

Consultation

17 November 2014

Public consultation on the draft revised *Guidelines – Supervised practice for international medical graduates*

Summary

This public consultation paper seeks feedback on the draft revised *Guidelines – Supervised practice for international medical graduates*.

The Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), empowers the National Boards to develop and approve codes and guidelines to guide the professions.

The National Law requires the Boards to ensure there is wide-ranging consultation on the content of any proposed code or guideline.

Background

The Medical Board of Australia's (the Board's) current *Guidelines - Supervised practice for limited registration* provide guidance for medical practitioners with limited registration and their supervisors on the Board's expectations of supervised practice for limited registration.

The guidelines include templates for:

- supervised practice plan and principal supervisor's agreement
- orientation report
- work performance report.

The Board has committed to reviewing its standards, codes and guidelines regularly.

This review comes at an opportune time. The Board made changes to the competent authority pathway which became effective on 1 July 2014. Under the changes, international medical graduates (IMGs) on this pathway now apply for provisional registration, rather than limited registration. These IMGs are still required to complete 12 months of supervised practice before being eligible to apply for general registration. The review enables the guidelines to be updated to include supervision arrangements for all IMGs who have not been granted general registration. These guidelines will apply to IMGs with:

- limited registration
- provisional registration via the competent authority pathway
- provisional registration via the standard pathway (i.e. after being awarded the Australian Medical Council certificate).

The guidelines have been revised to improve clarity and changes have been proposed where the Board has received feedback that clearer guidance was needed. The revisions to the guidelines prescribe requirements for supervision for IMGs but also aim to be flexible where this is safe. The guidelines also acknowledge that different structures exist in different settings. For example, supervision in a tertiary public hospital is different to that in rural general practice. They allow individuals to propose other arrangements for the Board's consideration. Additional public protections are also proposed including an online education module for supervisors.

A summary of the key changes is provided (Attachment A).

If the revised guidelines are approved, an implementation plan will be outlined to clarify the supervision requirements of current registrants during the transition to the new supervision requirements.

Issues for consultation

The Board is interested in your feedback on the draft guidelines.

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)*?

Please provide written submissions by email, marked 'Consultation – Guidelines - Supervised practice for international medical graduates' to medboardconsultation@ahpra.gov.au by close of business **30 January 2015**.

Please send submissions in Word format so that we can conform to W3C's Web Content Accessibility Guidelines 2.0 when we publish submissions.

Submissions by post should be addressed to the Executive Officer, Medical, AHPRA, GPO Box 9958, Melbourne 3001.

How your submission will be treated

The Boards and AHPRA publish submissions on their websites to encourage discussion and inform the community and stakeholders. We will not place on our websites, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the consultation. Before publication, we may remove personally identifying information from submissions.

The views expressed in the submissions to this consultation are those of the individuals or organisations who submit them. Their publication does not imply any acceptance of, or agreement with, these views by the Board.

The Boards also accept submissions made in confidence. These will not be published on the website or elsewhere. Submissions may be confidential because they include personal or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982* (Cth), which has provisions designed to protect personal information and information given in confidence.

Please let us know if you do not want us to publish your submission, or want us to treat all or part of it as confidential.

All submissions will be distributed to Board members, AHPRA staff and contractors. These people will use the feedback in the submissions to review and revise the guidelines. If the submissions were made confidentially, they will keep them confidential.

Attachments

Attachment A - Summary of key changes

Attachment B - Draft revised *Guidelines - Supervised practice for international medical graduates*

Attachment C - Statement of Assessment against AHPRA's Procedures for development of registration standards, codes and guidelines and COAG Principles for best practice regulation

Attachment A

The following table of key changes to the guidelines has been developed to assist stakeholders.

| Section | Current guidelines | Proposed change | Rationale |
|--|---|--|---|
| Guidelines apply to | Limited registrants | IMGs with limited or provisional registration | This proposed change takes into consideration changes to the competent authority pathway. It provides applicants for provisional registration, their supervisors and the Board with greater certainty around supervision requirements. |
| Approval of supervisors | Supervisors must be approved by the Board (with exemptions) | Revised to be clearer when co-supervisors must be approved by the Board | The current guidelines do not clearly distinguish between different types of co-supervisors, nor do they allow for a supervisor's temporary absence. |
| Requirements for supervisors | Specified | Additional requirements: <ul style="list-style-type: none"> • minimum three years full time equivalent practice in Australia with general and/or specialist registration • satisfactory completion of online education and assessment module | The proposal to require a minimum amount of practice in Australia is to ensure that the supervisor has the knowledge and experience to adequately orientate the IMG to the Australian health care system. Requiring completion of an education module will assist supervisors to understand their role and responsibilities when supervising IMGs. An online module provides easy access and flexibility for supervisors to complete at a convenient location and time. |
| Requirements for positions in general practice | Not specified | Practice must be accredited to <i>RACGP Standards for General Practice (4th edition)</i> | Proposed changes to ensure that practices meet minimum standards. Note that this is separate to accreditation of the training post against RACGP and/or ACRRM standards for general practice education and training. Accreditation for general practice education and training is not a requirement of these supervision guidelines. |
| Audit | Not specified | IMG and supervisor may be audited for compliance | Provides for the Board to audit compliance if required and has been included as feedback to the Board suggests that there is variable compliance with supervision requirements for IMGs. |
| Supervisor to IMG ratio | No more than four IMGs per supervisor | Additional limits on supervision of level one IMGs | This change acknowledges that level one IMGs require more close supervision and time commitment by the supervisor. |

