

Submission to the Medical Board of Australia: January 2015

Rural Health West values the opportunity to provide feedback on the Medical Board of Australia's revised guidelines for supervised practice for international medical graduates.

Rural Health West is the trading name for the Western Australian Centre for Remote and Rural Medicine Limited. Rural Health West is a not-for-profit, membership-based organisation overseen by a Board of Directors. As this State's rural health workforce agency, the organisation receives core funding from the Australian Government Department of Health and the Western Australian Department of Health to deliver its core business activities of recruitment and retention of the medical, dental, nursing and allied health workforce in rural and remote Western Australia.

Rural Health West provides various programs and government initiatives within the International Medical Professional Services team and the Recruitment team. The recruitment team case manages International Medical Graduates (IMGs) into a range of rural vacancies and faces the issue of working with the employers to ensure that a suitable and sustainable level of supervision is made available to the IMGs.

Rural Health West currently recruits an average of 40 IMGs to positions in rural Western Australia per year. The programs delivered by the International Medical Professional Services team are designed to support IMGs in rural general practices and Aboriginal Medical Services with a focus on achieving Australian recognised general practitioner vocational registration. These include orientation support, Additional Assistance exam support scheme, Rural Locum Relief Program (an approved 3GA training program) and Forward to Fellowship which supports continuous learning to assist IMGs to achieve Fellowship of The Royal Australian College of General Practitioners (RACGP) or the Australian College of Rural and Remote Medicine (ACRRM). The program provides candidates dedicated career navigation and Fellowship pathway support through access to relevant educational resources and a clinical and professional mentor who is an experienced regional general practitioner educator.

Following the review of the draft revised *Guidelines – Supervised practice for international medical graduates*, Rural Health West provides the following comments to the proposed questions and changes.

Answers to specific questions asked in the consultation document

Question 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 proposed restrictions on the number of IMGs a supervisor can supervise are considered to be reasonable by Rural Health West. Rural Health West believes that if a supervisor supervises too many IMGs each IMG will not receive the level of support and in-practice education that they require which in turn impacts their ability to achieve vocational registration within a reasonable timeframe, as demonstrated by many IMGs either being unprepared to enrol in the exams or failing on multiple attempts.

Rural Health West consulted with a number of rural general practitioners in regards to this submission and some issues were raised in regards to the level of supervision required for level one IMGs. Several rural general practitioners felt that this level was unsustainable in a general practice setting and if a supervisor has taken on a level one IMG then they would have little capacity to supervise others. Rural Health West recommends that if a general practitioner is supervising a level one IMG they should only support one other IMG, at either a level three or four, to allow for appropriate and consistent support to the IMGs.

Question 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?

Rural Health West has some concerns in regards to supervision required by IMGs, particularly in regards to level one supervision requirements. 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’. Rural Health West believes that while this may be appropriate in a hospital setting it is not feasible in a general practice setting as it would heavily impact on the capacity of the supervisor to see his/her own patients and given that IMGs are recruited to address workforce issues, the issue would remain unresolved. This position was supported by rural practitioners consulted by Rural Health West who felt it was excessive and would result in constant interruptions making consulting difficult for the supervisor. Rural Health West suggests a more realistic approach for a level one IMG of reviewing cases with the supervisor at the conclusion of each session.

Rural Health West does, however, agree that level two IMGs should consult with their supervisor on a daily basis, providing the IMG can recognise when and if they need to ask for assistance for individual patients.

Question 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 practices (4th edition)*?

Rural Health West acknowledges that by the Board only approving IMGs with limited or provisional requirements to work in general practice if the practice has been accredited to RACGP *Standard for general practices (4th edition)*, this would ensure some consistency and accountability as well as ensuring there is a basic level of equipment and resource materials at the practice. However Rural Health West holds some concerns about only approving accredited practices as it is currently not compulsory for Australian practices to be accredited. If it was made a requirement for practices to be accredited to supervise IMGs it could discount rural general practices that need IMGs and are otherwise suitable. Some general practices are working at the level of an accredited practice but do not have the time or funding to cover the costs associated with becoming accredited particularly in very remote areas. Rural Health West believes there should be a rigorous application process where practices must show they are capable of hosting IMGs however they should not actually need to be accredited to the RACGP *Standard for general practice (4th edition)*.

