

Division:	Education and Training Administration	Ref. No.	ETA-IMG-010
Department:	International Medical Graduates		
Title:	Supervisors of International Medical Graduates in Australia		

1. PURPOSE AND SCOPE

The purpose of this policy is to define the role of the IMG Supervisor (previously known as IMG Clinical Assessors) in providing support & assessment of the clinical practice of International Medical Graduates (IMGs) on a pathway to Fellowship of the Royal Australasian College of Surgeons (RACS).

2. KEYWORDS

International Medical Graduate; Clinical; Practice; Assessment; Oversight; Supervision; Council; IMG

3. BODY OF POLICY

3.1. Governance

- 3.1.1. Decisions regarding IMG supervisors are made by the Specialty Board of the specialty in which an IMG is being assessed. The Board may delegate its decision making authority to an individual or to a sub-committee. When a delegation authority is exercised the decision of the delegate is a decision of the Board.
- 3.1.2. IMG supervisors report to and are governed by the Specialty Training Board and Board of SET.
- 3.1.3. IMG supervisors do not have the authority to modify an IMG's pathway to Fellowship.

3.2. Responsibilities of IMG Supervisors

- 3.2.1. IMG Supervisors 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 IMG's 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 RACS competencies.
 - e. Address any problems that are identified.
 - f. Monitor the IMG's clinical 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 RACS, or is in breach of any requirements expected under clinical assessment.

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- 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. Deliver feedback obtained using multi-source feedback.
- 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 RACS IMG 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 RACS website within the first 3 months from commencement of clinical assessment.

3.2.2. IMG Supervisors 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. Supervisors are expected to liaise with other members of the hospital unit to ascertain the IMG's performance across all RACS competencies.
- f. Notify RACS immediately if the IMG is not complying with conditions imposed or undertakings accepted by 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. Deliver feedback obtained from multi-source feedback.
- 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

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any unsatisfactory or marginal performance at the earliest possible opportunity.

- k. Understand, apply and communicate RACS 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 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 RACS website within the first 3 months from commencement of clinical assessment.

3.2.3. IMG Supervisors are also required to:

- a. Notify the relevant Specialty Training Board via the Department of IMG Assessments of any changes in circumstances that may have an impact on the assessment of an IMG's clinical practice.
- b. Participate, where required, in IMG Supervisor workshops organised by RACS.
- c. 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.
- d. Notify the relevant Specialty Training Board via the Department of IMG Assessments of the lodgement of any complaint about their conduct, whether the complaint is made to RACS, the hospital or a regulator.

3.3. Eligibility for Appointment as a IMG Supervisor

- 3.3.1. IMG Supervisors should not hold an administrative or management position with the IMG's employing hospital.
- 3.3.2. IMG Supervisors must not report to the IMG in that hospital.
- 3.3.3. IMG Supervisors should not derive a financial benefit from the practice of the IMG.
- 3.3.4. IMG Supervisors must be Fellows of RACS, and must be of the relevant specialty. They must be compliant with RACS Continuing Professional Development (CPD) program and must comply with all the medical requirements of the Medical Board of Australia (MBA). Variation from this is only permitted in exceptional circumstances and is at the discretion of the Specialty Training Board. The relevant Specialty Training Board and the Board of SET should record such variations.
- 3.3.5. IMG Supervisors must declare any conflict of interest. Conflicts of interest can take many forms, including personal and pecuniary conflicts. IMG Supervisors are advised to seek advice from the Clinical Director IMG

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Assessment & Support at the earliest opportunity if there is doubt about the existence of conflicts of interest.

- 3.3.6. IMG Supervisors must be familiar with RACS policies in relation to the IMG assessment process.
- 3.3.7. IMG Supervisors should have demonstrated experience with appropriate clinical, administrative and teaching skills.
- 3.3.8. IMG Supervisors conducting Level 3 supervision must hold an appointment at the hospital (or within the hospital network) which is hosting the IMG.
- 3.3.9. IMG Supervisors must not be a relative or a domestic partner of the IMG. They must have held RACS Fellowship for 3 years. They must complete the e-Learning IMG Supervisors course.

3.4. Appointment of IMG Supervisors

- 3.4.1. IMG Supervisors are nominated in accordance with this policy by the IMG for a clinical post and submitted to RACS for approval, once a specialist assessment has been accepted by the IMG. IMG Supervisors must be aware of the requirements of RACS policies and guidelines on supervision prior to signing the Position Description Assessment Form submitted.
- 3.4.2. On the advice of the relevant Specialty Training Board the IMG Supervisors will be advised of their appointment.
- 3.4.3. Where the IMG Supervisors nominated by an IMG are not approved, the Specialty Training Board may nominate appropriate IMG Supervisors. The Board has the discretion to nominate off-site IMG Supervisors and additional assessment tasks. The appointment of an IMG Supervisor may be reviewed at any time during the assessment period, either on the initiative of the Specialty Training Board or at the request of the IMG. Recommendations to remove or change a Clinical Assessor are made by the Specialty Board Chair and/or IMG Representative for confirmation by the Deputy Chair of the Board of Surgical Education and Training. Reasons for removing or changing a Clinical Assessor may include, but are not limited to, a conflict of interest on the part of the Clinical Assessor and a need to increase the exposure of the IMG to working with other consultants.

3.5. Training and Continuing Education

- 3.5.1. IMG Supervisors must complete mandatory advanced training in recognising, managing and preventing "Discrimination, Bullying and Sexual Harassment" as specified in the Building Respect & Improving Patient Safety Action Plan:
 - a. Training in adult education principles (the Foundation Skills for Surgical Educators (FSSE) course or approved comparable training) and;
 - b. The Operating With Respect (OWR) Face to face course and;
 - c. IMG Supervisors online eLearning module and;
 - d. Any other training specified by the Specialty Training Board.

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3.5.2. IMG Supervisors are recommended to complete the following RACS eLearning modules:

- a. Keeping Trainees on Track (KTOT) eLearning Module

3.5.3. IMG Supervisors are recommended to become members of the Academy of Surgical Educators (ASE) to assist acquiring ongoing development as an educator.

3.6. Transition

3.6.1. All new IMG Supervisors must complete the mandatory training within 6 months of appointment.

3.6.2. IMG Supervisors appointed prior to the approval date of this policy must satisfactorily complete the FSSE or equivalent by 31 December 2017 and the OWR face-to-face course by 31 December 2018.

3.6.3. IMG Supervisors with 6 months or less to serve from approval date of this policy are exempt from the mandatory training.

3.7. Payment and Re-imbusement

3.7.1. IMG Supervisors are entitled to claim the Professional Services fee approved by Council for each quarterly report assessing the IMG. Contact the Department of IMG Assessments for details.

3.7.2. Other expenses incurred by IMG Supervisors are reimbursed by RACS in accordance with the Travel and Accommodation policy and other relevant policies.

3.8. RACS Recognition of Contribution to RACS Activities

IMG Supervisors may have the opportunity to gain Continuing Professional Development points for participation in clinical assessment activities.

4. ASSOCIATED DOCUMENTS

Policies

Specialist Assessment of IMGs in Australia
Assessment of Clinical Practice in Australia

Sanctions

Guidelines

Guidelines for Partially Comparable IMG Surgeons Undergoing Clinical Assessment
Guidelines for Substantially Comparable IMG Surgeons Undergoing Clinical Assessment
Guidelines for IMG Supervisors

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