| | | | |
|--|--|--|---|
| Determining level of supervision | Lists factors that Board considers when determining level of supervision | Additional factors added: <ul style="list-style-type: none"> • IMG's recent practice and scope of that practice • the position level for hospital positions • recommendations from a pre-employment structured clinical interview (PESCI) | Requiring consideration of IMG's recent practice will help ensure that the IMG is safe to practise in the position. A practitioner who has not practised for some time may require a higher level of supervision to ensure safe practice. Feedback has been received that it is not clear why the Board may require a different level of supervision than that recommended in a PESCI. Adding PESCI to the list of factors for consideration makes it explicit that the results of a PESCI is one of a range of factors that the Board considers when deciding on the level of supervision. |
| Supervision levels – requirement for IMG to consult supervisor about the patient | Frequency/ interval not specified | Specifies when IMG must consult their supervisor for level one and two supervision | The current guidelines do not specify <i>when</i> an IMG on level one or two must consult their supervisor. The supervisor is responsible for the patient of an IMG on level one (responsibility is shared between supervisor and IMG for level two). The change is proposed to make the requirements explicit and to ensure the IMG is practising safely and there are safeguards for patients. |
| Supervision level – level two | Supervision must be primarily in person. | Defines 'primarily' as 80% of the time. | Feedback was received that 'primarily' was not helpful and stakeholders requested more guidance. |
| Supervision in hospital based positions | Specified | Reworded to make requirements clearer | The rewording allows for flexibility of supervision requirements in the hospital environment rather than levels 1 – 4 and reflects the additional safeguards and structures that are in place in the hospital environment. |
| Supervision for on-call, after hours and locum services | Referenced in level three and four supervision only | Specifies requirements for IMGs on all supervision levels | The change allows for IMGs to work after hours provided they can comply with their supervision arrangements. On-call, locum and offsite services are permitted based on the IMG's level of supervision. |
| Process to change supervision levels | Not specified | Process outlined | The additional section is proposed because feedback was received that it is not clear how supervision levels are changed by the Board and how an IMG can request a change in their supervision level. |
| Reporting requirements | Specified | Reworded to make requirements clearer | The rewording makes it clearer which reports are required and when. No additional reporting requirements are proposed. |

Draft Guidelines

November 2014

Supervised practice for international medical graduates

1. Scope

These guidelines apply to the registration of international medical graduates (IMGs) who are granted limited registration or provisional registration under the Health Practitioner Regulation National Law as in force in each state and territory (the National Law).

All IMGs who are granted limited registration or provisional registration must be supervised. Supervision remains a requirement of registration for the duration of the IMG's limited or provisional registration.

These guidelines do not apply to Australian and New Zealand graduates with provisional registration (interns) who undertake a period of supervised practice in an accredited intern position. The supervision requirements for interns are specified in the National Internship Framework.

2. Purpose of supervision

Supervision provides assurance to the Medical Board of Australia (the Board) and the community that the practice of the medical practitioner with limited or provisional registration is safe and is not putting the public at risk.

Supervision also monitors and supports the IMG throughout the period of limited or provisional registration. The supervision introduces and promotes a culture of continuous learning and professional development.

Formal supervision processes monitor and assess the IMG's performance, within a structured framework. Performance review and feedback are important components 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 knowledge, skills and professionalism.

In deciding the level of supervision that is necessary, the Board will take into consideration a range of factors that include the:

- specific position that the IMG has been offered, including the level of risk of the position
- context of the practice
- supports available, and
- qualifications, training and experience of the IMG.

During the period of limited or provisional registration, the Board will approve a principal supervisor as well as co-supervisor(s) depending on the employment arrangements.

At the end of the period of limited or provisional registration granted, and after considering the work performance reports provided by the supervisors, the Board will determine whether the IMG is suitable for ongoing registration.

3. Principles of supervision

- 3.1 The supervision arrangements that have been approved by the Board must be in place at all times when the IMG is practising. An IMG must not practise if the approved supervision arrangements cannot be met.
- 3.2 These guidelines prescribe requirements for supervision for IMGs but also aim to be flexible where this is safe. They allow individuals to make a case to the Board if they are proposing arrangements that do not fit with the guidelines. The Board will consider each proposal on its individual merits and will only approve arrangements that it considers to be safe.

The guidelines also acknowledge that different settings have different structures in place. For example, supervision in a tertiary public hospital is different to that in rural general practice.

3.3 Principal supervisor

All IMGs will have a principal supervisor.

The principal supervisor:

- is approved by the Board
- oversees the supervision of each IMG
- should nominate one or more co-supervisors when applying to be the principal supervisor
If a co-supervisor cannot be appointed in advance, the principal supervisor must inform the Board of the arrangements that will be made when the principal supervisor is absent. For example, to cover sick leave or annual leave.
- is responsible for ensuring adequate supervision of the IMG (regardless of whether co-supervisors have been appointed or nominated to supervise the day-to-day practice of the IMG)
- who delegates supervision is responsible for ensuring that any co-supervisor(s) (including term co-supervisors and temporary co-supervisors) meet the requirements of these guidelines and have the necessary skills and experience to provide supervision
- must agree in writing to provide supervision as prescribed by the Board for the duration of the period of registration or until changed by the Board
- provides reports to the Board about the IMG's work performance.

