

## **IMG GUIDE I**

# **The Role of the Specialty Representative**

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Royal Australasian College of Surgeons  
College of Surgeons' Gardens  
240 Spring Street  
Melbourne Victoria 3000  
Australia

Phone +61 3 9249 1242  
Email : [IMG.enquiries@surgeons.org](mailto:IMG.enquiries@surgeons.org)  
Web: [www.surgeons.org](http://www.surgeons.org)

## Message from the IMG Committee Chair, and Deputy Chair of the Board of Surgical Education and Training



Dear colleague,

This guide has been developed to ensure that Fellows participating in the assessment process are fully informed of their responsibilities and the Royal Australasian College of Surgeons (RACS) resources that are available for them. Participation in specialist assessment is recognised as a Continuing Professional Development (CPD) activity.

International Medical Graduate (IMG) surgeons are an important client group for the RACS most of whom ultimately become Fellows. Fellows who undertake the role of Clinical Assessors play an important role in assisting IMG surgeons to adjust to a new professional and cultural environment and thereby ensure the high standard of surgical practice in Australia.

Increasingly, the RACS is forming collaborative relationships with other organisations also involved in specialist assessments. For several years the RACS has played a key role in determining the needs of IMGs undergoing assessment and more recently has been developing resources to assist them achieve Fellowship.

At the same time, it has become clear that Fellows involved in the assessment of clinical practice also require support and resources. The RACS has developed a range of resources for Fellows in collaboration with the Surgical Education and Training Boards. All materials are approved by the Board of Surgical Education and Training (BSET), the Board which has been delegated the responsibility of overseeing the IMG specialist assessment process.

The recent establishment of an IMG Committee (IMGC) will also provide Fellows involved in the assessment of IMGs an opportunity to raise issues in a dedicated forum with other specialty representatives involved in the assessment of IMGs. It is expected that this will result in the development and discussion of better processes associated with the initial and ongoing assessment of IMGs. The IMGC will report and make recommendations to BSET.

I would like to thank you for your participation in this important activity and encourage you to avail yourself of the resources available.

**Associated Professor Kerin Fielding FRACS**  
Deputy Chair,  
Board of Surgical Education and Training



## INTRODUCTION

This guide has been produced by RACS to assist you to manage the specialist assessments of IMG surgeons.

Historically, the RACS has always made provision for surgeons with overseas qualifications and training to become Fellows of RACS. In addition, the Australian federal government has introduced regulations for IMG specialists in order to maintain health service delivery in areas where there are workforce shortages. Under an agreement with the Australian Medical Council (AMC), IMG surgeons wanting to work as surgeons in Australia must undergo a thorough specialist assessment before they can be registered by the Medical Board of Australia (MBA) for specialist registration in their specialty.

Currently the RACS assesses approximately 65 applications from IMG surgeons per year. At any one time approximately one hundred and ten IMG surgeons will be on a specialist pathway. Most ultimately become Fellows of RACS.

Consequently, RACS plays an important role in ensuring the maintenance of high standards of surgical health care with respect to surgical training and the assessment of IMG surgeons. In addition, the membership profile of RACS is also changing as it embraces an increasingly diverse membership base.

Application for the recognition of specialist surgical qualifications must be made directly to RACS.

RACS will assess the IMG surgeon's surgical training and clinical experience for the full range of specialist surgical competencies identified in the RACS's specialty specific comparable specialist surgical training and exit examination policies to determine whether the IMG surgeon is comparable to an Australian trained surgeon.

Once RACS has made its assessment, it will formally notify the IMG and the MBA via the AMC (AMC) portal the outcome of our assessment.

If an IMG surgeon is assessed as 'not comparable', or the RACS requires them to undertake further training and assessment before being eligible for registration to practise independently or unsupervised, there are other options the IMG surgeon may pursue to practise medicine in Australia. An IMG surgeon may apply to:

- the Competent Authority Pathway via MBA
- the Standard Pathway via AMC

Both pathways above will allow the IMG surgeon to work as a hospital non-specialist in the public hospital system (Note that an IMG surgeon may not provide unsupervised specialist medical services in either the public hospital or private system without registration to practise in that specialty).

Further information on the options for IMGs is available on the DoctorConnect website [www.doctorconnect.gov.au](http://www.doctorconnect.gov.au)

## ROLE OF THE AMC

The AMC facilitates:

1. primary source verification of an IMG's medical qualifications
2. the exchange of relevant information between the AMC, the specialist medical colleges and Australian Health Practitioner Regulation Agency (AHPRA) through the AMC secure portal. The secure portal is a repository for certified copies of an IMG's



qualifications, their primary source verification documents and the outcome of their specialist medical college assessment. AHPRA (on behalf of the MBA) accesses the secure portal to source information for the purposes of registration.

