

Portfolio:	Education	Ref. No.	ETA-IMG-001
Department:	International Medical Graduates		
Title:	Assessment of the Clinical Practice of IMG's in Australia and New Zealand		

1. PURPOSE

The purpose of this policy is to define the supervision of the clinical practice of International Medical Graduates (IMGs) in Australia and New Zealand.

2. KEYWORDS

International; Medical; Graduate; Clinical; Practice; Assessment; Supervisor; Supervision; Council; Medical Board of Australia; IMG

3. BODY OF POLICY

3.1. Governance

Decisions regarding supervision are made by the Specialty Training Board of the specialty in which an IMG is being assessed. The Specialty Training 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 Specialty Training Board.

3.2. Clinical Assessment

- 3.2.1. An IMG assessed as partially or substantially comparable to an Australian or New Zealand trained surgeon will be required to satisfactorily complete a designated period of supervised . Supervision includes ongoing formative and summative assessment.
- 3.2.2. The purpose of supervision is to verify that the performance of an IMG in clinical practice meets the required standards. That is, that the IMG possesses the competencies, skills and attributes of an Australian or New Zealand trained surgeon. Satisfactory performance against the required standards confirms that the recommended pathway is an appropriate one.
- 3.2.3. Supervision under MBA Level 3 or Level 4 supervision requires the IMG and IMG Supervisors to interact via regular face-to-face, email and/or telephone contact. This enables the IMG and the IMG Supervisors 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 preparation for satisfactory completion of the Fellowship Examination where required.

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3.3. Level 3 Supervision

- 3.3.1. Level 3 supervision is the review of the clinical practice of an IMG who has a limited degree of autonomy. The IMG still takes primary responsibility for each individual patient.
- 3.3.2. Level 3 supervision can only be performed locally (on-site). The IMG Supervisors must ensure that there are mechanisms in place for monitoring whether the IMG is practising safely. This involves direct observation of the IMG's clinical practice on a regular basis.
- 3.3.3. Partially comparable IMGs undertake Level 3 supervision.
- 3.3.4. The role of an IMG Supervisor of an IMG under Level 3 supervision is to ensure that the IMG possesses the necessary attributes to achieve comparability to an Australian or New Zealand trained surgeon. In addition, on-site Level 3 supervision is provided to ensure quality of clinical practice, satisfactory general progress, suitability to continue in the approved position, and preparedness to present for the Fellowship Examination.

3.4. Level 4 Supervision

- 3.4.1. Level 4 supervision is the review of the clinical practice of an IMG who does not require direct supervision, and who has a significant degree of autonomy. The IMG is expected to take full responsibility for each individual patient.
- 3.4.2. The IMG Supervisor must periodically conduct a review of the IMG's practice.
- 3.4.3. The IMG Supervisor must be available for consultation if the IMG requires assistance.
- 3.4.4. Substantially comparable IMG's may be eligible to undertake Level 4 supervision.
- 3.4.5. Level 4 supervision can be performed on-site by local surgeons or by external surgeons

3.5. Approval of clinical practice arrangements

- 3.5.1. It is the responsibility of the IMG to obtain a suitable position for supervision purposes for the designated period. The relevant Specialty Training Board will make the final determination regarding the suitability of the position, in accordance with the IMG Assessment Post Accreditation Policy.
- 3.5.2. To facilitate familiarisation with surgical practice within Australia and New Zealand it is strongly recommended that the period of supervision includes, within the first 12 months, a minimum 3 month period at a major regional or metropolitan hospital.
- 3.5.3. For supervision purposes, two IMG Supervisors with appropriate skills are required. The IMG Supervisors will be Fellows of RACS in the relevant specialty. In exceptional circumstances a supervisor from another specialty may be permitted. The responsibilities of the IMG Supervisors are set out in the IMG Supervisors of International Medical Graduates policy.

