

Portfolio:	Education	Ref. No.	ETA-IMG-010
Team:	Specialist International Medical Graduate Assessment		
Title:	Supervisors of Specialist International Medical Graduates in Australia and Aotearoa New Zealand		

1. PURPOSE AND SCOPE

The purpose of this policy is to define the role of the SIMG Supervisor in providing support and assessment of the clinical practice of Specialist International Medical Graduates (SIMGs) on a pathway to Fellowship of the Royal Australasian College of Surgeons (RACS).

2. KEYWORDS

Specialist; International; Medical; Graduate; Clinical; Practice; Assessment; Supervision

3. BODY OF POLICY

3.1. Governance

- 3.1.1. Decisions regarding SIMG Supervisors are made by the Specialty Training Board or equivalent of the surgical specialty in which a SIMG is being assessed. The Specialty Training Board or equivalent 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 Specialty Training Board or equivalent.
- 3.1.2. SIMG Supervisors report to and are governed by the Specialty Training Board or equivalent and Board of Surgical Education and Training (BSET).
- 3.1.3. SIMG Supervisors do not have the authority to modify an SIMG's pathway to Fellowship of RACS.

3.2. Responsibilities of SIMG Supervisors

- 3.2.1. SIMG Supervisors assigned to a SIMG undertaking a period of RACS supervised practice are required to:
- Understand, apply and communicate RACS regulations, policies and guidelines relevant to the specialist assessment and assessment of clinical practice of SIMGs.
 - Conduct themselves in accordance with RACS Code of Conduct.
 - Ensure that there are mechanisms in place for monitoring whether the SIMG is practicing safely.
 - A SIMG under Level 3 supervision requires direct observation of their clinical practice on a regular basis. The SIMG Supervisor must ensure that there are mechanisms in place for monitoring whether the SIMG is practising safely. The SIMG Supervisor must ensure that they are accessible by telephone or video link if they are not physically present.
 - When supervising a SIMG under Level 4 supervision, the SIMG Supervisor must oversee the SIMG's clinical practice and must be available for consultation if the SIMG requires assistance. The SIMG Supervisor must also periodically conduct a review of the SIMG's practice.

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- f. Verify that the SIMG is practicing in accordance with specifications depicted in the RACS SIMG Post Description Form approved by the relevant Specialty Training Board or equivalent.
- g. Monitor the SIMG's clinical experience and outcomes and regularly review the operative logbook summary.
- h. Conduct performance assessment meetings and provide constructive feedback.
- i. Complete periodic assessment reports as required by RACS. SIMG Supervisors are expected to liaise with other members of the hospital unit to ascertain the SIMG's performance across all RACS competencies.
- j. Undertake Direct Observation of Procedural Skills (DOPS) and Mini Clinical Examinations (Mini-CEX) assessments as required by RACS.
- k. Deliver feedback obtained using multi-source feedback.
- l. Address any problems that are identified.
- m. Notify RACS immediately if the SIMG is not complying with conditions imposed or undertakings accepted by RACS or, is in breach of any requirements expected under clinical assessment.
- n. Notify RACS immediately of the lodgement of any complaints about the SIMG's conduct, whether the complaint is made to RACS, the hospital or a regulator.
- o. Identify, document and advise the SIMG and the Specialty Training Board or equivalent via the SIMG Department of any unsatisfactory or marginal performance at the earliest possible opportunity.
- p. Notify RACS immediately of any changes in circumstances that may have an impact on the assessment of an SIMG's clinical practice.
- q. Ensure approval from RACS has been obtained for any proposed changes to supervision arrangements or requirements before they are implemented.
- r. Inform, if requested, hospital management and operating theatre management about the credentialing status of SIMGs under clinical assessment by supervision, and their capacity to open operating theatres without direct supervision.
- s. Inform RACS if they are no longer able or willing to provide supervision.
- t. Ensure the SIMG has completed mandatory eLearning requirements and attended the SIMG Induction Workshop as specified in the Specialist Assessment of Specialist International Medical Graduates in Australia regulation [ETA-IMG-006].

