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### **Consultation – Guidelines – Supervised practice for International Medical Graduates**

Thank you for the opportunity to provide comment on the consultation paper for Supervised practice for International Medical Graduates (IMG). The Rural Doctors Workforce Agency (RDWA) is funded by the State and Commonwealth Governments to recruit and retain the South Australian (SA) rural workforce. A large number of GPs recruited over the RDWA's fifteen year history are IMGs who have made a significant contribution to the health outcomes of rural South Australians.

The majority of doctors requiring supervision in rural SA are recruited through the RDWA. We have a strong working relationship with rural general practice and this has provided us with a broad knowledge and understanding of the issues that impact on their ability to provide and maintain services to our rural communities.

We have two major concerns regarding supervision of IMGs. The first is the lack of national consistency regarding the application of supervision levels for new doctors who have not previously worked in Australia, hold permanent residency and are restricted to working in a rural environment. The RDWA believes that GPs are the cornerstone of rural health services in South Australia and that it is crucial that the GP workforce is capable, competent and confident. Generally the RDWA, in assessing these candidates for rural practice, requires a minimum of 4 years of relevant GP experience. Many of the IMGs who have commenced practice in rural SA come with relevant experience from their own country, but appear to be seen almost comparable to interns given the Level 1 supervision applied. In South Australia, this group of doctors are required to do a period of Level 1 supervision, usually for a minimum of 3 months, which many practices are not willing or able to accommodate. This supervision determination does not appear to be the case in other states.

Rural SA's IMGs, some of whom have been practising for over 10 years, are now medical educators, college examiners, trainers and supervisors. If they were to apply to work in Australia now, they would be subject to Level 1 supervision and more than likely not be able to work due to the disinclination of practices to take on this burden.

In addition to this inconsistency, the proposed approach that an IMG on Level 1 must consult their Supervisor about the management of all patients before each patient leaves will be untenable for most practices in rural South Australia. This change will double the workload of the Supervisor and will only increase the number of practices no longer prepared or able to supervise Level 1 practitioners.

The second concern we have is that Section 6.4, page 12 states that an IMG on Level 2 supervision is not permitted to provide on-call, locum services or off-site (home visits). Emergency services in rural SA public hospitals are predominantly supplied by private practice GPs on a fee-for-service basis. The proposed change would have a significant impact when doctors first begin practice in rural SA as they will not be able to participate in the on call roster arrangements at the same level that they can currently.

Obtaining Level 3 supervision status can take anywhere between 3-12 months depending on the doctor. In rural SA, if a doctor commences practice on Level 1 supervision they generally do not undertake on call in the hospital system until they have achieved Level 2 supervision, with stipulations from the credentialing committee of Country Health SA Local Hospital Network (CHSALHN). Often they remain on Level 2 supervision until their renewal of registration at 12 months.

If these doctors are unable to provide any emergency/on call until Level 3 they will be unable to provide a key element of rural practice in SA for a significantly extended period of time. This will have a major impact on other doctors in the practice and on practices' willingness to employ IMGs with these restrictions. All SA rural doctors participate in Rural Emergency Skills Training Programs to ensure they are competent in the delivery of emergency medicine and on call services, and to maintain credentialing. This policy change will possibly deskill the IMG if they are unable to work as part of the emergency/on call roster for this extended period of time.

We also note that (in the covering letter (page 2, 3<sup>rd</sup> paragraph)) the revised guidelines state that if these 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. It is unclear whether this will apply to a plan being put in place for all current registrants or will only apply to registrants in the pipeline at the time of approval. If the guidelines apply to all current registrants, this will affect a large number of rural SA Supervisors and potentially the services provided by rural general practices.

The guidelines recommend (covering letter (page 2, question 3)) that IMGs on limited or provisional registration will only be able to work in practices accredited to the RACGP Standards of General Practice (4<sup>th</sup> Edition). This recommendation does not take into account other forms of practice accreditation that may be in place and will restrict the RDWA's Locum Service when allocating placements using overseas locums on limited or provisional registration. It is recommended that the current situation remain unchanged.

Finally, Section 6.2, page 11 states that Level 2 supervision requires daily consultation between the Supervisor and IMG on the management of their patients. Supervision must be primarily in person. The draft guidelines now designate this "in person supervision as 80% of the time that the IMG is practising and that the Supervisor must always be accessible by phone". To date, this has been identified purely as 'primarily be in person' without a specific percentage determined. It is unclear how this percentage could be measured.

If you would like to discuss this submission in further detail, please do not hesitate to contact Ms Angela Tridente, Director Practice Services, RDWA, on 08 8234 8277 or via email [angela.tridente@ruraldoc.com.au](mailto:angela.tridente@ruraldoc.com.au).

Yours sincerely



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