



Consultation paper 4

Proposals for:

1. **Registration Standard – granting general registration to medical practitioners in the standard pathway who hold an AMC certificate**
2. **Guideline - for supervised practice for limited registration**

Issued by the Medical Board of Australia under the authority of

Dr Joanna Flynn, Chair

7 June 2010

If you wish to provide comments on this paper, please lodge a written submission in electronic form, marked 'Registration standards' at Chair@medicalboard.gov.au by close of business on 5 July 2010.

Please note that your submission will be placed on the Board's website unless you indicate otherwise.

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1 Background

From 1 July 2010 the Medical Board of Australia (the Board) will commence registering medical practitioners under the *Health Practitioner Regulation National Law Act 2009* (the National Law). Medical practitioners already registered by State and Territory medical boards will transition and will be registered under the National Law.

Registration Standard

Section 38 of the National Law empowers the Board to develop and recommend to the Ministerial Council registration standards about issues relevant to the eligibility of individuals for registration in the medical profession or the suitability of individuals to competently and safely practice the profession.

The Board has previously developed and consulted on a range of registration standards that have now been approved by the Ministerial Council. The approved standards can be accessed at www.medicalboard.gov.au.

The Board has now developed a further registration standard regarding granting general registration to medical practitioners in the standard pathway who hold an AMC certificate.

Interested parties are invited to make written submissions on this proposal, before the Board makes its submission the Ministerial Council under section 12 of the National Law.

Guideline

Section 39 of the National Law empowers the Board to develop and approve codes and guidelines to provide guidance to the health practitioners it registers and about other matters relevant to the exercise of its functions.

Consultation

The National Law requires the Board to undertake wide-ranging consultation on proposed registration standards and codes and guidelines. The Board welcomes feedback about the proposed guideline on supervised practice for limited registration.

A link to the National Law is available at www.ahpra.gov.au.

Submissions on the content of this consultation paper will be accepted up until close of business on 30 June 2010.

Attachment A: Proposed registration standard — granting general registration to medical practitioners in the standard pathway who hold an AMC certificate

Summary

The Medical Board of Australia has established this standard under section 52 of the *Health Practitioner Regulation National Law Act 2009* ('the National Law'), and in accordance with section 38(2) of that Act. It defines the supervised training requirements that AMC certificate holders must complete in order to be eligible for general registration.

The AMC certificate is awarded to international medical graduates that have successfully completed all components of the AMC examinations (standard pathway). These medical practitioners are required to complete 12 months supervised practice in Australia before being eligible for general registration. They are required to perform satisfactorily in rotations comprised of:

- Medicine for at least 10 weeks
- Surgery for at least 10 weeks
- Emergency medicine or general practice for at least 8 weeks
- A range of other rotations to make up to a minimum of 12 months (minimum of 49 weeks full time) service.

Scope of application

This standard applies to international medical graduates that have successfully completed all components of the AMC examinations and have been awarded the AMC certificate who apply for general registration.

Requirements

General requirements

As with all applicants for registration, applicants are required to:

1. Satisfactorily complete a criminal history check undertaken by the Board that meets the Board's Criminal history registration standard Have a criminal history check
2. Prove their identity as per the policy of the Board
3. Provide evidence of having been awarded a primary degree in medicine and surgery, after completing an approved course of study at a medical school listed in the current International Medical Education Directory (IMED) (online only) of the Foundation for Advancement of International Medical Education and Research, or other publications approved by the Australian Medical Council. An approved course of study means that the applicant must be able to demonstrate that they have completed a medical curriculum of at least four academic years, leading to an entitlement to registration in the country issuing the degree to practise clinical medicine.
4. Provide evidence of application for primary source verification of medical qualifications from the Educational Commission for Foreign Medical Graduates International Credentials Service (EICS). The Board may take action under Part 8 of the National Law if the practitioner's medical qualifications are not verified. The New South Wales Medical Council may take action under the relevant law in that jurisdiction.
5. Provide evidence of successful completion of a period of internship or comparable, in accordance with guidelines issued from time to time by the Board.
6. Provide evidence of successful completion of a period of internship or comparable, in accordance with guidelines issued from time to time by the Board.

7. Provide evidence of work practice history that meets the Board's recency of practice registration standard. This must include a resume that describes the applicant's full practice history and any specific clinical training undertaken. Any gaps and/or overlaps in practice history from date of qualification to the present must be included and explained.
8. Provide details of registration history including certificates of good standing/registration status from each registration authority with which the applicant has previously been registered in the previous ten years (supplied where possible directly to the Board from the relevant registration authority).
9. Confirm that they will comply with the Board's professional indemnity insurance registration standard.
10. Provide any other information the Board requires under section 70 in order to determine whether the applicant is a suitable person to hold general registration.