Before applying to RACS for specialist assessment, the IMG must apply directly to the Educational Commission for Foreign Medical Graduate's (ECFMG) Electronic Portfolio of International Credentials (EPIC) for verification of both primary and specialist qualification(s).

After applying to ECFMG for primary source verification the IMG must complete an AMC (AMC) online application to establish an AMC portfolio before applying to RACS for specialist assessment.

The AMC has no role in processing applications for registration or in granting registration, which is a function of the MBA.

Information on the PSV process and AMC portfolio are available on the AMC website [www.amc.org.au](http://www.amc.org.au)

## **THE MEDICAL BOARD OF AUSTRALIA (MBA)**

The MBA is responsible for medical registration in Australia. The MBA is supported by AHPRA. IMGs must apply directly to the MBA for registration to practice in Australia.

The MBA receives the outcome of the RACS's assessment via the AMC portal and will determine the type of registration an IMG is eligible. The MBA makes the final decision on whether to grant registration.

Information on the registration categories and type of positions that medical practitioners in the Specialist pathway can apply for is available on the MBA website: <http://www.medicalboard.gov.au/>

## **WHICH BOARDS ARE INVOLVED IN THE ASSESSMENT OF IMG SURGEONS?**

Specialist assessment of IMG surgeons is managed within the education and training portfolio by the Board of Surgical Education and Training (BSET). BSET is the key liaison point between the RACS and the AMC, and MBA on matters relating to specialist assessments.

Although the co-ordination of specialist assessments sits within the education and training portfolio this activity is functionally distinct from surgical education and training. And although the chairs of the surgical education and training boards (or their nominees) play a key role in the management of IMG assessments, that function does not extend to the nine surgical education and training boards.

With respect to the assessment of IMGs, the role of the specialty education and training boards is to determine the surgical standards for each surgical discipline that an IMG surgeon must meet to be considered comparable to an Australasian trained surgeon. While the BSET is responsible for IMG assessment matters Specialty Board Chairs and/or IMG Representatives may be consulted for their opinions regarding IMG matters.

Likewise the appointment and activities of IMG supervisors for IMG surgeons are managed through BSET not the surgical education and training boards (see diagram below).

It is important to note that as the IMG specialty board representative, your authority and role in the assessment of IMG surgeons is distinct from any role you play in the education and training of surgical trainees.

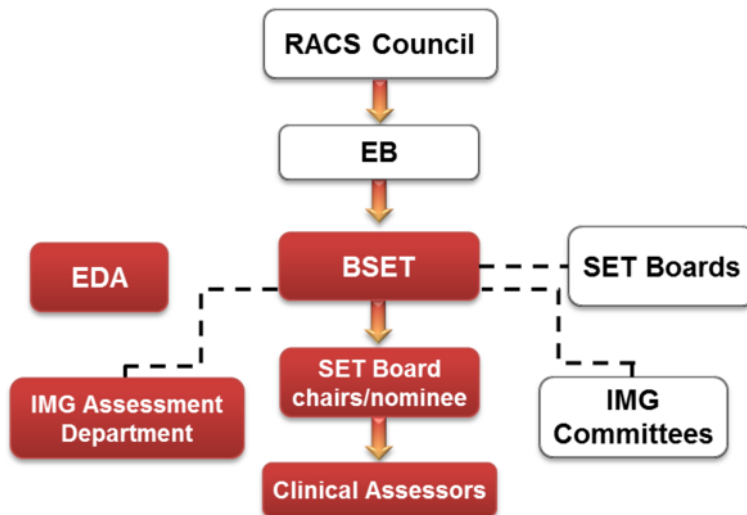


Professional and administrative support for the assessment of IMG surgeons is provided by the RACS's Clinical Director, IMG Assessment and Support, and the Department of IMG Assessments (or other delegated administrative support).

In summary your key responsibilities prior to the final recommendation are:

- To undertake a document review; and/or
- To chair the Assessment Interview Panel which is convened to make a final recommendation.

**Figure 1- RACS Governance and management of IMG Specialist Assessments**



If the IMG is deemed 'not comparable' following a document based assessment there are no further responsibilities required of you unless the IMG requests reconsideration or Appeals the RACS decision.

