

Subject:	IMG Agreement	Ref. No.	ETA-IMG-031
-----------------	----------------------	-----------------	--------------------

As an International Medical Graduate I accept the specialist recommendation from the Royal Australasian College of Surgeons (RACS) which provides me with a pathway to Fellowship of RACS upon attainment of specified requirements.

By signing this agreement I agree and acknowledge as follows:

- I agree to be an active participant, optimising to my personal benefit the professional experiences and opportunities presented to me.
- I undertake to observe all RACS policies relating to the assessment and conduct of International Medical Graduates and to comply with all reasonable directions of RACS.
- I commit to complying with the RACS Code of Conduct, practising consistent with the values informing the RACS *Let's Operate With Respect* campaign and undertaking all mandatory training required under the RACS Action Plan: *Building respect, improving patient safety*.
- In the event a complaint is made about me to RACS I will cooperate fully in any investigation and assist RACS as requested. Further, should a complaint be made about me to my employer that in any way impacts on or involves this IMG Agreement, I agree to notify RACS of such a complaint and the steps being taken by my employer to resolve such a complaint.
- I agree that if I have concerns regarding my assessment and supervision/oversight, it is my responsibility to initiate the process to have these concerns addressed. I acknowledge that I can approach and seek appropriate guidance from:
 - My clinical assessor(s)
 - The Specialty Training Board Chair (or nominated IMG Representative)
 - The Deputy Chair of the Board of Surgical Education and Training
 - The Clinical Director, IMG Assessment and Support
 - The Dean of Education
 - Executive Directors for Surgical Affairs
- I agree and acknowledge that while I may seek advice and support, no individual Fellow of RACS or member of staff is authorised to vary the rules and guidelines for RACS Assessment or the policies of RACS in relation to the specialist assessment. Any change or variation of these conditions, guidelines or policies or any extension of time must be confirmed to me in writing after appropriate RACS approval has been received.
- I agree to personally participate in RACS review processes in relation to my performance during clinical assessment. I acknowledge that RACS has an Appeals Mechanism Policy that sets out the circumstances in which I may appeal decisions regarding my assessment.
- I agree to seek feedback about my assessment experience, as appropriate. If I have concerns, it is my responsibility to raise them.
- I also acknowledge that while RACS (and its agents) is the accredited assessor, it is not my employer, and that I must abide by my employer's employment conditions. Where there is conflict between my employment obligations and assessment requirements I will advise my clinical assessor accordingly. If I have concerns about my treatment in the workplace generally I should raise them with my employer in the first instance.
- I release my clinical assessors, the Specialty Training Board and RACS (and its representatives) from all claims or liability arising from advice or assistance given in good faith.
- I acknowledge that it is my responsibility to be fully informed and aware of all requirements of RACS, particularly rules, guidelines, time limits, and policies in relation to the assessment of the clinical practice of an IMG, including information available on RACS and Specialist Society websites.
- I agree to make all applications and provide all information required by RACS within the time limits or deadlines stipulated by RACS.
- I authorise release of my contact details to the Society representing my specialty to enable it to contact me about educational opportunities and events.

Name:	RACS ID:
Signed:	Date: