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**The Royal Australian
and New Zealand
College of
Obstetricians and
Gynaecologists**

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Dear Dr Katsoris

**Re: Draft Revised Guidelines – Supervised Practice for
International Medical Graduates**

Thank you for the opportunity to provide feedback on the draft revised Guidelines - Supervised practice for international medical graduates. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) is pleased to provide answers to the consultation questions posed by the Medical Board of Australia (MBA).

Introductory Comments

RANZCOG acknowledges the timeliness of this review of the Guidelines in the context of the changes introduced to the competent authority pathway with effect from 1 July 2014. While noting the registration categories to which the Guidelines relate, the College's comments are provided in the context of Specialist International Medical Graduates (SIMGs) who have Limited Registration.

RANZCOG supports the flexibility provided within the Guidelines; this will assist in the College's management of supervision processes across the varied circumstances in which SIMGs work under supervision across Australia. Subject to the approval of the revised Guidelines, RANZCOG would welcome the implementation plan to assist in the transition to the new supervision requirements.

Consultation Questions

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)*

Within the RANZCOG Training Program, RANZCOG generally recommends not more than three (3) trainees per supervisor and not more than seven (7) trainees between two (2) supervisors; this ratio is commended to the MBA for consideration.

The College is also concerned that the proposed restrictions on the number of IMGs a supervisor can supervise, with reference to levels, may not adequately take into account the abilities and competence of individual IMGs or the setting(s) in which they are being supervised. RANZCOG would therefore prefer flexibility in determining supervision arrangements to remain as current.

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?*

In the RANZCOG context, an SIMG on the Partially Comparable Pathway would be expected to commence on Level 1 and progress to Level 2 as determined by the supervisor. Similarly, an SIMG on the Substantially Comparable Pathway would be expected to commence on either Level 2 or 3 and progress to Level 4 at the discretion of the supervisor.

Guidelines relating to supervision and patient management are helpful, however flexibility to administer these as appropriate, such as for Substantially Comparable SIMGs completing their oversight period, is desirable.

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)?*

RANZCOG is not in a position to comment.

Draft Revised Guidelines

RANZCOG commends the inclusion of the proposed additional requirements that supervisors have completed a minimum period of practice in Australia and an online education and assessment module. The College does, however, consider that two (2) years of practice in Australia, rather than three (3), would be sufficient and assist in maintaining a viable number of supervisors and the involvement of those who already supervise.

The introduction of compliance audits is supported by RANZCOG; however, the College requests further information on how these will be implemented. The inclusion of additional factors that the Board considers when determining level of supervision are helpful in providing guidance when determining the level of supervision required.

In relation to the requirement for IMGs to consult with their supervisor about individual patients, while acknowledging the assistance guidelines provide, RANZCOG does not support frequency/interval of supervisor consultation being specified. In addition, the College is concerned that setting specific requirements for the different levels may not be practicable or necessary as an SIMG gains experience. Specific guidance in relation to the percentage of time (80%) the supervisor must be physically present at the workplace for Supervision Level 2 and the rewording of the requirements in relation to hospital-based supervision is helpful. RANZCOG also supports the changes regarding supervision for on-call, after hours and locum services at the requirements of the different levels.

The inclusion of information regarding the process to change supervision levels is supported by RANZCOG, which commends the addition regarding the change of supervision levels being performance related or initiated by the SIMG. The rewording of the requirements relating to reporting is supported by the College.

The table of key changes to the Guidelines is a useful resource.

RANZCOG thanks the MBA for the opportunity to provide comment on the draft revised Guidelines.

Yours sincerely



Michael Permezel

President