3.4 Co-supervisors

Co-supervisors supervise the IMG when the principal supervisor is not available. It is usual for one or more co-supervisors to be appointed.

Co-supervisors:

- are approved by the Board (see next section for exceptions)
- must meet the requirements set in these guidelines
- who regularly share supervision of the IMG with the principal supervisor should be included in the *Supervised practice plan and supervisor's agreement*
- must agree in writing to provide supervision as prescribed by the Board for the duration of the period of registration or until changed by the Board
- together with the principal supervisor, provide reports to the Board about the IMG's work performance.

Board approval of co-supervisors is not required:

- in the hospital setting where a Director of Medical Services (DMS) or Director of Clinical Training (DCT) (or equivalent) has been appointed as a principal supervisor. The DMS or DCT can appoint **term co-supervisor(s)**. The term co-supervisors are delegated the day-to-day supervision of the IMG.

- in the case of a temporary unplanned absence, for example, due to the supervisor's illness. The principal supervisor can delegate supervision temporarily (less than four weeks) to a **temporary co-supervisor** without Board approval.

If the principal supervisor is to be absent for four or more consecutive weeks, a co-supervisor must be approved by the Board.

3.5 Requirements for all supervisors

All supervisors, including principal supervisors, co-supervisors, term co-supervisors and temporary co-supervisors:

- should have specialist registration

If the proposed supervisor has general registration, not specialist registration, they must provide an explanation to the Board about their training and experience and why they are suitable to be a supervisor. A medical practitioner with limited or provisional registration cannot be appointed as an IMG's supervisor.
- must be appropriately qualified, preferably in the same field of medicine as the position proposed for the IMG

If the proposed supervisor is not qualified in the same field of medicine as the proposed position for the IMG, they must provide an explanation to the Board 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.
- should have minimum three years full time equivalent practice with general and/or specialist registration in Australia

If the proposed supervisor does not have three years full time equivalent experience with general and/or specialist registration in Australia, they must provide an explanation to the Board why they are suitable to be a supervisor.
- must satisfactorily complete the Board's online education and assessment module on these guidelines, to ensure that they understand their roles and responsibilities as a supervisor. Supervisors must repeat the module at intervals determined by the Board.¹
- must not have conditions imposed on their registration or undertakings accepted by the Board as a result of health, performance or conduct issues
- must not be a relative or domestic partner of the IMG
- must not be an employee of the IMG.

The Board may take into consideration the past notification history of proposed supervisors when deciding whether or not to approve them.

The Board may not grant approval or may revoke approval for a supervisor, if it receives a notification of a serious allegation about the supervisor's health, performance or conduct.

3.6 Number of IMGs permitted per supervisor

The Board will not normally approve any practitioner (principal supervisor, co-supervisor, term co-supervisor or temporary co-supervisor) to have direct supervisory responsibility for more than four IMGs.

A supervisor who concurrently consults with (their own) patients while supervising IMGs may supervise up to one IMG on level 1 and up to three IMGs on other levels (i.e. levels 2, 3, 4), up to a maximum of four IMGs.

A supervisor who does not consult with (their own) patients while supervising IMGs may supervise up to a maximum of four IMGs (including more than one IMG on level 1 supervision).

¹ The Board's online education and assessment module is currently being developed.

Prospective supervisors who are applying to supervise more than four doctors must provide a proposal to the Board about how they will provide supervision to each registrant.

DMSs and DCTs are exempt from the restrictions on number of IMGs (see below).

3.7 Arrangements for Directors of Medical Services and Directors of Clinical Training

Recognising the supervisory structures that exist in hospitals, DMSs and DCTs (or equivalent) can be appointed as the principal supervisor and can delegate day-to-day supervision to term co-supervisors.

A DMS or DCT who appoints term co-supervisors for the day-to-day supervision of IMGs:

- can be the principal supervisor for more than four IMGs
- is responsible for ensuring that term co-supervisors meet the requirements in these guidelines
- is exempt from providing a proposal to the Board about how they will provide supervision to more than four doctors
- is exempt from providing an explanation as to why they are not qualified in the same field of medicine as the proposed position for the IMG
- is required to satisfactorily complete the Board's online education and assessment module.

4. Supervision – formal and informal

All IMGs should have both formal and informal supervision, tailored to their level of supervision and individual needs.

4.1 Formal supervision

This is regular protected time that is specifically scheduled and enables in-depth discussion 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 interactions
- discussion of difficult or unusual cases
- discussion of cultural and management issues
- medical record reviews.

The supervisor needs to be satisfied that the IMG is developing the following clinical competencies and if they have not yet achieved them fully, that the IMG's practice is being supervised sufficiently closely to ensure that they are providing safe care. The competencies include:

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

4.2 Informal supervision

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

5 Supervision responsibilities

All IMGs with provisional or limited registration must be supervised. The Board imposes specific obligations on the IMG, their supervisors and the IMG's employer.