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- 3.5.4. The IMG may assist the Specialty Training Board by nominating possible IMG Supervisors prior to the commencement of the period supervision. The IMG Supervisors must agree that they are prepared to provide supervision before the position description assessment form is submitted for approval. The Specialty Training Board will, however, make the final determination regarding the suitability and appointment of two appropriate IMG Supervisors.
- 3.5.5. Upon approval in writing by the Specialty Training Board of two appropriate IMG Supervisors the IMGs period supervision may commence. Should an IMG commence in a position that has not been deemed suitable and/or in which the IMG Supervisors are not considered appropriate, the period of supervision will not be recognised.

3.6. Assessment of Clinical Practice Process

- 3.6.1. The IMG Supervisors are responsible for the supervision of the IMG and the provision of professional guidance and educational support.
- 3.6.2. At the conclusion of each three month supervision period the IMG must submit to the Specialty Training Board, via the Department of IMG Assessments (or other delegated administrative support), a consensus assessment report from the, IMG Supervisors and a minimum of one mini-CEX and DOPS assessment and ensure three-monthly logbooks for the assessment period are available via the Morbidity Audit and Logbook Tool (MALT) or the Australasian Vascular Audit (AVA) for collection by the Department of IMG Assessments (or other delegated administrative support). For any period of unsatisfactory performance refer to clause 3.8.
- 3.6.3. For each twelve month supervision period the IMG must submit to the Specialty Training Board, via the Department of IMG Assessments (or other delegated administrative support), a multi-source feedback (MSF) report (also known as 360 degree evaluation) on their performance from the other medical and nursing staff at the hospital where the IMG is based.
- 3.6.4. The IMG and each IMG Supervisor must have a performance assessment meeting to complete the assessment reports and to review the operative logbook summary. The assessment reports and operative logbook summary must be signed by the IMG and the IMG Supervisors and must clearly reflect the discussions held during the performance assessment meeting.
- 3.6.5. The IMG is responsible for forwarding the completed assessment reports and ensuring the logbook summary (submitted via MALT or AVA) is available to the RACS for review by the Specialty Training Board no more than two weeks after the conclusion of each three month period. If the assessment reports and/or operative logbook summary have not been received in accordance with this requirement the period of supervision may not be recognised.
- 3.6.6. IMGs may be required to undertake a work based assessment as part of their requirements for external validation of their professional performance (EVOPP). The IMG may incur a fee for this.
- 3.6.7. IMGs are expected to undertake activities that maintain their professional standards. IMGs will be required to undertake Continuing Professional Development activities for the duration of their validity period.

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3.7. Assessment of Performance Standard

The Specialty Training Board will review the assessment reports and operative logbook summary submitted at the conclusion of each three month period of supervision to ensure that the IMGs performance meets the required standards.

3.8. Management of Unsatisfactory or Inadequate Performance

3.8.1. Should an assessment report identify unsatisfactory performance, the Specialty Training Board must formally notify the IMG via the Department of IMG Assessments; copied to the IMG Supervisors that unsatisfactory performance has been identified. A performance counselling interview will be conducted and attended by the Specialty Training Board Chair or Nominee, the IMG and all IMG Supervisors. Within two weeks of the interview written notification of the outcomes will be provided to the above parties and may include:

- a. Identification of the areas of unsatisfactory performance.
- b. Confirmation of the remedial action plan.
- c. Identification of the required standard of performance to be achieved.
- d. Review of the approved assessment post.
- e. Possible implications if the required standard of performance is not achieved.

3.8.2. Accurate reporting of the operative experience and clinical outcomes by each IMG is required. The operative logbook summary provides details about the procedures undertaken including details where appropriate the level of supervision. Should the breadth and scope of clinical practice be revealed to be inadequate, the Specialty Training Board must formally notify the IMG via the Department of IMG Assessments, copied to the IMG Supervisors and a performance counselling interview must be undertaken. Within two weeks of the interview notification may include:

- a. Identification of the required standard of clinical practice to be achieved.
- b. Confirmation of the remedial action plan
- c. Identification of the required standard of performance to be achieved
- d. Review of the approved assessment post.
- e. Possible implications if the required standard or scope of clinical practice is not achieved.

3.8.3. Should a subsequent assessment report identify unsatisfactory performance, the Specialty Training Board must formally notify the IMG via the Department of IMG Assessments with copies to the IMG Supervisors. The Department of IMG Assessments will arrange a reassessment of the IMGs specialist and/or AoN assessment.

