Clinical Assessment of International Medical Graduate (IMG) Surgeons

A Guide for Clinical Assessors

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Introduction

This guide has been produced by the College 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 under oversight or supervision.

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

- A document based assessment of their education, training, quality, quantity and scope of clinical experience, level of formal assessment including specialist qualifications in surgery, recency of relevant practice (that is, practice within the last 2 years) and relevant professional skills and attributes in order to determine the degree of comparability with Australian standards, 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 College.

If the IMG surgeon is assessed as “partially comparable”, they are usually required to undergo 12-24 months of clinical assessment under supervision, satisfactorily complete all other requirements stipulated in their recommendation and also present for and pass the Fellowship exam in order to attain the standard to be awarded the FRACS.

If the IMG surgeon is assessed as “substantially comparable”, they are usually required to undergo 12-24 months of clinical assessment under oversight. 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 Fellowship by assessment.

What is the difference between supervision and oversight?

**Supervision** is the monitoring and assessment of an IMG surgeon when the Clinical Assessor is at the same hospital as the IMG surgeon and can observe his or her practice directly on a day to day basis. The IMG surgeon undertaking a period of surgical practice under supervision is required to have on-site supervision by two Fellows nominated by the assessing Specialty Board Chair. The Fellows are providing clinical assessment of the IMG surgeon to assess that he or she is safe to practise independently at the level of a specialist surgeon. The Clinical Assessors are aware that the IMG surgeon is required to present for the Fellowship Examination to provide evidence of comparability to the level of a specialist surgeon who is a Fellow of the RACS.

**Oversight** can be performed from a distance. Oversight of an IMG’s surgical practice can be performed by two Fellows nominated by the assessing Specialty Board Chair. They are not necessarily located in the same hospital as the IMG surgeon. The Clinical Assessors can be in contact with the IMG surgeon by telephone and email and can monitor the IMG surgeon’s log book and clinical audit and obtain feedback on the IMG surgeon’s performance from other medical and nursing staff at the hospital where the IMG is based. The Clinical Assessor must visit the IMG surgeon on site at regular intervals, that is, at least monthly, during the clinical assessment period and observe the IMG surgeon’s practice directly or indirectly with face to face discussion regarding the logbook, clinical audit data and feedback from other staff and hospital administration.

What is the role of the Clinical Assessor?
Both supervisors and overseers are performing the role of Clinical Assessors. The role of the Clinical Assessor is to perform clinical assessment of the IMG surgeon 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. The Clinical Assessor is not “training” the IMG surgeon and the IMG surgeons are not trainees of the College.

**Responsibilities of Clinical Assessors**

Clinical Assessors assigned to an IMG with a recommended pathway to Fellowship by Examination will perform **supervision** and are required to:

a. To monitor and assess the IMG surgeon by observing his or her practice directly on a day-to-day basis.
b. To conduct performance assessment meetings and complete assessment reports as required.
c. To monitor the IMG’s operative experience and regularly review the operative logbook summary.
d. Obtain feedback using a multi-source feedback (MSF) tool on the IMG’s performance from other medical and nursing staff at the hospital where the IMG is based.
e. To undertake Direct Observation of Procedural Skills (DOPS) and Mini Clinical Examinations (Mini-CEX) assessments.
f. To identify, document and advise the IMG and the Specialty Board (or its nominee) via the Department of IMG Assessments of any unsatisfactory or marginal performance at the earliest possible opportunity.
g. Understand, apply and communicate College policies and guidelines relevant to Specialist Assessment and Assessment of Clinical Practice of IMGs.
h. Conduct themselves in accordance with the College’s Code of Conduct.

Clinical Assessors assigned to an IMG with a recommended pathway to Fellowship by Assessment will perform **oversight** and are required to:

a. To monitor and assess the IMG surgeon by contacting the IMG surgeon by telephone and email on a regular basis, and visiting the IMG surgeon on site at regular intervals, that is, at least monthly, during the clinical assessment period.
b. To monitor the IMG surgeon’s log book and clinical audit.
c. Obtain feedback using a multi-source feedback (MSF) tool on the IMG’s performance from other medical and nursing staff at the hospital where the IMG is based.
d. To undertake Direct Observation of Procedural Skills (DOPS) and Mini Clinical Examinations (Mini-CEX) assessments.
e. To conduct performance assessment meetings and complete assessment reports as required.
f. To identify, document and advise the IMG and the Specialty Board (or its nominee) via the Department of IMG Assessments of any unsatisfactory or marginal performance at the earliest possible opportunity.
g. Understand, apply and communicate College policies and guidelines relevant to Specialist Assessment and Assessment of Clinical Practice of IMGs.
h. Conduct themselves in accordance with the College’s Code of Conduct.

**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 and aims to provide you with an opportunity to clarify your strengths and weaknesses, to encourage self reflection, raise self awareness and plan for future development.
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 College’s Department of IMG Assessment 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 College, through the IMG department, 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 College 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 borderline or below the competent standard

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, copied to the clinical assessors. The role of the College Clinical Director in this process is to oversee and liaise with the Specialty 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

Remedial Action Plan

Implementation of a remedial action plan is co-ordinated by the College IMG Assessments Department in consultation with the Clinical Assessors, Specialty Board Chair, IMG specialty representative, the employing authority 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 College IMG Assessment Department 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. The Specialty Board Chair, Specialty IMG representative, College IMG Assessments Department or College IMG Assessments Clinical Director will meet with or telephone the next Clinical Assessors to confirm that they understand the remedial action plan and process.