If the applicant for registration has previously been or is currently registered and has therefore provided information to a Board previously, some of these requirements may be waived.

Specific requirements

1. Provide an original or certified copy of the AMC certificate
2. Completion of at least 49 weeks (full time) supervised practice that includes rotations of:
 - 10 weeks in medicine
 - 10 weeks in surgery
 - 8 weeks in emergency medicine or general practice.

The remaining balance the 49 weeks can be in a range of clinical practice.

The supervised practice must be undertaken in Australia, preferably in hospitals that are accredited to train interns.

There may be particular circumstances where the Board will consider practice in Australia in contexts other than in a hospital. For example, where the applicant has been in general practice and the supervisor/s can confirm that the practitioner has demonstrated a standard of practice that is at least equivalent to that of an intern at the end of the intern year.

The supervised practice can be undertaken at any time, including before the completion of the AMC examinations.

3. Written confirmation from term supervisors that the applicant has satisfactorily completed the required rotations satisfactorily. This may be in the form of term reports. The Board may develop forms that need to be completed from time to time.
4. Letter of recommendation for general registration from the Director of Training, Director of Medical Services or other person authorised to sign off on the satisfactory completion of the intern year.

Review

This standard will commence on 1 July 2010 (or after it has been approved by the Ministerial Council). The Board will review this standard at least every three years.

Attachment B: Proposed guideline — supervised practice for limited registration

Scope

These guidelines apply to the registration of International Medical Graduates (IMGs) who are granted limited registration under the *Health Practitioner Regulation National Law Act 2009* (the National Law). The approved registration standards for limited registration state that supervision is a requirement for all IMGs who are granted limited registration to practise in Australia. It remains a requirement of registration for the duration of the IMG's limited registration.

Purpose of supervision

Supervision provides assurance to the Board and the community that the registrant's practice is safe and is not putting the public at risk.

Supervision also monitors and supports the IMG throughout the period of limited registration to work in Australia. The supervision introduces and encourages a culture of continuous learning and professional development.

Formal supervision processes enable the IMG's performance to be monitored and assessed within a structured framework. Performance review and feedback are important facets of supervision. Feedback should describe the strengths of the IMG, areas that need development, and strategies that the IMG might employ to improve performance. Good supervision should enable the IMG to review and develop their practice in a constructive and supportive environment, and to develop and enhance their own professional skills and attitudes.

In deciding the level of supervision that is necessary, the Board will take into consideration the specific position that the IMG has been offered, the context of the practice, the supports available and the qualifications, training and experience of the IMG. During the period of limited registration, the Board will appoint a principal supervisor and possibly one or two co-supervisors depending on the employment arrangements. For instance, co-supervisors may be appointed in a situation where an IMG is working in a junior rotating position within a health service.

At the end of the period of limited registration granted, and after considering the work performance report/s provided by the supervisor, the Board will determine whether the IMG is suitable for ongoing registration.

Principles of Supervision

- A principal supervisor is appointed to oversee the supervision process and to assume responsibility for reporting to the Board. Co-supervisors may also be appointed in some circumstances
- The principal supervisor and any co-supervisors must:
 - have general or specialist registration
 - be appropriately qualified, preferably in the same field of medicine as the position proposed for the IMG. If the proposed supervisor or co-supervisors are not qualified in the same field of medicine as the proposed position for the IMG, the Board requires an explanation as to why supervision will not be undertaken by a person qualified in the same field of practice and how it is proposed that effective supervision will be undertaken
 - not have conditions imposed on their registration or undertakings accepted by the Board as a result of health, performance or conduct issues
 - not be a relative or spouse of the limited registrant
 - not be an employee of the limited registrant
- The principal supervisor and co-supervisors must be approved by the Board
- The work performance report is to be completed jointly by the principal supervisor and any co-supervisors responsible for direct supervision during the period of supervised practice
- The principal supervisor must confirm their agreement to provide supervision as prescribed by the Board for the duration of the period of limited registration (attached).

