From: [redacted]
Sent: Sunday, 7 December 2014 8:50 PM
To: medboardconsultation
Subject: Supervised Practice for International Medical Graduates

Thank you for the opportunity to comment on these proposed amendments. I congratulate AHPRA on moving to modify the current regulations, and I hope that the changes can be brought in promptly.

I have no vested interest, having retired from General Practice, and I now work in an Emergency Department, where I continue to see some very poor outcomes as a result of poor english, poor education, poor supervision and system disconnection in many International Medical Graduates(IMGs)

"Specific questions that you might also want to address are:
1. Are the proposed restrictions on the number of IMGs a supervisor can supervise reasonable? (Maximum four IMGs - one level one IMG and up to three IMGs on other levels).
2. It is proposed that the guidelines specify when an IMG on level one or two supervision must consult their supervisor about the management of all patients - for level one at the time of the consultation before the patient leaves and for level two on a daily basis. Is this reasonable, if not, when should they consult their supervisor?
3. Is it reasonable to require that if the position is in a general practice, the practice (not the position) must be accredited to the RACGP Standards for General Practice (4th edition)?"

Before addressing these 3 issues, we need to consider some actual outcomes from the current system. We already have some regulations, but it is widely acknowledged that neither the Board or AHPRA have any means of checking on compliance.

a. I would ask AHPRA to review the English language test, and to ensure that the standard of English is improved. My family live in the country, in many different towns- and most of them have had to change doctors, and travel long distances, to find a doctor they can understand, and who they feel can understand them. When I go around to do teaching visits even on those who are in "proper" training programmes, I often have trouble understanding them. The English language test is not currently adequate.

b. I would also like to see an improvement in the standard of the supervisors of IMGs. In our Regional training group, it is clear who the supervisor for each trainee is, and we have regular meetings to upskill in our methods and knowledge. A similar system should be made compulsory for the supervisors of all IMGs. I don't think an online training module is enough.

c. It is usually impossible to find out who is the supervisor of an IMG in a corporate setting - they clearly don't wish to discuss their trainee, or the supervision requirements. In fact, in the corporate practices, the trainees are indentured servants of the practice- because they know they can't get work elswhere, so it is not in their interest to have an outsider talking to their supervisor, as they may find themselves out of work. I have several times asked IMGs who their supervisor is, and either their english immediately deteriorates to the point of complete incomprehensibility, or I have twice been told "I don't have to tell you".
I believe it is CRITICAL that AHPRA publishes the name of the supervisor of every trainee on the public registration document, as well as the level of supervision required.

d. The determination of level of supervision needed seems to be too low. I am unclear how the level of of supervision is determined. In General Practice, I have twice encountered IMGs who were practising in solo positions, being supervised by telephone, with their supervisor hundreds of kilometres away.
One was trained in Eastern Europe as a neurosurgeon. Her English was nearly incomprehensible, and her knowledge of General Practice was, on her own admission, extremely limited. Presumably, she was accredited as requiring only level 3 or 4 supervision. This is a joke.
The other was young, had only hospital experience, was nearly fluent in English, but was also in a practically unsupervised post, and completely out of his depth.

If these IMGs were local graduates, with good knowledge of the local system, they would have to be in a practice where the supervisor was present 80% of the time. So this level of supervision is completely inadequate. These doctors are not only unsafe, but they become anxious, are unable to make sensible clinical decisions, and stress the ambulance service. The board may think they are doing them a favour by decreasing the level of supervision required, but they are only creating an underclass of doctors, with poor self-esteem. The IMGs need to know and feel comfortable in the system.

So to address the three specific issues on which comment is sought:

1. In a hospital setting, I think this is reasonable. A supervisor has lots of back-up, and could easily manage 1 level 1, and 3 at other levels.
In General Practice, if the skill levels which determine level of supervision don't change, then I think if the supervisor has any IMG at level 1, they should only have one registrar at any other level. If they have no IMG at Level 1, then I think they could supervise 3 at levels 2,3, or 4.

2. Unless the required skills for accreditation at all levels changes, I believe that IMGs at level 1 should have to discuss management prior to the departure of every patient, and those at levels 2 AND 3 should have to discuss every patient with their supervisor at the end of the day, and I believe the supervisor should be personally available at least 80% of the time, for both these levels. It is entirely inappropriate for anyone in a position where they need supervision of any kind to be in a solo practice.

3. Of course the practices should be accredited. All training positions for local graduates must be accredited- it is discriminatory if any entity(but particularly profit-driven corporate entities employing IMGs) do not. Apart from anything else, if the supervisor is to meaningfully teach, he or she needs good records, and all of the things which come with an accredited practice.

Making any of these changes to regulations will be pointless unless there is checking and enforcement. It is clear that self-reporting has led to an entirely unsatisfactory outcome.

Yours Faithfully