If the IMG is deemed 'partially comparable' or 'substantially comparable' following an interview assessment, and the IMG accepts the recommendation, your key responsibilities are:

- To approve the hospital position if it is suitable for conducting the IMG surgeon's clinical assessment
- Confirm and/or appoint IMG supervisors
- Sign-off of quarterly clinical assessment reports (inclusive of any mandatory requirements) that are satisfactory
- Implement the feedback and remedial processes in instances where reports are unsatisfactory
- Provide a recommendation to BSET that the IMG surgeon should be awarded Fellowship of RACS when all components of the final recommendation have been completed satisfactorily

## WHAT ARE THE KEY COLLEGE POLICIES RELATING TO SPECIALIST ASSESSMENTS?

The following are the key policies relating to specialist assessment of IMG surgeons. They can be located on the RACS website [www.surgeons.org/policies-publications/policies/international-medical-graduates/](http://www.surgeons.org/policies-publications/policies/international-medical-graduates/)



- Access to College Interview and Assessment Transcripts
- Assessment of the Clinical Practice of IMGs in Australia
- Clinical Assessors of International Medical Graduates
- Comparable Specialist Surgical Training and Exit Examination in Cardiothoracic Surgery
- Comparable Specialist Surgical Training and Exit Examination in General Surgery
- Comparable Specialist Surgical Training and Exit Examination in Neurosurgery
- Comparable Specialist Surgical Training and Exit Examination in Orthopaedic Surgery
- Comparable Specialist Surgical Training and Exit Examination in Otolaryngology Head and Neck Surgery
- Comparable Specialist Surgical Training and Exit Examination in Paediatric Surgery
- Comparable Specialist Surgical Training and Exit Examination in Plastic and Reconstructive Surgery
- Comparable Specialist Surgical Training and Exit Examination in Urology
- Comparable Specialist Surgical Training and Exit Examination in Vascular Surgery
- IMG Agreement
- IMG Area of Need Assessment
- IMG Assessment Post Accreditation
- IMG Misconduct
- IMG Recency of Practice
- IMGs Assessed with a Defined Scope of Practice
- International Medical Graduate Assessment Interview Panels Terms of Reference
- International Medical Graduate Fees Australia
- New Zealand Vocationally Registered Doctors Applying for Fellowship
- Professional Development Opportunities for International Medical Graduates
- Short Term Training in a Medical Specialty Pathway
- Vocationally Registered Doctors Fellowship Assessment Panel Terms of Reference
- Specialist Assessment of International Medical Graduates in Australia

## WHO WILL I BE WORKING WITH?

Throughout the specialist assessment process you will work closely with the following people:

- Chair BSET
- Deputy Chair, BSET (and Chair, IMG Committee)
- Specialty Board Chairs (or their nominee)
- RACS Clinical Director, IMG Assessment and Support
- Staff, Department of IMG Assessments
- Clinical assessors

For further information on the role of IMG supervisors, refer to A Guide for Clinical Assessors, which is available on the RACS website <https://www.surgeons.org/becoming-a-surgeon/international-medical-graduates/contact,-guidelines-and-resources/>



The Clinical Director, IMG Assessment and Support provides advice on matters relating to the document based assessment, interview and ongoing assessment including matters relating to poor performance of IMGs during clinical assessment. The Clinical Director can be contacted via the IMG Assessments Department on 03 9249 1219 or via email [IMG.Enquiries@surgeons.org](mailto:IMG.Enquiries@surgeons.org)

## **WHAT ARE THE KEY STEPS IN THE SPECIALIST ASSESSMENT?**

The key steps in the specialist assessment process are:

- RACS document review of specialist application
- Conduct of a face to face interview and final recommendation
- A period of assessment of clinical practice
- Review of the recommendation cases where this proves necessary
- Recommendation for application to Fellowship

Timeframes:

The MBA and AMC require all IMG applications to be assessed (inclusive of interview) within 3 months from the date the application was activated.

Please ensure applications received by you for assessment are processed within two weeks of request. If you are going on leave or unable to assess within the two week time frame please advise the IMG Department directly.

## **WHAT IS MY ROLE IN THE DOCUMENT REVIEW?**

Your role during the document review is to evaluate the IMG surgeon's education, training and experience to determine based on the documentation provided:

- (a) that there is evidence of recency of specialist surgical practice in the relevant specialty comparable to that of a surgeon who has completed the RACS education and training surgical training program; or
- (b) that there is sufficient evidence of completion of a specialist training program comparable to the RACS programs, including the competencies, skills and attributes.

The standard for assessing a comparable training program and exit examination are specified in individual specialty specific policies available on the RACS's website.

The standard for assessing recency of practice is specified in the IMG Recency of Practice policy available on the RACS's website.

The IMG Assessments Department will send you a request to review an IMG surgeon's documents along with an assessment form to complete.

This stage of the assessment is looking specifically for documentary evidence that the IMG has completed a comparable specialist surgical training program. If there is no evidence to support completion of a specialist surgical training program the IMG is normally assessed as "not comparable" and advised to undertake further training via the RACS Surgical Education Training (SET) program, or internationally. This stage also provides you with the opportunity to identify any gaps or deficiencies in the provided documentation that could be explored during the interview, if that is your recommendation.