Response to changes specified in consultation document

Section	Current Guidelines	Proposed Change	Rural Health West Response
Guidelines apply to	Limited Registrants	IMGs with limited or provisional registration	Rural Health West supports the inclusion of IMG with provisional registration as it provides greater clarity around supervision requirements.
Approval of supervisors	Supervisors must be approved by the Board (with exemptions).	Revised to be clearer when co-supervisors must be approved by the Board.	Rural Health West agrees that co-supervisors should be approved by the Board as it appears that co-supervisors often take a significant role in providing supervision to IMGs. Rural Health West believes it would be beneficial to be clear about which doctors can supervise IMGs and that all co-supervisors must have Board approval.
Requirements for supervisors	Specified	<p>Additional requirements:</p> <ul style="list-style-type: none"> • Minimum three years full time equivalent practice in Australia with general and/or specialist registration. • Satisfactory completion of online education and assessment module. 	<p>Rural Health West strongly supports the requirement for supervisors to have a minimum of three years experience in Australia with general and/or specialist registration and believe this should be three years general practice experience, not only medical experience.</p> <p>In regards to the requirement 'all supervisors should have specialist registration' Rural Health West also feels it should be clarified whether this includes FRACGP or FACRRM, as these should be accepted. Rural Health West would also support a move to restrict general practitioner supervisors to general practitioner's holding vocational registration through FRACGP or FACRRM and excluding those with general registration.</p> <p>Rural Health West strongly supports the requirement for supervisors to complete an online education and assessment module as this will help to reinforce what supervision is, what requirements are involved and how to undertake this role effectively. Rural general practitioners consulted by Rural Health West also support this requirement however suggest it should not be too onerous or time consuming. However, those GPs involved in supervising registrars should be exempted from the requirement to undertake an educational module.</p>

Section	Current Guidelines	Proposed Change	Rural Health West Response
Requirements for positions in general practice	Not specified	Practice must be accredited to RACGP <i>Standards for general practices (4th edition)</i> .	Please refer to question three.
Audit	Not specified	IMG and supervisor may be audited for compliance.	Rural Health West Strongly support this change as there is anecdotal evidence that some supervisors are not undertaking their supervisory function as outlined in the AHPRA requirements. Therefore they are likely to be completing the supervisor reports by simply checking boxes and not providing any evidence of having undertaken the activities required. Rural Health West believes the audits should be rigorous and that a high percentage of IMGs should be audited. Rural Health West would be happy to discuss a role in carrying out these audits.
Supervisor to IMG ratio	No more than four IMGs per supervisor	Additional limits on supervision of level one IMGs	Please refer to question one.
Determining level of supervision	Lists factors that Board considers when determining level of supervision	Additional factors added: <ul style="list-style-type: none"> • IMG's recent practice and scope of that practice. • The position level for hospital positions. • Recommendations from a pre-employment structured clinical interview (PESCI) 	Rural Health West supports this change. A PESCI provides some information to inform the determination of the level of supervision that an IMG requires, but there are other factors to take into account. As well as scope of practice, factors such as remoteness, the presence or absence of a supportive medical community and ability to access ongoing CPD could be considered.
Supervision levels – requirement for IMG to consult supervisor about the patient	Frequency / interval not specified	Specifies when IMG must consult their supervisor for level one and two supervision.	Please refer to question two.

Section	Current Guidelines	Proposed Change	Rural Health West Response
Supervision level – level two	Supervision must be primarily in person.	Defines 'primarily' as 80% of the time.	Rural Health West supports on the basis that the clarity will make the level of responsibility clearer for the supervisor and will give the IMG greater confidence that they are supported.
Supervision in hospital based positions	Specified	Reworded to make requirements clearer.	Rural Health West supports this change.
Supervision for on-call after hours and locum services	Referenced in level three and four supervision only	Specifies requirements for IMGs on all supervision levels	Rural Health West supports this change.
Process to change supervision levels	Not specified	Process outlined	Rural Health West supports this change on the basis that the clarity will be useful for the IMG and his/her supervisor.
Reporting requirements	Specified	Reworded to make requirements clearer	Rural Health West supports this change.

General comments

Rural Health West would like to use this opportunity to raise other issues relating to these guidelines and IMG supervision issues. In addition to an audit on supervision requirements which ensures the IMG is practicing in accordance with their level of supervision Rural Health West would also like an audit on supervisors to check supervision levels are at a high standard and that IMGs feel adequately supported by their supervisor. However GPs who also supervise registrars with a training body such as WAGPET should not necessarily be subject to this audit. IMGs should also be given an opportunity to lodge a complaint if they feel their supervisor is not providing sufficient support and guidance without fears of repercussions.

Following consultation with rural general practitioners Rural Health West has identified a number of other activities that could assist with improving the quality of supervision received by IMGs. These are:

- Developing a high quality learning plan with an appropriate external individual, to better identify learning needs in terms of achieving vocational registration
- Identifying an experienced external mentor to give the IMG an extra source of support and to provide the practice with feedback on the standard of the IMG and information about additional assistance that the IMG might require.

International medical graduates are an important part of Australia's rural health care and need to be supported: however we also have a responsibility to the communities they serve and need to maintain a high standard of care at all times.

Thank you for the opportunity to provide feedback on the Medical Board of Australia's revised guidelines for supervised practice for international medical graduates. If you require any clarification or further information, please do not hesitate to contact the Manager of Recruitment Services, Tina Donovan (08) 6389 4512 or tina.donovan@ruralhw.com.au.

Yours sincerely,

Belinda Bailey

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