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3.3. Eligibility for Appointment as a SIMG Supervisor

- 3.3.1. SIMG Supervisors should not hold an administrative or management position with the SIMG's employing hospital unless no other arrangement is practicable.
- 3.3.2. SIMG Supervisors must not report to the SIMG in that hospital.
- 3.3.3. SIMG Supervisors should not derive a financial benefit from the practice of the SIMG.
- 3.3.4. SIMG Supervisors must be Fellows of RACS within the relevant surgical specialty. They must be compliant with RACS Continuing Professional Development (CPD) program and must comply with all requirements of the Medical Board of Australia (MBA) or Medical Council of New Zealand (MCNZ). Variation from this is only permitted in exceptional circumstances and is at the discretion of the Specialty Training Board or equivalent. The relevant Specialty Training Board or equivalent and BSET should record such variations.
- 3.3.5. SIMG Supervisors must declare any conflict of interest. Conflicts of interest can take many forms, including personal and pecuniary conflicts. SIMG Supervisors are advised to seek advice from the Clinical Director, SIMG Assessment & Support at the earliest opportunity if there is doubt about the existence of conflicts of interest.
- 3.3.6. SIMG Supervisors should have demonstrated experience with appropriate clinical, administrative and teaching skills.
- 3.3.7. SIMG Supervisors conducting Level 3 supervision must hold an appointment at the hospital (or within the hospital network) which is hosting the SIMG.
- 3.3.8. SIMG Supervisors must not be a relative or a domestic partner of the SIMG.
- 3.3.9. SIMG Supervisors must have held Fellowship of RACS for 3 years.

3.4. Appointment of SIMG Supervisors

- 3.4.1. SIMG Supervisors are nominated in accordance with this policy by the SIMG for a clinical post and submitted to RACS for approval, once a specialist assessment pathway has been accepted by the SIMG.
- 3.4.2. SIMG Supervisors must be aware of the requirements of RACS regulations, policies and guidelines on supervision prior to signing the RACS SIMG Post Description Form.
- 3.4.3. On the advice of the relevant Specialty Training Board or equivalent the SIMG Supervisors will be advised of their appointment.
- 3.4.4. Where the SIMG Supervisors nominated by a SIMG are not approved, the Specialty Training Board or equivalent may nominate appropriate SIMG Supervisors. The Specialty Training Board or equivalent has the discretion to nominate off-site SIMG Supervisors and additional assessment tasks.

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- 3.4.5. The appointment of a SIMG Supervisor may be reviewed at any time during the assessment period, either on the initiative of the Specialty Training Board or equivalent or at the request of the SIMG. Recommendations to remove or change an SIMG Supervisor are made by the Specialty Training Board or equivalent for confirmation by the Deputy Chair, BSET. Reasons for removing or changing an SIMG Supervisor may include, but are not limited to, a conflict of interest on the part of the SIMG Supervisor and a need to increase the exposure of the SIMG to working with other consultants.

3.5. Training and Continuing Education

- 3.5.1. SIMG Supervisors must complete the following mandatory advanced training within six months of appointment:
- The Foundation Skills for Surgical Educators (FSSE) course or approved comparable training (training in adult education principles) and;
 - The Operating With Respect (OWR) eLearning module (training in recognising, managing and preventing discrimination, bullying and sexual harassment) and;
 - The Operating With Respect (OWR) face to face course (training in recognising, managing and preventing discrimination, bullying and sexual harassment) and;
 - Any other training specified by the Specialty Training Board or equivalent.
- 3.5.2. SIMG Supervisors must complete the SIMG Supervisor Induction Program within six months of appointment.
- 3.5.3. SIMG Supervisors are recommended to become members of the Academy of Surgical Educators (ASE) to assist acquiring ongoing development as an educator.

3.6. Payment and Reimbursement

- 3.6.1. SIMG Supervisors are entitled to claim the Professional Services fee as approved by Council for each three-monthly term they have assessed an SIMG.
- 3.6.2. Other expenses incurred by SIMG Supervisors are reimbursed in accordance with RACS Travel and Accommodation regulations.

3.7. RACS Recognition of Contribution to RACS Activities

SIMG Supervisors may have the opportunity to gain Continuing Professional Development (CPD) points for participation in clinical assessment activities.

4. ASSOCIATED DOCUMENTS

Regulations

Specialist Assessment of Specialist International Medical Graduates in Australia

Assessment of the Clinical Practice of IMG's in Australia and Aotearoa New Zealand

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Specialist International Medical Graduate Assessment Post Accreditation

Standards

Specialist medical college assessment of specialist international medical graduates (at [Medical Board of Australia](#))

Guidelines

Supervised practice for international medical graduates (at [Medical Board of Australia](#))

Approver Education Board
Authoriser Council