When you have completed your report you will return the assessment form to RACS for processing. The RACS will have sent the same set of documents to the Clinical Director, IMG Assessments and Support for an assessment.



If you and the Clinical Director agree in the determination, this will result in the IMG being classified as:

- a. Not Comparable, with no interview required, and the IMG advised to apply to SET; or
- b. Recommended for interview to finalise the assessment.

The outcome of the document assessment will be communicated to the IMG surgeon. If there is a difference of opinion between you and the Clinical Director, an attempt will be made to reach accord through personal discussion. If an agreement cannot be reached, the IMG surgeon is asked to attend interview to finalise assessment. The composition of the interview panel must not include the assessor who assessed the IMG as Not Comparable following a document based assessment.

## **WHAT IS MY ROLE IN THE INTERVIEWS?**

The purpose of the interview is to provide the Assessment Interview Panel with an opportunity to further explore and clarify any aspect of the IMG's surgical training and education including confirmation of their training, education and experience, and scope of practice. The interview will also explore specific aspects of the IMG surgeon's surgical practice including their professional communication skills, ability to evaluate their surgical practice and professional ethics through a series of structured questions and scenarios.

BSET will convene a number of Assessment Interview Panels to conduct the face-to-face semi-structured interviews. The interview is generally conducted by:

- The Chair and/or the IMG Representative of the relevant Surgical Education and Training Board.
- A representative from the BSET
- A Jurisdictional Representative

Your role is to chair the Assessment Interview Panel. The Department of IMG Assessments will write to you advising the date and location of the interviews. These are usually conducted at the RACS headquarters and each interview takes about an hour and fifteen minutes which includes a pre-briefing amongst panel members, the interview with the applicant and post-interview deliberations amongst panel members

Two weeks before the interviews, you will receive an email from the RACS referring you to its website in order to access all the documentation. As the chair of the panel, you are expected to be the best informed person in the interview. You should know the full contents of the file and have identified key topics that you want to explore at interview. By understanding the content of the file you will be able to avoid asking questions that can be answered from the documentation provided. The questions you ask at interview should address identified gaps in, or seek clarification of, documentation.

On the day of the interview, you and each panel member will be provided with a folder containing an interview proforma, file summary, Curriculum Vitae, referee reports, and the document-based assessments for each IMG being interviewed.

Prior to the IMG surgeon being invited into the room, as the chair you should lead the interview panel in a preparatory discussion. This discussion should identify topics to be explored during the interview and question allocation so that all members are active participants in the interview.

The preliminary discussion should not include discussion of panel member's perception of the likely outcome as such discussion can bias the interview. Verbal information from other sources should not be discussed or used in the decision making process. Written information not supplied by the IMG surgeon can only be used in the decision making process if first provided to the IMG surgeon, with reasonable time to respond either in writing or verbally at the interview.





The Chair is also responsible for welcoming the IMG surgeon to the interview, and should introduce each of the panel members, and provide a brief description of the process. It should be reiterated to the IMG surgeon that the panel members have examined all the documentation, the expected time of the interview, and invite them to make clear, concise statements during the interview.

An important task for the Chair is to balance the need to complete all components of the interview within the allotted time while giving the IMG surgeon reasonable opportunity to answer the questions put to them.

At the completion of the interview invite individual panel members to reflect on what they had heard and to complete comments in their interview proformas. Individual reflection will make the subsequent panel discussion more effective. You should then invite each member to comment in turn before commencing a discussion to reach a consensus on the final recommendation, with supporting reasons. You will complete the IMG Interview Summary Assessment and Final Recommendation Form, which must be signed by each panel member. It must reflect the agreed reasoning for the decision made, as this document is the basis of subsequent approval by the Board of SET and of communication to the IMG.

This report will be collected by a member of the RACS staff. The IMG Department will then prepare a summary report of all decisions from interviews held on the day, which is submitted to BSET or Exec. BSET for approval.

In extraordinary circumstances where there is insufficient time to make a decision the panel can adjourn and reconvene by teleconference. In such circumstances the IMG Assessment Department will be able to assist with the sign-off process.

Further information on the interview process is available in the 'Guidelines for Interview Panel Members' sent to all panel members prior to interviews.

All Interview Panel members are required to complete the eLearning module on IMG Interviewer Training prior to interview. The eLearning module is available on RACS website [http://elearning.surgeons.org/IMG Interviewer Training](http://elearning.surgeons.org/IMG%20Interviewer%20Training)

### Interim Recommendation

The Interim Recommendation forms the basis for the ensuing period of assessment of the IMG surgeon's clinical practise. It is made following an interview by the assessment panel including you. The Interim Recommendation must be approved by BSET and cannot be altered during the term of clinical assessment without approval by BSET. The Interim Recommendation is valid for two years from date of recommendation to enable the IMG to find a suitable position for clinical assessment purposes, and four years from date of commencement of clinical assessment.