5.1 Responsibilities of the IMG include to:

- schedule regular meetings and make all reasonable 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
- obtain approval of the Board for any proposed changes to supervision arrangements, registration conditions or requirements before they are implemented
- inform the Board if the conditions or requirements of their supervision are not being met. For example, if the supervisor is unable to provide the necessary level of supervision.

5.2 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
- ensure that approval of the Board has been obtained for any proposed changes to supervision arrangements, registration conditions or requirements before they are implemented
- inform the Board if he or she is no longer able or willing to provide supervision
- provide an orientation for the IMG and provide an orientation report to the Board three months after initial registration
- 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 when the IMG is practising, during working hours and after hours.

5.3 Responsibilities of the employer include to:

- ensure supervision is provided according to the *Supervised practice plan and 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.

6 Supervision levels

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

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

- the IMG's qualifications
- the IMG's previous experience, especially in the type of position for which the IMG has applied
- whether the IMG has practised recently and the scope of their recent practice
- the requirements of the position including the type of skills required for the position
- the position itself, including the level of risk, the location of practice and the availability of supports (other practitioners, local hospital)
- the seniority of the position for hospital positions
- recommendations from a pre-employment structured clinical interview (PESCI) (noting that the Board may require a different level of supervision than recommended in the PESCI).

6.2 Supervision in general practice positions

The Board will only approve IMGs with limited or provisional registration to work in general practice if that practice has been accredited to the *RACGP Standards for General Practices (4th edition)*.²

The Board will decide on one of the following supervision levels for IMGs working in general practice.

Level 1 supervision

The supervisor takes direct and principal responsibility for each individual patient.

- a) The supervisor must be physically present at the workplace at all times when the IMG is providing clinical care.
- b) The IMG must consult their supervisor about the management of all patients at the time of the consultation and before the patient leaves the practice.
- c) Supervision via telephone contact or other telecommunications is not permitted.

Level 2 supervision

The supervisor shares with the IMG, responsibility for each individual patient. The supervisor must ensure 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 on a daily basis about the management of individual patients.
- b) Supervision must be primarily in person - the supervisor must be physically present at the workplace a minimum of 80% of the time that the IMG is practising. Where the supervisor is not physically present, they must always be accessible by telephone.

² Note that this is accreditation of the practice by an independent accreditation agency (Australian General Practice Accreditation Limited (AGPAL) or GPA ACCREDITATION *plus*). This is separate to accreditation of the training post against RACGP and/or ACRRM standards for general practice education and training. Accreditation for general practice education and training is not a requirement of these supervision guidelines.

Level 3 supervision

The IMG takes primary responsibility for each individual patient.

- a) The supervisor must ensure that there are mechanisms in place for monitoring whether the IMG is practising safely.
- b) The IMG is permitted to work alone provided that the supervisor is contactable by telephone.

Level 4 supervision

The IMG takes full responsibility for each individual patient.

- a) The supervisor must oversee the IMG's practice.
- b) The supervisor must be available for consultation if the IMG requires assistance.
- c) The supervisor must periodically conduct a review of the IMG's practice.

6.3 Supervision in hospital-based positions

The supervision levels described above are suited to the general practice environment. However, it may be more appropriate to use the existing hospital supervision structures and protocols for hospital-based positions. If the levels above do not correspond to the proposed level of supervision for a hospital-based position, the Board will consider other supervision structures.

6.4 Supervision for on-call, after hours and locum services

An IMG may provide after hours services at their approved workplace if supervision is provided by an approved co-supervisor, term co-supervisor or temporary co-supervisor and they can comply with the supervision requirements approved by the Board. For example, an IMG in a hospital based position on level one supervision may be rostered for after hours services in the hospital if their supervisor (principal supervisor or co-supervisor) is also physically present at the workplace and is available to consult about the management of all patients at all times when the IMG is providing clinical care.

An IMG on level one or two supervision is not permitted to provide on-call, locum services or offsite (home visits).

An IMG on level three or four supervision is permitted to do on-call, locum and offsite (home) visits providing they comply with their supervision arrangements.

An IMG may work overtime or additional shifts provided they can comply with their supervision arrangements.

6.5 Changing supervision levels

The Board may change the level of supervision that applies to an IMG's practice at any time during the period of limited or provisional registration.

The Board will review the work performance report which is submitted after the three month initial registration period. Based on the supervisor's report, the Board may direct that supervision continues at the specified level or may change the supervision level.

The level of supervision that applies may also be reviewed at any time during the period of supervised practice, at the request of the IMG. To request a change of supervision level, the IMG must make a request to the Board in writing.

7 Reporting requirements

The Board requires supervisors to provide regular work performance reports regarding the IMGs that they are supervising.

The work performance reports should be completed and signed jointly by the principal supervisor and any co-supervisors responsible for direct supervision during the period of supervised practice.

If there is a change of supervisor during the period of supervision, where possible, the new supervisor should consult with the exiting supervisor to inform the work performance report.

7.1 Initial three month report

At three months after initial registration supervisors must provide a report to the Board that includes:

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

7.2 At renewal of registration

After the first report at three months, a work performance report must 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 may potentially result in risk to the safety of the public.

7.3 Reporting requirements for IMGs with provisional registration

IMGs with provisional registration may be eligible for general registration at the end of 12 months supervised practice. The work reports at the end of 12 months supervised practice for these practitioners should include:

- the rotations that the IMG has been practising in, or the scope of their clinical practice
- whether or not the IMG has met the standard expected for general registration and whether they are practising at least at the level of an Australian qualified intern at the end of their intern year.

7.4 Format of reports

Reports for IMGs who are not in the specialist pathway must be in the format specified by the Board which includes an IMG self assessment for comparison with the supervisor's assessment. Templates for the orientation report and the work performance report are provided.

IMGs with limited or provisional registration who are on the specialist pathway should follow the supervision and feedback requirements that are defined by the specialist college. The Board will accept work performance reports in the format specified by the relevant specialist college.

8 Audit of supervision requirements

IMGs and their supervisors may be audited to check compliance with the Board's supervision requirements. The IMG, their supervisors and the IMG's employer may be required to provide evidence that the IMG is practising in accordance with their level of supervision.

Supervised practice plan and supervisor's agreement for international medical graduates

Principal supervisor and co-supervisors

This supervised practice plan and supervisor's agreement form is to be completed by the supervisor and applicant for limited or provisional registration when:

1. applying for limited or provisional registration
2. seeking approval to change current supervised practice arrangements.

Completing this form:

- read and complete all sections
- ensure that all pages and required attachments are returned to AHPRA
- type or print clearly in BLOCK LETTERS.

Details of applicant/International medical graduate

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|--|--|
| Family name: | |
| First given name: | |
| Registration number (if registered): | |
| Position/title: | |
| Name of employing organisation: | |
| Locations at which the IMG will be practising: | |
| Daytime telephone number: | |
| Email address: | |

Details of proposed principal supervisor

If the proposed supervisor is not qualified in the same field of medicine as the proposed position for the IMG, please provide a written 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.

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Directors of Medical Services or Directors of Clinical Training (or equivalent) who are approved as principal supervisors and who take responsibility for appointing term co-supervisors for IMGs are exempt from this requirement, but must ensure that each term co-supervisor is qualified in the relevant field of medicine for each of the terms of the proposed position for the IMG.

| | |
|-------------------------|--|
| Family name: | |
| First given name: | |
| Registration number: | |
| Registration type: | |
| Qualifications: | |
| Position/Title: | |
| Organisation name: | |
| Organisation locations: | |
| Daytime contact number: | |
| Email address: | |

Names, registration numbers and supervision level of other registrants currently supervised by the principal supervisor.

The Board will not normally approve any practitioner to have direct supervisory responsibility for more than four doctors. Practitioners cannot be the direct supervisor for more than one IMG on level one supervision unless they do not consult with (their own) patients while supervising IMGs. Prospective supervisors who are proposing to supervise more than four doctors must provide a proposal to the Board about how they will provide supervision to each registrant.

A Director of Medical Services or Director of Clinical Training (or equivalent) who is approved as a principal supervisor, and who takes responsibility for appointing term co-supervisors, must ensure that in delegating supervision, that term co-supervisors will not supervise more than four registrants at a time. Otherwise they are required to provide a proposal to the Board about how they will provide supervision to each registrant.

| Name | Registration number | Level of supervision |
|------|---------------------|----------------------|
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Details of proposed co-supervisors

The Board expects principal supervisors to be responsible for the adequate supervision of IMGs regardless of whether co-supervisors have been nominated to supervise the day-to-day practice of IMGs. The principal supervisor is expected to sign off the supervision reports required by the Board.

One or more **co-supervisors** should also be appointed to ensure the IMG is supervised when the principal supervisor is absent. If a co-supervisor cannot be appointed in advance, the principal supervisor must inform the Board what arrangements will be made for the principal supervisor's absence, for example, for sick leave or annual leave.

A Director of Medical Services or Director of Clinical Training (or equivalent) who takes responsibility for appointing term co-supervisors may be exempt from completing this section but must confirm that any term co-supervisors appointed meet the requirements defined in the guidelines.

Details of co-supervisor 1

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|-------------------------|--|
| Family name: | |
| First given name: | |
| Registration number: | |
| Registration type: | |
| Qualifications: | |
| Position/Title: | |
| Organisation name: | |
| Organisation locations: | |
| Daytime contact number: | |
| Email address: | |

Names, registration numbers and supervision level of other registrants currently supervised by co-supervisor 1

| Name | Registration number | Level of supervision |
|------|---------------------|----------------------|
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Details of co-supervisor 2 (if applicable)

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|----------------------|--|
| Family name: | |
| First given name: | |
| Registration number: | |
| Registration type: | |
| Qualifications: | |

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|-------------------------|--|
| Position/Title: | |
| Organisation name: | |
| Organisation locations: | |
| Daytime contact number: | |
| Email address: | |

Names, registration numbers and supervision level of other registrants currently supervised by co-supervisor 2

| Name | Registration number | Level of supervision |
|------|---------------------|----------------------|
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Details of co-supervisor 3 (if applicable)

| | |
|-------------------------|--|
| Family name: | |
| First given name: | |
| Registration number: | |
| Registration type: | |
| Qualifications: | |
| Position/Title: | |
| Organisation name: | |
| Organisation locations: | |
| Daytime contact number: | |
| Email address: | |

Names, registration numbers and supervision level of other registrants currently supervised by co-supervisor 3

| Name | Registration number | Level of supervision |
|------|---------------------|----------------------|
| | | |
| | | |
| | | |
| | | |

The proposed supervised practice plan

ALL SECTIONS MUST BE COMPLETED

Please ensure the details of the supervised practice plan are completed by the principal supervisor together with the IMG.

Use the space below or attach your own supervised practice plan which includes these elements.

Learning objectives and recommended training/further professional development

Frequency of meetings with principal supervisor and type of meetings

e.g. face to face, teleconference etc

Availability of co-supervisors for assistance. How will the IMG seek assistance?

e.g. face to face, telephone etc.

How will the IMG's performance be assessed?

e.g. direct observation of practice, medical record reviews, case reviews etc.

Signatures

Applicant/IMG:  _____ Date: _____

Print name: _____

Principal supervisor:  _____ Date: _____

Print name: _____

Co-supervisor (1):  _____ Date: _____

Print name: _____

Co-supervisor (2):  _____ Date: _____

Print name: _____

Co-supervisor (3):  _____ Date: _____

Print name: _____

Principal supervisor's agreement

I agree to be the principal supervisor of (name of IMG) _____

I confirm that I can provide the following levels of supervision. I understand that the level of supervision will be determined by the Board.

✓ Please mark the relevant boxes

Refer to the **Guidelines: Supervised practice for international medical graduates** for a full description for each level of supervision.

- Level 1** – the supervisor takes direct and principal responsibility for each individual patient
- Level 2** – the supervisor shares with the IMG responsibility for each individual patient
- Level 3** – the IMG takes primary responsibility for each individual patient
- Level 4** – the IMG takes full responsibility for each individual patient

If the above levels do not correspond to the proposed level of supervision for a hospital based position, describe the level of supervision and supervision structures.

I further agree to:

1. ensure as far as possible, that the IMG is practising safely and is not placing the public at risk
2. observe the IMG's work (or where applicable, delegate the observation of day-to-day work to appropriately qualified co-supervisors), conduct case reviews, periodically conduct performance reviews and address any problems that are identified
3. ensure that any **term co-supervisors** that I appoint meet the requirements set in the Board's guidelines (this is only applicable to Directors of Medical Services or Directors of Clinical Training (or equivalent) in a hospital setting)
4. ensure before I delegate supervision to a **temporary co-supervisor**, that he/she has general and/or specialist registration and is appropriately experienced to provide the supervision
5. notify the Board immediately if I have concerns about the IMG's clinical performance, health or conduct or if the IMG fails to comply with conditions, undertakings or requirements of registration
6. ensure that the IMG practises in accordance with work arrangements approved by the Board
7. ensure that Board approval has been obtained for any proposed changes to supervision or work arrangements before they are implemented
8. inform the Board if I am no longer able or willing to undertake the role of the IMG's supervisor
9. provide reports to the Board in a form approved by the Board including an orientation report and a work performance report after three months initial registration and work performance reports at renewal or new application or at subsequent intervals as determined by the Board.

Principal supervisor:  _____ Date: _____

Print name: _____

Post the completed *Supervised practice plan and supervisor's agreement* with the IMG's application form for limited or provisional registration to:

Mail: AHPRA
GPO Box 9958
In your capital city

In person: Attend your local state or territory AHPRA office

Orientation report for international medical graduates

The international medical graduate and the supervisor complete this orientation report

1. after the first three months of initial registration, and
2. in addition to a work performance report.

Completing this form:

- read and complete all sections
- ensure that all pages are returned to AHPRA
- type or print clearly in BLOCK LETTERS
- ✓ mark off each section when covered

Details of international medical graduate

| | |
|---------------------------------------|--|
| Name of IMG: | |
| Registration number: | |
| Dated commenced in approved position: | |

Orientation report

Medical practitioners 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 as in force in each state and territory
- Australian Medical Association (AMA), Specialist colleges, Postgraduate Medical Councils
- 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
- 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, relevant college 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:

Signatures

IMG:  _____ Date: _____

Print name: _____

Principal supervisor:  _____ Date: _____

Print name: _____

If relevant, co-supervisor's signatures

Co-supervisor (1):  _____ Date: _____

Print name: _____

Co-supervisor (2):  _____ Date: _____

Print name: _____

Co-supervisor (3):  _____ Date: _____

Print name: _____



Work performance report for international medical graduates with limited or provisional registration

This form is to be completed by the international medical graduate (IMG) with limited or provisional registration and their Board approved supervisors at intervals as specified by the Board. This is usually at three months after initial registration and then at renewal of registration or new application (usually annually).

Completing this form:

- read and complete all sections
- ensure that all pages and required attachments are returned to AHPRA
- type or print clearly in BLOCK LETTERS.

Instructions for the international medical graduate

- You should complete this form first. This enables you to identify your strengths and areas for further improvement.
- Using the appraisal criteria (1- 4) at the top of the columns, complete the form by **initialing** each 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 principal supervisor and co-supervisors. At the end of the feedback session, sign the form before sending it to the Board.