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 then notify the College IMG Assessments Department that this has 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 in the assessment section of the remedial action plan against each area where the IMG surgeon’s performance was below standard and to record an appropriate performance grade.

Each Clinical Assessor is also required to complete the three-monthly Clinical Assessment Report, as usual. Theatre reports are completed by the Clinical Assessors so that at least one session is assessed for each month of the rotation. The Clinical Assessors will post or email the performance grades to the College IMG Assessment Department once the feedback has been provided to and signed off by the IMG surgeon. (The IMG surgeon is required to send copies of all reports to the College within two weeks of the end of each three-month term).

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 copied to the clinical assessors, the relevant employing authority and medical board. 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:

1. Review of the recommendation to the AMC to include an extended period of assessment of clinical practice and/or the additional requirement to satisfactorily complete the Fellowship Examination.
2. Review of the recommendation to the AMC for the IMG to apply, to enter, the Surgical Education Training (SET) program. The IMG surgeon is no longer considered “partially comparable” and is reassessed as “not comparable”.

Note such a decision is not made lightly, and all efforts are made to assist an IMG surgeon deemed “partially comparable” to reach the goal of attaining Fellowship of the College.

3. Withdrawal of College approval of the Area of Need position/hospital post

In order to clarify IMG surgeon performance, the Specialty Board Chair may request an independent assessment or audit of the IMG surgeon’s performance during the development process.

**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 “borderline” 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 borderline 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. Tell the IMG surgeon to discuss these problems with the next Clinical Assessors so they too can help with improvement
6. Don’t say ‘don’t worry it is nothing’ but encourage the IMG surgeon to continually improve and strive for excellence

**Note:** The College policy is to notify the Specialty Board Chair and/or the Specialty IMG representative if there are more than two sequential “Borderline” grades. You are required to notify the Specialty Board Chair and/or Specialty IMG representative and the College IMG assessment Departments so the next Clinical Assessors can be formally notified.

**Situation 3**

After contact with other Clinical Assessors and hospital staff before the mid term review, you receive a few comments. 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 against the mid-term goals and in particular against the agreed action plan
3. Tell them how you and others view their progress against these goals
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 rotation
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 section 2 on the end of term form so the IMG surgeon and his or her next Clinical Assessors know 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 end of term 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.

On section 1 of the end of term report list the areas where the IMG surgeon has performed particularly well.

Ask the IMG surgeon what areas they want to improve, and write this in section 2 as a clear reminder.

Situation 5

An IMG surgeon has come to you from the previous rotation with one “Borderline” grade for communicator. 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. Agree using the intentions for the term on how the IMG surgeon will 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 mid-term review
6. At the end of term if there have been no problems with communication note this on the form
7. If there are still problems give a “Borderline” grade and give full details in section 2 on the end of term form.
8. Bring this to the attention of the Specialty IMG Representative/ Specialty Board Chair and the College IMG Assessment Department

Situation 6

You receive a phone call from the College IMG Assessment Department or IMG Assessment Clinical Director telling you that your next IMG surgeon is currently on a remedial action plan following his or her last rotation. 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 College IMG Assessments Department).
2. Use the “Intentions for the Term Form” and notes from the meeting to incorporate specified additional development into this term
3. Tell the other supervisors about the areas of concern so they can all help the IMG surgeon to develop in the area identified
4. Review progress with the IMG surgeon at least at the mid-term and ideally every couple of weeks
5. Send a mid-term report to the College and the specialty Board Chair
6. Keep supporting the IMG surgeon’s development and his or her integration into the Australian health care environment
7. Keep accurate records for evidence of progress or otherwise
8. At the end of term complete the remedial action plan documents with the IMG surgeon
9. Make the decision whether the IMG surgeon has reached the required standard in the areas of causes for concern, and grade accordingly
10. Inform the Specialty Board Chair and College IMG Assessment Department of the outcomes from your term

**Situation 7**

You reluctantly give the IMG surgeon “Below the Standard” grade for technical skills and medical knowledge in the end of term assessment. What do you do next?

**Action**

1. Contact the College IMG Assessment Department and the Specialty Board Chair or nominee immediately so that a remedial action plan can be developed
2. On the end of term report (and on a separate page if necessary) provide clear guidance on the areas that need development
3. Assist the IMG surgeon to draw up a remedial action plan as required

**Who can support you?**

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

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

**What courses are available for Clinical Assessors?**

The following courses and workshops may also be relevant. Details are available on the College Website in the “Fellows” section.

- Supervisors and Trainers of Surgical Education and Training (SAT SET) course (Note: Clinical Assessors must undertake the SAT SET course (or an equivalent course approved by the SAT SET Committee prior to, or within 6 months of, appointment).
- Keeping Trainees on Track (KTOT) 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)

**College recognition of contribution to College activities**

Clinical Assessors are awarded Continuing Professional Development 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.

Further information regarding

- 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 College’s website.