Note: If the IMG is deemed 'not comparable' following a document-based assessment and an interview is not required, a Final Recommendation is provided based on the documentation alone.

## **HOW DO THE CLASSIFICATIONS DIFFER?**

### **NOT COMPARABLE**

The IMG surgeon will be deemed "**Not Comparable**" if he or she is unable to provide evidence of having completed a surgical education and training program that is comparable to the RACS program for Australia and New Zealand. It is still possible doctors in this category to work in Australia but not as independent surgeons. If the IMG still wishes to work in Australia, they will be required to complete a number of AMC requirements. IMGs with this classification are advised to refer the AMC and/or MBA website.



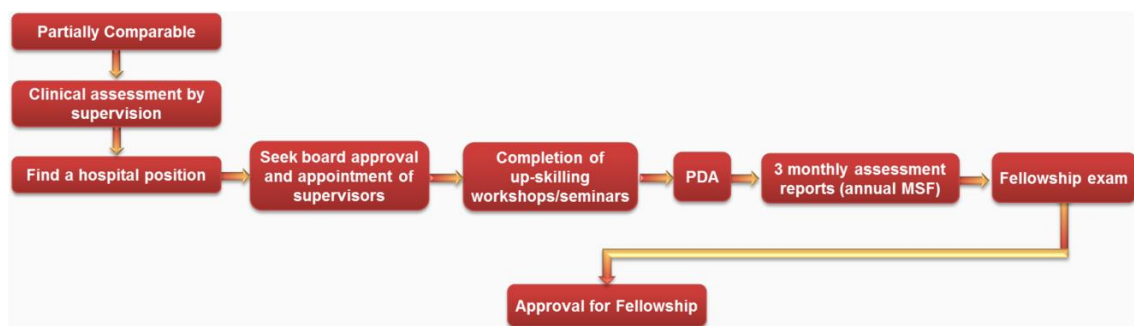
To pursue a surgical career in Australia an IMG assessed as not comparable would need to complete the SET program to achieve Fellowship of the RACS.

## PARTIALLY COMPARABLE

An IMG surgeon will be deemed Partially Comparable if:

1. There is evidence of recency of surgical practice in the relevant specialty; and
2. There is evidence of completion of a specialist training program comparable to the RACS programs including the competencies, skills and attributes; and
3. The applicant has not completed a comparable exit examination to the RACS Fellowship Examination and/or the depth and scope of surgical practice in the specialty since the attainment of their surgical qualification is not of a sufficiently high standard or duration as to waive the need to sit the Fellowship Examination

Figure 2 - Key steps of assessment for IMGs assessed as partially comparable



IMG surgeons who are deemed partially comparable will be required to complete all of the following before being eligible for Fellowship of the RACS:

- Undergo a period of clinical assessment, under MBA Level 3 supervision unless otherwise specified, for a period of up to 24 months; and
- Pass the Fellowship Examination; and
- Complete professional development activities; and
- Complete online 3-monthly assessment reports; and
- Complete annual MSF assessment; and
- Complete any specified up-skilling or mandatory requirements.

## SUBSTANTIALLY COMPARABLE

An IMG surgeon will be deemed **Substantially Comparable** if:

1. There is evidence of recency of surgical practice in the relevant specialty; and
2. There is evidence of completion of a specialist training program comparable to the RACS programs including the competencies, skills and attributes; and
3. There is evidence the applicant has completed an exit examination comparable to the RACS Fellowship Examination and/or the depth and scope of surgical practice in the specialty since the attainment of their surgical qualification is of a sufficiently high standard or duration as to waive the need to sit the Fellowship Examination

In exceptional circumstances an IMG may be assessed as exceeding the standard of substantial comparability to an Australian or New Zealand trained surgeon within a defined scope of practice. Where the defined scope of surgical practice is considered valuable to the community and conforms to the goals of the CollegeRACS and specialty discipline, the IMG may be recommended to Fellowship within this defined scope of practice



IMG surgeons who are assessed as substantially comparable will be required to complete the following before being eligible for Fellowship of the RACS:

- Undergo a period of clinical assessment for a period of up to 12 months. Clinical assessment will commence as MBA Level 3 supervision, progressing to MBA Level 4 supervision based on satisfactory performance (up to 12 months); and
- Complete continuing professional development activities; and
- Complete online 3-monthly assessment tools; and
- Complete an MSF assessment; and
- Complete any specified up-skilling or mandatory requirements.

The diagram below presents the key steps for IMGs assessed as substantially comparable.

