

30th January 2015

Dear Sir/Madam

**Re: Consultation — Guidelines – Supervised practice for international medical graduates
Medical Board of Australia**

Thank you for the opportunity to respond to the public consultation on the draft revised *Guidelines – Supervised practice for international medical graduates*.

The RACGP provides the following response to the specific questions in the issues for consultation:

- 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).**

The Royal Australian College of General Practitioners (RACGP) notes that this maximal supervision load seems reasonable. However, the RACGP would prefer that contingencies be put in place in the event of the supervisor suddenly becoming unavailable. RACGP Training Posts are required to have at least two supervisors, or acceptable off-site and on-site contingency models due to supervisor absence.

- 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?**

The RACGP agrees that this is appropriate for these levels of IMG supervision.

The RACGP has produced guidelines for *Standards for the Supervision of Prevocational Doctors in General Practice*, which are currently undergoing revision. These guidelines are highly consistent with the aims and content of the Medical Board of Australia IMG Supervision guidelines, including levels of supervision.

However, the following additions are suggested:

- A. Section 6.2 Supervision in general practice positions: the need for supervisor contingency plans

There may be situations where a supervisor may not be able to be present. If a supervisor becomes suddenly unavailable, there should be a contingency plan in place. The Medical Board may prefer to have an additional supervisor in the general practice. Normally, the RACGP would expect there to be at least two supervisors in any training post to cover this contingency. If this is unacceptable to these

guidelines, then the IMG Supervision Guidelines need to clearly state what should occur when a supervisor is unavailable.

The *RACGP Guidelines for the Supervision of Medical Students in General Practice* state for all levels of supervision:

If the supervisor is absent from the medical practice, medical practitioners with general or unconditional registration should oversee the IMG's practice.

The Medical Board may wish to have other criteria defining which doctors would be suitable replacements, but the requirement must be to have contingencies in place to ensure patient safety.

B. Section 6.2 Supervision in general practice positions: patient safety guideline

The RACGP suggests the inclusion of the following guideline for levels two, three and four:

Where there is a recurrent presentation without improvement, the patient should be reviewed by the supervisor.

This is a patient safety measure. Recurrent presentations in this context is an indicator of the potential presence of an unsafe situation. This would be unnecessary for level one supervision as the IMG is already discussing every patient with the supervisor.

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

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

While the RACGP agrees with this position, the RACGP recommends the inclusion of the following:

An IMG on level one may attend on-call, after hours, locum and home visits only as an observer to the supervisor.

An IMG on level two may provide on-call, after hours, locum services and home visit services where the supervisor is physically present. The IMG may elicit histories, examine patients in their homes only under direct supervision at all times.

The aim of this guideline would be to provide an opportunity for the supervisor to assess the performance of the IMG in these differing circumstances, prior to progressing to levels three and four. There is a need to orient the IMG doctor to on-call work, and especially home visits in the general practice setting.

- 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)*.**

Yes. This provides an additional quality assurance process for patient safety in the general practice setting.

Other comments

With regard to Attachment A.

In the draft guidelines in section 3.5, the guidelines state 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.’

The RACGP notes that it is difficult to comment on the acceptability of this guideline without viewing the contents of the program. Commenting on the interval of repetition is also difficult if the Board has not yet made a decision regarding the frequency of this.

Orientation report for international Medical Graduates

With respect to the ‘Orientation report for international medical graduates’, while the RACGP agrees with the importance of this orientation, the RACGP would like to know what the content of each of these areas of orientation should be. This becomes critical in how each of area will be assessed during an audit of supervision requirements as outlined in section three.

The RACGP also notes that many of these items could be covered in online education modules which would provide a more practical, easier and more consistent means of assessment. It would also ensure improved compliance with the requirement for IMG orientation.

We acknowledge and thank the Medical Board of Australia for the opportunity to comment on the draft guidelines.

Regards



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Chief Executive Officer