Supervision – formal and informal

1. Formal supervision

This is regular protected time that is specifically scheduled and that enables in-depth discussion of, and reflection, on clinical practice. It may include:

- review and feedback on performance identifying strengths and weaknesses and performance issues
- observation of practical skills including procedural skills and patient interaction
- discussion of difficult or unusual cases
- discussion of cultural and management issues
- record reviews

The supervisor needs to be satisfied that the IMG has the following clinical competencies:

- how to assess a patient accurately and recognise the sick patient
- how and when to refer
- safe prescribing
- appropriate ordering of investigations and interpreting results of those investigations
- understanding relevant legislation
- screening protocols
- treatment and management protocols and
- knows how to communicate effectively with patients, families and other staff.

2. Informal supervision

This is the day to day communication and interaction providing advice, guidance and support as and when necessary.

Supervision responsibilities

Supervision is a requirement of limited registration. The Board imposes obligations on the IMG, their supervisor and the IMG's employer.

Responsibilities of the IMG include to:

- take responsibility for setting up a schedule of regular meetings and making all efforts to ensure that these meetings take place
- set supervision and development goals, together with the supervisor
- contact their supervisor early if they have a problem
- recognise the limits of their professional competence and seek guidance and assistance from their supervisor
- inform the Board if the conditions of their supervision are not being met. For example, if the supervisor is unable to provide the necessary level of supervision.

Responsibilities of the Supervisor include to:

- ensure as far as is possible, that the IMG is practising safely and is not placing the public at risk
- observe the IMG's work, conduct case reviews, periodically conduct performance reviews and provide constructive feedback
- address any problems that are identified
- notify the Board immediately if they have concerns that the IMG's performance, conduct or health is placing the public at risk
- notify the Board immediately if the IMG is not complying with conditions imposed or undertakings accepted by the Board or is in breach of any requirements on registration
- verify that the IMG is practising in accordance with work arrangements approved by the Board and report to the Board if the IMG is not doing so
- obtain approval of the Board for any proposed changes to registration conditions before they are implemented,
- inform the Board if he or she is no longer able or willing to provide the supervision
- ensure that, in delegating day to day supervision to other medical practitioners, they have either general registration or specialist registration and have the skills and experience to supervise
- provide work performance reports to the Board in the approved form at intervals determined by the Board
- agree to provide supervision at a level determined by the Board
- be clear about how they can be contacted by the IMG during working hours and after hours.

Responsibilities of the Employer include to:

- ensure supervision is provided according to the supervisor's agreement
- facilitate the provision of protected time for the IMG and supervisor to enable the formal supervision requirements to be met
- ensure the IMG is adequately oriented to organisational policies and procedures
- advise the Board of any concerns about the IMG if they form the opinion that there is a risk to the public that they cannot adequately address by implementing local measures.

Supervision levels

The levels of supervision are designed to ensure that the practice of the IMG is safe.

The level of supervision that is required will depend upon a number of factors that include:

- qualifications of the IMG
- previous experience, especially in the type of position for which the IMG has applied
- position description – the position, its location and the availability of supports.

Level 1 supervision:

The supervisor takes direct and principal responsibility for individual patients

- a) The supervisor must be physically present at the workplace or contactable by telephone at all times when the IMG is providing clinical care.
- b) The IMG must consult their supervisor about the management of all patients

The supervisor is required to submit an assessment of the IMG's performance in the form of a report to the Board at the completion of the first month of the IMG's employment and the Board may direct that Level 1 supervision must continue to apply for a specific period or the Board may direct that supervision shall be provided at one of the following levels:

Level 2 supervision

The supervisor shares with the IMG responsibility for individual patients. The supervisor is responsible for ensuring that the level of responsibility that the IMG is allowed to take for patient management is based on the supervisor's assessment of the IMG's knowledge and competence.

- a) The IMG must inform their supervisor at agreed intervals about the management of individual patients
- b) If the approved supervisor is absent from medical practice, a medical practitioner with general registration and/or specialist registration must provide oversight.

Level 3 supervision

The IMG takes primary responsibility for individual patients.

- a) The supervisor must ensure that there are mechanisms in place for monitoring whether the IMGs is practising safely
- b) The IMG is permitted to work alone provided that the supervisor is contactable by phone
- c) The IMG can provide on-call and after hours services.

Level 4 supervision

The IMG takes full responsibility for individual patients

- a) The approved supervisor must act as a mentor by overseeing the IMG's practice
- b) The approved supervisor must be available for consultation if the IMG requires assistance.
- c) The approved supervisor must periodically conduct a review of the IMG's practice.

Reporting requirements

The Board may change the level of supervision to apply to an IMG's practice at any time during a period of limited registration.

The supervisor must provide a report to the Board after the initial three month period of employment that:

- confirms whether the IMG is safe to practise in the supervised practice position that was approved by the Board in the initial application
- confirms whether the IMG has completed an orientation to the Australian healthcare system that addresses the requirements detailed in the Australian Medical Council Orientation Guidelines.