**Figure 3 - Key steps for IMGs assessed as substantially comparable**



## WHAT IS THE DIFFERENCE BETWEEN LEVEL 3 SUPERVISION AND LEVEL 4 SUPERVISION?

RACS has revised its IMG policies to reflect Medical Board of Australia (MBA) guidelines on the supervised practice of IMGs under Level 3 supervision and Level 4 supervision.

MBA guidelines on Level 1 supervision and MBA Level 2 supervision is **not** applicable to IMGs on a specialist pathway.

Clinical assessment – under Level 3 supervision or Level 4 supervision - requires the IMG and Clinical Assessors to interact via regular face-to-face, email and/or telephone contact. This enables the IMG and the Clinical Assessors to work together through issues including, but not limited to:

- identifying aspects of practice where support and assistance is required
- negotiating plans of action in order to meet needs and goals
- selecting continuing medical education or professional development activities and audit options
- to complement and support specific aspects of surgical practice
- determining the focus and design of audit activities
- reviewing the results of audit activities
- addressing any deficiencies which are revealed as a result of audit activities and performance review
- Assessment of progress towards preparing for satisfactory completion of the Fellowship Examination where an IMG is on a pathway to Fellowship by Examination



**Level 3 supervision** is the review of the clinical practice of an IMG who has a limited degree of autonomy. The IMG takes primary responsibility for each individual patient. Level 3 supervision can only be performed locally (on-site) and involves direct observation of the IMGs clinical practice on a regular basis. Level 3 supervision of an IMG's surgical practice can be performed by two Fellows nominated by the assessing Specialty Board Chair or nominee.

**Level 4 supervision** can be performed from a distance. Level 4 supervision of an IMG's surgical practice can be performed by two Fellows nominated by the assessing Specialty Board Chair or nominee. The Clinical Assessors are not necessarily located in the same hospital as the IMG surgeon. The IMG takes full responsibility for each individual patient. The Clinical Assessor(s) must be available for consultation if the IMG requires assistance.

Supervision of an IMG's clinical practice provides assurance to RACS, the MBA and the community that the IMG's surgical practice is safe and is not putting the public at risk. Together with the Fellowship Examination (if applicable), work based assessment tools, review of log books and audit activities, provides RACS the evidence that the IMG possesses the competencies, skills and attributes of an Australian and New Zealand trained surgeon. The period of supervision will also introduce the IMG to a culture of continuous learning and professional development.

Satisfactory performance against the required standards confirms that the recommended pathway for the IMG is an appropriate one.

For more information refer to:

- Clinical Assessors of IMGs in Australia policy on RACS website <https://www.surgeons.org/policies-publications/policies/international-medical-graduates/>; and
- MBA Guidelines: Supervised Practice of IMGs on MBA website <http://www.medicalboard.gov.au/Registration/International-Medical-Graduates/Specialist-Pathway.aspx>

## **WHAT IS MY RESPONSIBILITY DURING THE PERIOD OF CLINICAL ASSESSMENT?**

When the Interim Recommendation has been approved the RACS will notify the IMG. It is then the IMG surgeon's responsibility to find a hospital position that is suitable for undertaking clinical assessment and/or for preparation for the Fellowship Exam.

### **Approving a hospital position**

Your responsibilities are to:

- Provide advice on what the IMG should look for when seeking a suitable hospital post
- Review the IMG Post Description Form (IPDF) submitted by the IMG and make a determination as to whether to accredit the position as suitable for clinical assessment in accordance to the IMG Assessment Post Accreditation policy and specific criteria depicted in the IPDF.
- Confirm and/or allocate IMG supervisors to the IMG surgeon. Note: The IMG or hospital may submit names for consideration, however, the ultimate authority for approval of IMG supervisors is yours on behalf of BSET.

### **Review of quarterly clinical assessment reports**

Your responsibilities are to



- Review each assessment report (inclusive of 3 monthly mini-CEX and DOPS assessments, and annual monthly MSF or 360 evaluation) to ensure that the IMG surgeon's performance is of the required standard in all areas; and
- Review each logbook summary and make a determination on whether the IMG surgeon's experience adequately covers the volume, breadth and scope of practice within that specialty;

advise the Department of IMG assessments accordingly with regard to the IMG's progress.

Please ensure assessment reports are processed within two weeks of request. As the process involves summative assessment every 3 months, it is critical to make a decision promptly, to allow time for feedback and performance management if there are any issues.

Further information on the work based assessment tools is available on the RACS's website <https://www.surgeons.org/becoming-a-surgeon/international-medical-graduates/contact-guidelines-and-resources/>

## **APPLICATION TO PRESENT FOR THE FELLOWSHIP EXAMINATION**

If the IMG surgeon is undertaking 24 months of clinical assessment, the IMG surgeon will be eligible to apply to present for the Fellowship Examination after nine months of satisfactory clinical assessment.

