

RURAL DOCTORS ASSOCIATION OF AUSTRALIA



Submission to the Medical Board of Australia: *Public consultation on the draft revised Guidelines – Supervised practice for International Medical Graduates (IMGs).*

RDAA is a national body representing the interests of all rural medical practitioners and the communities where they live and work. Our vision for rural and remote communities is accessible and quality health services provided by a medical workforce that is numerically adequate, located within the community it serves, and which consists of doctors and other health professionals who have the necessary training and skills to meet the needs of those communities.

RDAA acknowledges the vital role played by IMGs in delivering health care services and enriching communities across Australia.

IMGs arrive in Australia with significant variability in the level of their training, experience, clinical skills and communication skills. Under current workforce policies, they are often sent to areas where they are personally, professionally and culturally isolated. Their experiences of orientation and support as they enter the Australian medical workforce are diverse.

Likewise, rural communities are diverse and have a wide range of health care needs. Given the increasing numbers of medical school graduates, our focus must change from recruiting 'any doctor' for rural practice, to addressing the current maldistribution of both doctor numbers and skill sets. Associated with this shift of priorities is the need to ensure that teaching and supervision protocols are in place so that IMGs obtain the necessary skills to be able to provide safe and high quality health care and meet the challenges and demands of rural practice.

RDAA believes that any IMG coming to work in Australia should receive the training, support, supervision and personal/family assistance they need to enable them to provide high quality medical services to the communities they serve. This includes a structured framework for supervision and support which is consistent with the framework applied to Australian-trained doctors who are not vocationally registered.

RDAA is supportive of the ongoing review of supervision requirements for IMGs. Many RDAA members have expressed concerns about the quality and level of supervision that some of these doctors currently receive. These concerns have been reinforced in a number of workforce reports and parliamentary inquiries. Safety and quality are paramount and the Medical Board of Australia's (MBA's) acknowledgement of the importance of monitoring and assessment of performance through a structured framework is welcome.

RDAA believes that the interests of rural communities would be best served if the supervision process included a higher level of independent monitoring and assessment, and less reliance on written reports provided by supervisors.

In order to build high quality supervision practices and models, supervisors should not only have the skills required to supervise but they should also clearly understand their roles and responsibilities and the accountabilities for the progress of the IMG under limited registration. RDAA supports the accreditation of IMG supervisor training programs and the maintenance of this accreditation through continuing professional development.

Supervisors of both IMGs and Australian-trained medical students and junior doctors within the rural general practice setting require adequate recognition, remuneration and

administrative support so that they are able to devote the necessary time to teaching, and secure the practice infrastructure and facilities required to accommodate registrars and students.

RDAA believes that Level 1 supervision for IMGs can be provided in the rural general practice setting, provided appropriate supervision arrangements are in place and that there is ongoing monitoring and evaluation. These arrangements should be consistent with the supervision standards for pre-vocational interns which were required under the previous Pre-Vocational General Practice Placements Program (PGPPP).

Commitment to Level 2 supervision as outlined in the draft Guidelines can also be provided in the general practice setting provided the necessary time and resources are available. RDAA would support the supervision of no more than two Level 2 doctors at any one time, although it may be possible to combine this with supervision of a Level 3 or 4 doctor.

As previously stated, RDAA's position is that IMGs should receive a level of supervision and support which is consistent with the framework applied to Australian-trained doctors who are not vocationally registered. Therefore RDAA would support the adoption of the standards set by the Australian College of Rural and Remote Medicine (ACRRM) and the Royal Australian College of General Practitioners (RACGP) for the purposes of accrediting practices for registrar training, as the accreditation requirement for general practices which are supervising IMGs. RDAA believes that accreditation using these criteria would be more relevant to IMG supervision than adoption of the RACGP Standards for General Practice (4th edition) as proposed in the draft Guidelines.

To promote high quality health care and better health outcomes for people living in rural Australia, there must be investment in support and supervision for IMGs in the general practice setting. This should include clear supervision and arrangements which are regularly monitored; appropriate accreditation for both practices and supervisors; and training and support for supervisors and practices.

For more information or clarification, please contact:

Jenny Johnson (CEO)
PO Box 3636, MANUKA ACT 2603.
Ph: 02-6239 7730; email: ceo@rdaa.com.au