrange a reassessment of the IMGs specialist and/or AoN assessment. The reassessment will be undertaken by the Specialty Board Chair or nominee, and Deputy Chair, Board of Surgical Education and Training (SET) or nominee. At the conclusion of reassessment notification may include:

- a. Review of the recommendation to the IMG to include an extended period of assessment of clinical practice and/or the additional requirement to satisfactorily complete the Fellowship Examination or attain Fellowship.
- b. Review of the approved assessment post.
- c. Amendment of the recommendation. This may require the IMG to apply to enter the Surgical Education Training (SET) program.
- d. Withdrawal of RACS approval of the Area of need position/hospital post.

Note such a decision is not made lightly, and all efforts are made to assist an IMG surgeon attain specialist recognition and Fellowship of RACS.

In order to further clarify the IMG surgeon's performance, the Specialty Board Chair or nominee may request an independent assessment or audit of the IMG surgeon's surgical practice prior to reassessment.

Should a period of unsatisfactory performance by the IMG be determined to potentially endanger the welfare of patients the RACS reserves the right to make a notification to the Medical Board of Australia. The legal requirements of mandatory reporting will be followed.

WHAT TO DO IN COMMON SITUATIONS

As you read through the following situations you will see how important it is to have the report from the previous term as you plan for effective assessment, development and feedback. Please support your fellow clinical assessors by timely completion of end of term reports.

In every feedback situation follow the following four-step approach:

1. Ask the IMG surgeon what they thought went well; they will usually be more critical of themselves than you might be
2. Describe the tasks you thought the IMG surgeon did well, being specific
3. Ask the IMG surgeon what they think they could improve
4. Add any other areas you think could be improved, again being specific.

Situation 1

Medical staff complained to you about the IMG surgeon's manner with them. To you the IMG surgeon has always been polite and enthusiastic. What do you do?

Action

Talk with the staff and ask them to tell you about specific incidents (use your own knowledge of the staff and try not to be biased).

1. Arrange a time and private place to talk with the IMG surgeon
2. Tell the IMG surgeon about the complaints without naming specific staff



3. Make sure the IMG surgeon understands the implications of your words
4. Agree on a course of action for the rest of the term and agree how you will monitor improvement
5. If this is at the end of the term, consider giving a “poor” grade for communicator or professional to indicate an area that needs some further development and add explanatory comments to the report

Situation 2

When you are discussing the end of term report, the IMG surgeon shows you his or her theatre reports from the rotation. In a couple of the reports the IMG surgeon received poor grades. What do you do?

Action

1. Ask about these theatre reports and try to ‘unpack’ what happened
2. Work out with the IMG surgeon what exactly is the problem
3. Talk about ways to make sure this does not happen in future, or help the IMG surgeon to work out how to improve (perhaps suggest a period in the wet lab, or operate with another surgeon on these cases)
4. Agree on what the IMG surgeon will do to improve
5. Don’t say ‘don’t worry it is nothing’ but encourage the IMG surgeon to continually improve and strive for excellence

Situation 3

You receive a few comments from hospital staff before the end of three-monthly report period. For example the IMG surgeon is often late for clinics, makes patients wait or does not see many patients. You decide that you will ‘nip this in the bud’ and tackle the issue. Despite initial blustering, the IMG surgeon accepts the comments and you agree upon an action plan for the rest of the term that focuses on this behaviour. At the end of term you receive the same comments. What do you do? What grade do you give for the key roles?

Action

1. Arrange a time and private place to talk with the IMG surgeon
2. Ask the IMG surgeon how he or she thinks they have progressed following agreed action plan
3. Tell them how you and others view their progress against the goals set out in the action plan.
4. Be specific when talking about any incidents. Don’t be vague. Being vague isn’t helpful and won’t bring about the changes in behaviour you want.
5. Agree to a further action plan for the IMG surgeon to take to the next three-monthly assessment term.
6. If you think the IMG surgeon is performing below standard in a key role, give them a “Borderline” grade for that key role (it may be manager and/or communicator)
7. Make sure you complete the section on the progress report form which requests comments so the IMG surgeon is aware of what to work on
8. Remember to tell the IMG surgeon what they did well and what they need to continue doing

Situation 4

Your current IMG surgeon is excellent, it is impossible to fault them and you want to give “competent” for each key role. How do you make the three-monthly progress report and feedback session meaningful?

Action

It is tempting to say you did really well and give the grade “competent” without any written feedback. But we all like to read good things.



Ensure to list the areas where the IMG surgeon has performed particularly well on the progress report.