Instructions for the principal supervisor

- Consult the appraisal criteria (1- 4) at the top of the columns and **initial** the appropriate 'supervisor' box which best describes the performance of this IMG. Consider input from 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 and 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 agreed 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 and the form must be sent to AHPRA.

Performance

Initial the box under each appraisal criteria (1- 4) that best describes the IMG's performance. There are four domains; clinical management, communication, professionalism and safe practice.

| Clinical management | | 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 |
| Obtains and documents a comprehensive patient history | Registrant | | | | |
| | Supervisor | | | | |
| Performs and documents appropriate physical examination | Registrant | | | | |
| | Supervisor | | | | |
| Critically assesses information, identifies major issues, makes timely and appropriate decisions and acts upon them | Registrant | | | | |
| | Supervisor | | | | |
| Requests, follows up and interprets appropriate investigations and revises management plans as necessary | Registrant | | | | |
| | Supervisor | | | | |
| Recognises and manages appropriately emergencies that arise when managing patients | Registrant | | | | |
| | Supervisor | | | | |
| Plans appropriately for the discharge of patients (where relevant) including completing a discharge summary satisfactorily | Registrant | | | | |
| | Supervisor | | | | |
| Performs procedures safely and within his/her competence and defined scope of practice | Registrant | | | | |
| | Supervisor | | | | |
| Additional comments (optional): | | | | | |

| Communication | | 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 |
| Communicates effectively with patients and their families | Registrant | | | | |
| | Supervisor | | | | |
| Uses interpreters where necessary | Registrant | | | | |
| | Supervisor | | | | |
| Communicates effectively with other members of the health care team | Registrant | | | | |
| | Supervisor | | | | |
| Communicates effectively with professional colleagues. This includes communication with general practitioners for the handover, referral and transfer of patients | Registrant | | | | |
| | Supervisor | | | | |
| Clearly documents patient care, maintains complete and timely medical records /progress reports | Registrant | | | | |
| | Supervisor | | | | |
| Additional comments (optional): | | | | | |

| Professionalism | | 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 |
| Shows compassion for patients and sensitivity to their culture, ethnicity and spiritual issues | Registrant | | | | |
| | Supervisor | | | | |
| Exhibits high standards of moral and ethical behaviour towards patients, families and colleagues including an awareness of appropriate doctor/patient boundaries | Registrant | | | | |
| | Supervisor | | | | |
| Able to recognise limitations in his/her practice and request assistance when necessary | Registrant | | | | |
| | Supervisor | | | | |
| Shows honesty at all times in their work, puts patient welfare ahead of personal consideration and accepts responsibility for own actions | Registrant | | | | |
| | Supervisor | | | | |
| Known the limits of own competence and functions within those capabilities, seeks advice and assistance when appropriate, accepts feedback | Registrant | | | | |
| | Supervisor | | | | |
| Shows a resourceful attitude towards continuing education to enhance quality of care; participates actively in a CPD program | Registrant | | | | |
| | Supervisor | | | | |
| Additional comments (optional): | | | | | |

| Safe practice | | 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 |
| Demonstrates knowledge of common therapeutic agents, uses, dosages, adverse effects and potential drug interactions and ability to prescribe safely | Registrant | | | | |
| | Supervisor | | | | |
| Demonstrates knowledge of infection control principles, and safe practice in relation to blood borne infections, in patient care | Registrant | | | | |
| | Supervisor | | | | |
| Recognises and correctly reports adverse incidents | Registrant | | | | |
| | Supervisor | | | | |
| Additional comments (optional): | | | | | |

DRAFT

Comments and future development plans

Strengths

| |
|--|
| |
|--|

Areas for development

| |
|--|
| |
|--|

List the issues to be addressed – i.e. areas for development

The principal supervisor **must** complete this section

| Issue | Actions/tasks to address issue (including time frame) | Review date |
|-------|--|-------------|
| | | |
| | | |
| | | |

Recommendations (to be completed by principal supervisor)

Is the IMG suitable for ongoing registration? Yes No

Do you recommend a change to the IMG's level of supervision? Yes No NA

What level of supervision would you consider appropriate? _____

Note: the level of supervision will be determined by the Board.

Signatures

IMG:  _____ Date: _____

Print name: _____

Principal supervisor:  _____ Date: _____

Print name: _____

If relevant, co-supervisor's signatures

Co-supervisor (1):  _____ Date: _____

Print name: _____

Co-supervisor (2):  _____ Date: _____

Print name: _____

Co-supervisor (3):  _____ Date: _____

Print name: _____

Statement of assessment

Medical Board of Australia's Statement of assessment against AHPRA's procedures for development of registration standards, codes and guidelines & COAG Principles for best practice regulation

The Australian Health Practitioner Regulation Agency (AHPRA) has *Procedures for the Development of Registration Standards* which are available at: www.ahpra.gov.au

These procedures have been developed by AHPRA in accordance with section 25 of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law) which requires AHPRA to establish procedures for the purpose of ensuring that the National Registration and Accreditation Scheme operates in accordance with good regulatory practice.