If the IMG surgeon is undertaking 12 months of clinical assessment, the IMG surgeon may make an application to present for the Fellowship Examination at any time after commencement of clinical assessment.

## **WHAT TRAINING IS AVAILABLE FOR IMG Supervisors?**

The RACS has several training packages for Fellows involved in education and training.

IMG Supervisors are required to complete the mandatory advanced training in recognizing, managing and preventing "Discrimination, Bullying and Sexual Harassment" as specified in the RACS 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. Advanced training in preventing DBSH
- c. Any other training specified by the Specialty Training Board.

IMG Supervisors are also required to complete the following RACS eLearning modules:

- a. Keeping Trainees on Track (KTOT) eLearning Module
- b. Clinical Assessors for IMGs online eLearning Module

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

## **WHAT ARE MY RESPONSIBILITIES IF AN IMG SURGEON'S CLINICAL PERFORMANCE IS BORDERLINE OR BELOW THE COMPETENT STANDARD?**

### **Unsatisfactory assessment reports or inadequate operative experience**

If you receive an assessment report that is borderline or unsatisfactory, your responsibilities are:



- Notify the Department of IMG Assessments (or other delegated administrative support); and
- Undertake a performance counselling interview with the IMG surgeon within 2 weeks of receipt of unsatisfactory assessment reports or inadequate operative experience; and
- Prepare a formal assessment report and/or remedial plan and ensure that this is signed by the IMG supervisors and the IMG surgeon within 2 weeks of interview. This may be required at any time during the clinical assessment period.

You may also contact the Clinical Director, IMG Assessment and Support at any time to raise any concerns with regard to the IMG's clinical practice. The Clinical Director, IMG Assessments and Support can be contacted via email [img.enquiries@surgeons.org](mailto:img.enquiries@surgeons.org)

Should subsequent identification of unsatisfactory performance in any area and/or including volume or inadequate breadth and scope of clinical practice by the IMG be identified, you must formally notify the IMG via the Department of IMG Assessments (or other delegated administrative support), copied to the IMG supervisors.

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, BSET or nominee. At the conclusion of the reassessment notification may include:

- Review of the recommendation to the AMC to include an extended period of assessment of clinical practice and/or the additional requirements to satisfactorily complete the Fellowship Examination or Fellowship.
- Review of the approved assessment post.
- Amendment of the recommendation. This may require the IMG to apply to enter the Surgical Education Training (SET) program.
- Withdrawal of College approval of the Area of Need position/hospital post.

### **Welfare of patients**

If there is documented concern that an IMG surgeon's performance is potentially endangering to the welfare of patients your responsibility is to report this to the Censor-in-Chief. This may result in formal notification of performance to the relevant medical authorities.

### **Feedback on poor performance in the Fellowship Examination**

If the Court of Examiners identifies poor performance, it will notify the relevant Surgical Education and Training Board of its concerns, within 2 weeks of the Fellowship Examination. The Chair of the Court will also provide a copy of the Senior Examiner's report.

Within two weeks of receiving the Court notification and Senior Examiner's Report, the IMG surgeon will be advised to attend an interview with the Specialty Board Chair or nominee and the Chair of BSET. The interview may be in person or by teleconference and may also seek advice and information from other parties, including (but not limited to) the Clinical Assessor/s and employer.

During the interview, the IMG will be advised of the concerns regarding their poor performance in the examination and any associated clinical competence and/or safety concerns.

Following interview, the Chair of BSET will make a recommendation to the Censor in Chief who will decide on an appropriate course of action. This may include recommendation that the IMG be reassessed, an extended period of assessment of clinical practice, counselling, and/or a formal notification of performance to the relevant medical authorities.

If an IMG surgeon fails to participate in an interview when required, the Specialty Board Chair or nominee should not approve his or her application to re-present for the Fellowship Examination



Further information on underperformance is available in the following policies and guidelines:

- Clinical Assessment of International Medical Graduate surgeons in Australia
- Fellowship Examination, Eligibility, Review and Feedback
- A Guide for Clinical Assessors

## **RECOMMENDATION FOR FELLOWSHIP**

Normally, this stage is initiated by the IMG surgeon when they believe that they have completed all requirements of the Interim Recommendation. The IMG surgeon will complete an Application for Admission to Fellowship Form and this should be supported by their IMG supervisors, who will have signed the application form.

The Application for Admission to Fellowship will progress through two stages:

**Stage 1:** Specialty Board Review of the IMG surgeon's performance

In order for the IMG to apply for Fellowship it is first necessary for the Specialty Board to confirm that all the requirements of the Initial Recommendation have been met satisfactorily.

**Stage 2:** Recommendation to BSET

The IMG Department will prepare a recommendation for BSET that the IMG surgeon be awarded Fellowship.