Ask the IMG surgeon what areas they want to improve, and write this at the end of the progress report as a clear reminder.

Situation 5

An IMG surgeon has come to you from another hospital with one “poor” grade for relationship and communication. What do you do?

Action

1. Meet with the IMG surgeon at the beginning of the term
2. Tease out the issues to be worked on in collaboration with the IMG surgeon
3. Discuss with the IMG surgeon how to tackle these problems
4. Ask other supervisors and medical and nursing staff to pay attention to this area
5. Review and record progress at the middle of the three-monthly reporting period.
6. At the end of the three-monthly reporting period if there have been no problems with communication note this on the form
7. If there are still problems give a “Poor” grade and give full details in the relevant section of term form.
8. Bring this to the attention of the Specialty IMG Representative and/or Specialty Board Chair and the RACS IMG Assessment Department

Situation 6

You receive a phone call from the RACS IMG Assessment Department or Clinical Director, IMG Assessments telling you that the IMG surgeon who has recently been employed at your hospital is currently on a remedial action plan following his or her last assessment period. What action should you take?

Action

1. Make sure that you get a copy of the remedial action plan as soon as possible (from the IMG surgeon or RACS IMG Assessments Department).
2. Discuss with the other clinical assessor about the areas of concern so that you can both help the IMG surgeon to develop in the area identified
3. Review progress with the IMG surgeon at least at the middle of the assessment term and ideally every couple of weeks
4. Keep supporting the IMG surgeon’s development and his or her integration into the Australian health care environment
5. Keep accurate records for evidence of progress or otherwise
6. Make the decision whether the IMG surgeon has reached the required standard in the areas of causes for concern, and grade accordingly in the progress report.

WHO CAN SUPPORT YOU?

The RACS has clear mechanisms of support for all those involved in IMG Assessment. The first point of contact is the Clinical Director, IMG Assessment and Support. If you are concerned about any aspect of your role as an IMG Clinical Assessor contact the Clinical Director in the first instance.

Contact details for the Clinical Director, IMG Assessment and Support are as follows:

Clinical Director, IMG Assessment and Support
IMG Assessment Department
Royal Australasian College of Surgeons
250-290 Spring Street
East Melbourne, Victoria, 3002



Telephone: +61 3 9249 1219
Email: IMG.Enquiries@surgeons.org

Go to the RACS website (www.surgeons.org) for further information on the IMG Assessment program.

WHAT TRAINING IS REQUIRED FOR CLINICAL ASSESSORS?

Before commencing duties a Clinical Assessor must complete the following mandatory training courses (or equivalent courses approved by RACS) to prepare for the role:

- a. Foundation Skills for Surgical Educators (FSSE); and
- b. Let's Operate with Respect face to face course; and
- c. Any other training specified by the Specialty Training Board.

Clinical Assessors are recommended to complete the following RACS eLearning modules:

- a. Keeping Trainees on Track (KTOT) eLearning Module
- b. Clinical Assessors for IMGs online eLearning Module

Clinical Assessors are also recommended to become members of the Academy of Surgical Educators (ASE) to assist acquiring ongoing development as an educator.

The following courses and workshops may also be relevant. Details are available on the RACS website in the "Fellows" section.

- Supervisors and Trainers of Surgical Education and Training (SAT SET) course
- Australian Indigenous Health and Cultural Competency Modules
- Australian Indigenous Health and Cultural Competency Portal
- Intercultural Competency for Medical Specialists
- Leadership in a Climate of Change
- Process Communication Model
- Polishing Presentation Skills
- Non-technical Skills for Surgeons (NOTSS)

RACS RECOGNITION OF CONTRIBUTION TO RACS ACTIVITIES

Clinical Assessors are awarded Continuing Professional Development (CPD) points for participation in these workshops and courses.

PAYMENT AND RE-IMBURSEMENT

A professional services fee is available to Fellows providing clinical assessment to IMGs.

Fellows providing on-site or remote (off-site) clinical assessment are entitled to claim Professional Services fees per three-monthly meeting to prepare progress reports relating to an International Medical Graduate (IMG).

Note: Fees and re-imbursements are subject to change. To confirm current figures please contact the Department of IMG Assessments at IMG.Enquiries@surgeons.org



Further information regarding the

- Eligibility for Appointment as a Clinical Assessor
- Appointment of Clinical Assessors
- Governance and Reporting

is available in the ***Clinical Assessors of IMGs policy*** available on the RACS's website <https://www.surgeons.org/policies-publications/policies/international-medical-graduates/>