After the first three-month report, a report is to be provided at the time that an application is made for renewal of or application for registration and then annually thereafter unless otherwise directed by the Board.

The Board may require more frequent reports when there are concerns about the IMG's performance that might potentially result in risk to the safety of the public.

Reports will be in the format specified by the Board which includes an IMG self assessment for comparison with the supervisor assessment (attached).

SUPERVISOR'S AGREEMENT

I agree to be the applicant's principal supervisor and to provide a level of supervision as required by the Board.

I further agree to:

- a) ensure as far as possible, that the applicant is practising safely and is not placing the public at risk
- b) observe the applicant's work, conduct case reviews, periodically conduct performance reviews and address any problems that are identified
- c) notify the Board immediately if I have concerns about the applicant's clinical performance, health or conduct or if the applicant fails to comply with conditions, undertakings or requirements of registration
- d) ensure that the applicant practises in accordance with work arrangements approved by the Board
- e) ensure that Board approval has been obtained for any proposed changes to work arrangements before they are implemented
- f) inform the Board if I am no longer able or willing to undertake the role of the applicant's supervisor
- g) ensure that before delegating the day to day supervision to other medical practitioners, they have either general and/or specialist registration and are appropriately experienced to provide the supervision
- h) provide work performance reports to the Board in a form approved by the Board at the end of the third month and at subsequent intervals as determined by the Board.

Signed: _____ Date: ____ / ____ / _____ (dd/mm/yyyy)

(Supervisor)

Part A Work Performance Report for limited registration

Name of IMG being supervised:

Registration No:.....

Assessment Period: Date from: Date to:

Position held:

Usual level of practitioner engaged in this position:
.....

Hospital/Practice/Unit:
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Principal Supervisor:

Registration No of principal supervisor :

Co-supervisors:
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Describe the nature of the supervision (e.g. direct supervision or contact hours per day/week, case review):
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Completing this form

This form is to be completed by the international medical graduate with limited registration and their Board approved supervisor at intervals as specified by the Board. This is usually at three months after initial registration and then annually.

Instructions for the limited registrant

- You should complete the form first. This enables you to identify your strengths and areas for further improvement.
- Using the criteria listed at the top of the columns complete the form by ticking the box which you believe best describes your performance for each statement. Once completed, give the form to your supervisor to complete. You must discuss this review with your approved supervisor and co-supervisors and at the end of the feedback session sign the form before sending it to the Board.

Instructions for the approved supervisor

- Consult the appraisal criteria listed at the top of the columns and tick the appropriate “Supervisor” box which best describes the performance of this doctor. Consider input from other co-supervisors of the IMG to ensure that a thorough and accurate assessment is made. **The performance should be compared to the expected performance for this level of position.**
- You may wish to seek input into the assessment from other clinical and administrative staff (including previous supervisors/co-supervisors who should be listed on this form), who may be more familiar with some aspects of the IMG’s performance
- Arrange a mutually agree time to meet with the IMG and discuss the review
- Complete the ‘recommendation’ section
- Both you and the IMG must sign the form at the end of the feedback session.

Is this report following the first three months of registration?

- Yes – please also complete the separate orientation feedback sheet
 No

CRITERIA		1	2	3	4
		Performs consistently well below the level expected	Performs consistently below the level expected	Performs consistently at the level expected	Performs consistently above the level expected
<input type="checkbox"/> tick appropriate box under each category					
Clinical Management					
Documents a comprehensive patient history, (including obtaining information from other sources when appropriate)	IMG				
	Supervisor				
Critically assesses information, identifies major issues, makes timely and appropriate decisions and acts upon them	IMG				
	Supervisor				
Performs and documents appropriate physical examination	IMG				
	Supervisor				
Requests, follows up and interprets appropriate investigations and revises management plans as necessary	IMG				
	Supervisor				
Recognises and manages appropriately emergencies that arise when managing patients	IMG				
	Supervisor				
Plans appropriately for the discharge of patients (where relevant) including completing discharge summary	IMG				
	Supervisor				
Performs procedures relevant to the scope of practice safely.	IMG				
	Supervisor				

Communication					
Communicates effectively with patients and Their families	IMG				
	Supervisor				
Uses interpreters where necessary	IMG				
	Supervisor				
Communicates effectively with other members of the health care team.	IMG				
	Supervisor				
Communicates effectively with professional colleagues. This includes communication with general practitioners for the handover, referral and transfer of patients.	IMG				
	Supervisor				
Clearly documents patient care, maintains complete and timely medical records /progress reports that can be used by other doctors in continuing the patient's care	IMG				
	Supervisor				

