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9<sup>th</sup> January 2015

Dear Sirs

**Re: Consultation – Guidelines – Supervised practice for International Medical Graduates (“IMGs”)**

I refer to the abovementioned guidelines on which the Medical Board of Australia is seeking public comment.

Our comments are attached.

Thank you for the opportunity to comment on the draft guidelines.

Yours sincerely



Michael Chalk  
CEO

Ref: \\unicare\users\Michael.Chalk\My Documents\Human Resources\Medical Board\Work 15\comments on draft guidelines relating to IMG supervision - Jan 2015.docx

### **Guideline 3.5 – requirements for all supervisors**

The guidelines states that all supervisors 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.

#### *Comment*

Consideration be given to include a grandfather clause which would exempt existing experienced supervisors from having to complete the online module.

### **Guideline 3.6 – Number of IMGs permitted per supervisor**

The guideline state that the Board will not normally approve any practitioner to have direct supervisory responsibility for more than 4 IMGs.

#### *Comment*

Consideration be given to increase the number beyond 4 in those circumstances where the appointed supervisor’s position description includes specific responsibility for supervising IMGs and specific time is set aside for such supervision (ie such time is separate to the supervisor’s normal patient consultation time).

### **Guideline 6.2 – Supervision in general practice positions**

The guidelines state the practice at which the IMG is working needs to be accredited to the RACGP Standards for General practices (4<sup>th</sup> edition).

#### *Comment*

This will be problematical for new practices (which cannot be accredited for 12 months after opening). New practices can however obtain provisional accreditation in their first 12 months of opening. We suggest that consideration be given to exempting new practices in their first 12 months of opening providing that they have obtained provisional accreditation.

### **Guideline 6.2 – Supervision in general practice positions – Level 1 supervision**

The guidelines state that 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.

#### *Comment*

This is impractical. The supervisor is already required to be physically present at the workplace at all times when the IMG is providing clinical care. Requiring the IMG to consult with the supervisor at the time of each consultation will severely limit the current capacity of supervisors to supervise Level 1 IMGs. We would suggest that the IMG be required, as a minimum, to consult with the supervisor at the end of each half day consulting session (and not at each consult).

### **Guideline 6.4 – Supervision for on-call, after hours and locum services**

The guidelines state that an IMG on level 1 or level 2 supervision is not permitted to provide on-call, locum services or offsite (home services).

*Comment*

This could be difficult for country/rural based practices. We suggest that consideration be given for exempting IMGs on level 2 supervision at country/rural based practices from this requirement.