Below is the Medical Board of Australia's (the Board) assessment of its preliminary consultation draft *Guidelines – Supervised practice for international medical graduates* against the three elements outlined in the AHPRA procedures.

1. The proposal takes into account the National Scheme's objectives and guiding principles set out in section 3 of the National Law

Board assessment

The Board considers the draft *Guidelines – Supervised practice for international medical graduates* meet the objectives and guiding principles of the National Law.

The draft Guidelines support the objective of protecting the public by ensuring that international medical graduates (IMGs) with limited registration or provisional registration are appropriately supervised and are practising safely. They facilitate access to services in accordance with the public interest by enabling IMGs to work, where they otherwise wouldn't if supervision was not provided.

The draft Guidelines facilitate rigorous and responsive assessment of IMGs as the supervisor can identify any issues and take immediate action.

The draft Guidelines facilitate the provision of high quality education and training of IMGs via the supervision and training requirements of the required period of supervised practice.

2. The consultation requirements of the National Law are met

Board assessment

The National Law requires wide-ranging consultation on proposed registration standards, codes and guidelines (section 40). The National Law also requires the Board to consult other boards on matters of shared interest.

Following a period of confidential preliminary consultation with key stakeholders, the Board will ensure that there is public exposure of its proposals and the opportunity for public comment by undertaking an eight week public consultation process. The process will include the publication of the consultation paper (and attachments) on its website. An article will be published in the Board's electronic newsletter inviting

submissions. The e-newsletter is emailed to more than 95% of registered medical practitioners and other interested stakeholders.

The Board will also draw this paper to the attention of the 13 other National Boards, and other key stakeholders.

The Board will take into account the feedback it receives when finalising the Guidelines prior to approval by the Board.

3. The proposal takes into account the COAG Principles for Best Practice Regulation

Board assessment

In developing the draft proposal for consultation, the Board has taken into account the Council of Australian Governments (COAG) *Principles for Best Practice Regulation*.

As an overall statement, the Board has taken care not to propose unnecessary regulatory burdens that would create unjustified costs for the profession or the community.

The Board makes the following assessment specific to each of the COAG principles expressed in the AHPRA procedures.

A. Whether the proposal is the best option for achieving the proposal's stated purpose and protection of the public

Board assessment

Supervision is a requirement for all IMGs who are granted limited or provisional registration to practise in Australia. Supervision provides assurance to the Board and the community that the registrant's practice is safe.

The Board's current *Guidelines for supervised practice for limited registration* provide guidance for IMGs with limited registration and their supervisors. The proposed revised guidelines will be expanded to ensure that there is guidance for the supervision for all IMGs who do not have general registration. This includes medical practitioners with limited registration and medical practitioners with provisional registration.

The draft Guidelines are necessary to ensure that the IMGs and the supervisors are aware of their responsibilities.

Guidelines are the least restrictive regulatory option but can be used by the Board in proceedings as evidence of what constitutes appropriate professional conduct or practice.

B. Whether the proposal results in an unnecessary restriction of competition among health practitioners

Board assessment

The Board considers that these draft Guidelines will not result in restriction of competition among medical practitioners. Supervised practice enables IMGs to commence practice in Australia under an appropriate level of supervision. The same guidelines will apply to all IMGs.

C. Whether the proposal results in an unnecessary restriction of consumer choice

Board assessment

The Board considers that the draft Guidelines will not restrict consumer choice, but in fact will provide for consumer choice by facilitating access to an IMG workforce that would otherwise not be able to work if supervision was not provided and the Board did not register these medical practitioners.

D. Whether the overall costs of the proposal to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved

Board assessment

The Board considers the possible costs of the draft revised Guidelines to members of the public, registrants and governments will be minimal (compared with the existing Guidelines). All IMGs currently practising are required to be supervised. The level of supervision is determined for each individual IMG on the basis of the IMG's training and experience, as well as on the level of risk inherent to the position in which the IMG will be

practising. The Board's current supervision guidelines provide guidance for limited registrants and their supervisors and include templates for their supervision plan and work performance reports. The revised draft Guidelines ensure that they will apply to all IMGs including those who are granted provisional registration.

The main costs associated with the Guidelines are largely administrative – for the IMG and their supervisor in completing the reporting requirements and for the Board and AHPRA in ensuring that the supervision requirements are being met. The revised guidelines do not change the administrative requirements that are currently in place.

The Board considers that the possible costs are reasonable when considered in relation to the role of these draft Guidelines in ensuring safe practice by IMGs.

E. Whether the requirements are clearly stated using 'plain language' to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by registrants

Board assessment

In revising the existing guidelines, the Board has taken into consideration feedback received indicating that some elements of the guidelines could be clearer. These sections have been revised and reworded.

The Board considers that the draft revised Guidelines have been written in plain English that will enable IMGs, their supervisors, their employers and the public to understand the Board's requirements for supervision of IMGs.

F. Whether the Board has procedures in place to ensure that the proposed registration standard, code or guideline remains relevant and effective over time

Board assessment

The Board will review approved guidelines within three to five years, including assessment against the objectives and guiding principles in the National Law and the COAG principles for best practice regulation.

However, the Board may choose to review guidelines at an earlier point in time, if it is necessary to ensure the guideline's continued relevance and workability.