If the BSET approves the recommendation, it will proceed to the Education Board for approval and then to Council for ratification.

Once all these steps have been completed, the RACS will notify the IMG surgeon and the application will be forwarded to Fellowship and Standards for processing.

## **COMPLAINTS AND APPEALS**

Complaints relating to IMG specialist assessments are handled through the RACS's Complaints and Appeals procedures. Your responsibility in the complaints and appeals process is to provide advice and information upon request.

## **SPECIALIST ASSESSMENT FEES**

IMG services are provided on a user-pays basis. Fees are set annually by RACS Council and published on the RACS website.

## **HOW DO I CLAIM EXPENSES?**

Fellows providing specialist and/or clinical assessment to IMG surgeons can claim a professional services fee for interviews, on-site clinical assessment and off-site clinical assessment. Travel and accommodation expenses incurred in carrying out your IMG assessment will also be reimbursed. Refer to College website for expense reimbursement policy and claim forms

Information on claiming professional services fee can be obtained from the Department of IMG Assessments.

## **WHAT SUPPORT CAN THE RACS PROVIDE?**

BSET manages the IMG specialist assessment portfolio. The Chair of BSET has overall responsibility for the IMG specialist assessment portfolio.



In addition there are two key supports at the RACS:

1. Deputy Chair, Board of Surgical Education & Training
2. Clinical Director, IMG Assessment and Support
3. Department of IMG Assessments (can provide administrative support in your role)

Contact details for each of the above are available on the RACS website. Alternatively, contact the RACS at:

Phone +61 3 9249 1242  
Fax +61 3 9249 1240  
Email : [IMG.enquiries@surgeons.org](mailto:IMG.enquiries@surgeons.org)  
Web: [www.surgeons.org](http://www.surgeons.org)

## **ADDITIONAL INFORMATION AND LINKS**

Other organisations may be of assistance. They are:

- DoctorConnect website
- AMC
- MBA

Links to each are available on the RACS website.

Further information on IMG specialist assessments is also available on the RACS website.

## **GUIDELINES, FORMS AND CHECKLISTS**

Guidelines, forms and checklists relating to IMG specialist and/or clinical assessment are all available on the RACS's website [www.surgeons.org/becoming-a-surgeon/international-medical-graduates.aspx](http://www.surgeons.org/becoming-a-surgeon/international-medical-graduates.aspx)

## **Glossary**

<b>IMG surgeon</b>	An international medical graduate who has postgraduate surgical education and training
<b>BSET</b>	Board of Surgical Education and Training
<b>Specialty Board</b>	Surgical Education and Training Board. There are nine such boards in the RACS.
<b>IMG supervisor</b>	Fellow of the RACS who is conducting an assessment of the clinical practice of an IMG surgeon
<b>AMC</b>	Australian Medical Council
<b>MBA</b>	Medical Board of Australia

## **SUMMARY OF BOARD AND/OR IMG REPRESENTATIVE RESPONSIBILITIES**

### **Document-Based Assessment**

- Conduct a review of documentation upon request by the RACS and provide an assessment within 2 weeks of request.





### **Chairing an Assessment Interview Panel**

- Ensure that the interviews are held in accordance with the RACS Terms of Reference for International Medical Graduate Assessment Interview Panels in Australia policy.
- Complete the interview proforma and IMG Interview Summary Assessment and Final Recommendation Form . Ensure that it is signed by all Assessment Interview Panel members and return to RACS staff upon completion of each interview.

### **Being a member of an Assessment Interview Panel**

- Review documentation prior to the interview and participate in the interview process.
- Ensure that all members of the Interview Panel have filled in their assessment documentation with clear explanations for decisions made.

### **Reviewing Clinical Assessment**

- Review IMG Post Description Form (IPDF) submitted by the IMG and make a determination as to whether to accredit the position as suitable for clinical assessment in accordance to the IMG Assessment Post Accreditation policy and specific criteria depicted in the IPDF.
- Appoint IMG supervisors according to RACS policy.
- Review and sign-off the three monthly assessment reports submitted by the IMG surgeon.
- Ensure unsatisfactory progress issues and procedures are dealt with according to RACS policy.

### **Approving Presentation to Present for the Fellowship Examination**

- Ensure that examination feedback report has been sent to the IMG surgeon.

### **Providing Feedback on Unsatisfactory Examination Performance**

- Ensure that a face-to-face meeting has been held with the IMG surgeon to provide feedback on examination performance.
- Ensure that a Remedial Action Plan has been prepared and signed –off by the IMG supervisors and IMG surgeon.
- Monitor performance according to the Remedial Action Plan.

### **Summary of responsibilities relating to recommendation for Fellowship**

- Review the IMG surgeon's progress and complete the necessary documentation for recommendation for Fellowship.

