



Executive Officer
Medical, AHPRA
GPO Box 9958
Melbourne 3001

30 January 2015

Dear Executive Officer,

Re: Consultation – Guidelines – Supervised practice for international medical graduates.

The Postgraduate Medical Council of Victoria (PMCV) thanks you for the opportunity to provide feedback on this consultation.

In regard the specific issues identified for consultation, the PMCV would like to submit the following feedback on the draft guidelines:

1. Are the proposed restrictions on the number of IMGs a supervisor can supervise reasonable?

There is a difference between clinical supervision and other duties which frequently fall to the principal supervisor, such as knowledge of the AMC processes, facilitating the development of cultural and language competence, and providing training, feedback, mentoring and advocacy which take into account the unique background of IMGs. Whilst a numerical limit is appropriate for clinical supervision, it would seem that principal supervision is more commonly limited by the time and resources available to the principal supervisor.

It is reasonable to place a limit on the number of IMG's or other provisional registrants which a clinical supervisor can simultaneously supervise adequately, however universally applying a specific number would fail to take into account the different arrangements in existence at various health services.

The clinical supervision guidelines should take into account the supervisor's other duties, including primary patient care responsibilities. The maximum number of IMGs suitable to be supervised by a principal supervisor should only be limited by the resources and time available to the principal supervisor, possibly by tying it to the EFT dedicated to supervision, or by setting a minimum amount of face-to-face time required for each IMG to spend with the principal supervisor each week or fortnight.

Supervisor training via online modules seems like a valuable plan. A written resource with contact information for appropriate MBA staff could also be provided to new principal supervisors.

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?

Levels of supervision as described are difficult to implement appropriately. There are also a number of different tiers of management including basic management such as ordering simple investigations and ordering simple medications, to complex management decisions including appropriateness for surgery or high risk treatments. The assessment of an IMG’s knowledge and abilities should inform the degree of independence allowed in management decisions.

It would seem more appropriate to describe the responsibility for different aspect of patient care and the supervisory arrangements for each.

For example:

Clinical skill	Responsibility	Supervisors
Patient assessment	IMG	Nursing staff, Allied health and Registrar staff
Patient management	Medical supervisor	Medical Registrar and Consultant
Communication	IMG and supervisor	Nursing and Allied health staff

Any assessment of the IMG should therefore incorporate comments and review by all of the supervising groups.

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)*?

IMG’s with limited or provisional registration have similar requirements in terms of supervision to interns who are also on provisional registration.

PMCV’s practice in accrediting intern positions in general practice is to consider both the supervision available and the learning opportunities for the intern. A similar standard should be applied to positions for IMG’s. There are now national standards for accreditation of intern terms upon which PMCV’s accreditation guidelines are based.

Yours Sincerely,



Dr Sean Fabri
Chair, PMCV IMG subcommittee