3.8.4. The reassessment will be undertaken by the Specialty Training Board Chair or Nominee, Deputy Chair, Board of Surgical Education and Training (BSET) or Nominee and a Lay Representative.

3.8.5. At the conclusion of reassessment notification may include:

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- a. Review of the recommendation to the AMC to include an extended period of supervision 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.

3.8.6. The recommendation of the Reassessment Interview Panel will be forwarded to BSET or Executive BSET for formal approval.

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

3.9. Management of Exceptional Performance

3.9.1. IMGs cannot apply for an exceptional performance review of their own assessment.

3.9.2. Where the Specialty Training Board makes a recommendation for review of assessment, the IMG may be invited to participate in the review comprising of a document based assessment and interview. If the IMG accepts that invitation he or she will be asked to provide supporting documentation, which may include:

- a. Letter/s attesting to exceptional performance from the two IMG Supervisors providing the supervision and indicating how the IMG has demonstrated their substantial comparability to an Australian or New Zealand trained surgeon.
- b. Assessment reports, a summary of logbook data including surgical audit outcome (validated by the Head of Department or hospital) demonstrating that the breadth and scope of clinical practice performed during the 12 month period adequately encompasses the experience and competencies of the specialty to the standards of an Australian or New Zealand trained surgeon.

3.9.3. The assessment interview panel composition is detailed in RACS Policy on Terms of Reference for International Medical Graduate Assessment Interview Panels in Australia. The panel may recommend:

- a. A reduction in the clinical assessment period; or
- b. Reconfirmation of the current pathway to Fellowship; or
- c. Reclassification from partially comparable to substantially comparable

3.10. Presenting for Examinations

3.10.1. IMGs requiring a Level 3 or Level 4 supervision period greater than 12 months may, upon confirmation of the satisfactory completion of a minimum of three terms of supervision and any other specified requirements, apply to the Specialty Training Board for approval to apply to present for the Fellowship Examination.

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- 3.10.2. IMGs requiring a Level 3 or Level 4 supervision period of 12 months or less may apply to present for the Fellowship Examination at any time after commencement of clinical assessment.
- 3.10.3. Should exceptional performance be identified during the period of supervision the Specialty Training Board may recommend early presentation for the Fellowship Examination.
- 3.10.4. IMGs who have a requirement to satisfactorily complete the Fellowship Examination is referred to the relevant policies in order to seek any clarification regarding the Fellowship Examination fees, processes and procedures.
- 3.10.5. An IMG may only present for the Fellowship Examination during the validity period of the specialist assessment recommendation. IMGs are referred to the Specialist Assessment of International Medical Graduates policy for further clarification on assessment validity periods.

3.11. Completion of Assessment of Clinical Practice

- 3.11.1. Upon successful completion of the designated period of supervision and all other requirements of the specialist assessment recommendation, the IMG may apply to RACS to be admitted to Fellowship.
- 3.11.2. Admission to Fellowship of RACS will be in accordance with the relevant RACS policy.

3.12. Fees

- 3.12.1. A clinical assessment fee is payable by all IMGs who have accepted RACS recommended pathway to Fellowship. The clinical assessment fee is reviewed by Council annually.
- 3.12.2. Specialty Training Boards may also charge an administration fee which will be invoiced concurrently with the clinical assessment fee.
- 3.12.3. A reassessment requested by the Specialty Training Board may incur an additional fee.

4. ASSOCIATED DOCUMENTS

Policies:

Specialist Assessment of International Medical Graduates in Australia
 IMG Assessment Post Accreditation
 Admission to Fellowship
 Fellowship Examination Eligibility and Examination Performance Review
 Conduct of the Fellowship Examination
 Maintenance of Professional Standards (MOPS)

Guidelines:

Supervised practice for international medical graduates (at Medical Board of Australia)
 Partially Comparable IMG surgeons undergoing clinical assessment
 Substantially Comparable IMG surgeons undergoing clinical assessment

Approver Education Board
Authoriser Council

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