CRITERIA		1	2	3	4
		Performs consistently well below the level expected	Performs consistently below the level expected	Performs consistently at the level expected	Performs consistently above the level expected
<input type="checkbox"/> tick appropriate box under each category					
Professionalism					
Shows compassion for patients and sensitivity to their culture, ethnicity and spiritual issues.	IMG				
	Supervisor				
Exhibits high standards of moral and ethical behaviour towards patients, families and colleagues including an awareness of appropriate doctor/patient boundaries.	IMG				
	Supervisor				
Able to recognise limitations in his/her practice and request assistance when necessary.	IMG				
	Supervisor				
Shows honesty at all times in their work, puts patient welfare ahead of personal consideration and accepts responsibility for own actions.	IMG				
	Supervisor				
Accepts the limits of own competence and functions within own capabilities, seeks advice and assistance when appropriate, accepts criticism.	IMG				
	Supervisor				
Shows a resourceful attitude towards continuing education to enhance quality of care; participates actively in a CPD program.	IMG				
	Supervisor				

Safe Practice					
Demonstrates knowledge of common therapeutic agents, uses, dosages, adverse effects and potential drug interactions and ability to prescribe safely.	IMG				
	Supervisor				
Demonstrates knowledge of infection control principles, and safe practice in relation to blood borne infections, in patient care.	IMG				
	Supervisor				
Recognises and correctly reports adverse incidents.	IMG				
	Supervisor				

Comments and Future Development Plans

Strengths and weaknesses

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The Supervisor MUST complete this section if:

- The IMG's performance was recorded as **"Performs consistently below the level expected"** or **"Performs consistently well below the level expected"** in any aspect of the assessment; **OR**
- There was a significant difference between the assessment by the Supervisor and the self-assessment by the IMG.

List the issues to be addressed

Issue	Actions/Tasks to address Issue (including time frame)	Review Date

Recommendations to be completed by the Principal Supervisor

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Registrant suitable for ongoing registration

Yes

No

Signatures

IMG signature: **Date:**/...../.....

Supervisor signature: **Date:**/...../.....

Supervisor name (print):

Position/Title.....

Part B

To be completed only as part of the initial workplace based assessment due after 3 months registration. Use this form as a checklist and add other items in the space provided.

- check each section when covered

General

Doctors should be familiar with the structure of the Australian health care system and the roles of the various bodies with which contact would occur or which have particular areas of responsibility.

Orientation to the Australian Healthcare system

- Structure and funding of the Australian healthcare system, interface between private and public health services
- State department of Health, Department of Veterans Affairs, Medicare Australia, Workcover Authority
- Medical Board of Australia — registration, professional performance, conduct and health assessment and monitoring relevant under the *Health Practitioner Regulation National Law Act 2009*
- Provider and Prescriber numbers
- Prescribing — Pharmaceutical Benefits Scheme, authority prescriptions, Therapeutic Guidelines
- Doctor's Bag legal requirements relating to S8 prescribing, Drugs of Dependence
- Referral System — pathology, radiology, other specialists, allied health services, hospital emergency departments, Ambulance Service, community services, local support groups. The employer should provide a list of service providers and their contact details
- Other contact phone numbers — supervisors, interpreter service, drugs and poisons information service.

Orientation to the Hospital/Practice

- Policy and Procedures Manual — including infection control, patient confidentiality, clinical records, complaint processes
- IT systems e.g. prescribing, pathology and radiology ordering and reporting
- Australian Medical Association (AMA), specialist colleges, Postgraduate Medical Council
- Infection control
- Occupational health and safety

Orientation to legislation and professional practice

- Legislative framework governing practice in state or territory, including the Coroner's Act
- Litigation and indemnity
- Patient rights and responsibilities, patient complaints

- Patient consent and adolescent autonomy
- Access to health/medical records
- Organ transplantation

Professional development

- Medical education and training, and access to clinical publications
- Therapeutic Guidelines, Australian Medicines Handbook, RACGP Guidelines, Cochrane Database

Cultural diversity and social context of care

- Cultural awareness and respect
- Australian society, including multiculturalism, the status of women, children and the elderly
- Aboriginal and Torres Strait Islander culture
- Suspected child abuse and domestic violence
- Drug seeking patient
- Doctor / patient relationship

Other topics included in initial orientation:

