Rural Workforce Agency, Victoria Limited
Level 6, Tower 4, World Trade Centre
18 – 38 Siddeley Street Melbourne Vic 3005
T: +61 3 9349 7800 **F:** +61 3 9820 0401
E: info@rwav.com.au **W:** rwav.com.au
ABN: 31 081 163 519

27 January 2015

Executive Officer,
Medical,
AHPRA,
GPO Box 9958
MELBOURNE VIC 3001
Via medboardconsultation@ahpra.gov.au

Dear Sir

RE: ***RWAV SUBMISSION– DRAFT REVISED GUIDELINES – SUPERVISED PRACTICE FOR INTERNATIONAL MEDICAL GRADUATES***

The Rural Workforce Agency, Victoria (RWAV) would like to thank the Medical Board of Australia for this opportunity to provide feedback on the draft revised *Guidelines – Supervised practice for international medical graduates.*

RWAV is a not-for-profit organisation providing sustainable health workforce solutions for Victorian rural, regional and Aboriginal communities by undertaking health workforce attraction, recruitment, placement and support services.

Our work brings us into daily contact with international medical graduates and we understand the challenges that are faced by IMGs in the rural workforce and the support that is needed to assist their progression to specialist registration in order to provide safe, quality care to patients.

RWAV commends the Board for taking the initiative to revise the guidelines to improve clarity in respect of supervision for IMGs in light of feedback.

RWAV believes that where supervision is required in respect of a medical practitioner working in general practice that has not attained specialist registation that there should be a standard level of supervision adopted and applied across the jurisdictions and programs.

Whilst we see the key changes proposed to the guidelines as being appropriate, we do have an issue in relation to the proposed revised guidelines in respect of the Supervisor to IMG ratio.

It is proposed under the draft revised guidelines that for level 1 supervision:

The supervisor takes direct and principal responsibility for each individual patient.

a) *The supervisor must be physically present at the workplace at all times when the IMG is providing clinical care.*

b) *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.*

c) *Supervision via telephone contact or other telecommunications is not permitted.*

When compared to the existing guidelines, this creates an increased requirement for supervisors to be directly involved in each clinical consultation and care of a patient. We consider that this is appropriate as the qualifications, skills and experience that an IMG requiring level 1 supervision would have been gained is in a different cultural and demographic environment and needs to be translated into an Australian context.

Their qualifications, skills and experience at the point in time of being granted Australian registration with level 1 supervision is at a level lower than a first year GP Registrar and they are not yet ready for independent practice without supervision. Proper supervision is essential to protect patients, the practice and the supervisor as well as the IMG.

This will of course necessitate additional time being spent by the supervisor in the direct supervision of the medical practitioner's clinical work and therefore has ramifications on the amount of time that a supervisor has to handle their own clinical caseload and the supervision of other IMGs.

The generally accepted level of supervision under the Australian General Practice Training (AGPT) Program is for one accredited supervisor to formally supervise and mentor a maximum of two (2) Registrars.

The number of IMGs permitted per supervisor under the revised guidelines are:

The Board will not normally approve any practitioner (principal supervisor, co-supervisor, term co-supervisor or temporary co-supervisor) to have direct supervisory responsibility for more than four IMGs.

A supervisor who concurrently consults with (their own) patients while supervising IMGs may supervise up to one IMG on level 1 and up to three IMGs on other levels (i.e. levels 2, 3, 4), up to a maximum of four IMGs.

A supervisor who does not consult with (their own) patients while supervising IMGs may supervise up to a maximum of four IMGs (including more than one IMG on level 1 supervision).

RWAV has concerns that the proposed level of supervisor to IMG ratio where level 1 supervision is involved is too high and could place pressure and stress on supervisors, disrupted level of supervision to individual IMGs and ultimately pose a risk to the safety of patients.

We believe that where level 1 supervision is required the ratio should be similar to that of the AGPT program that is a maximum of two (2) IMGS one being the level 1 and the other a level 2, 3 or 4.

In line with our belief that there should be a standard level of supervision, we similarly believe that the practice where the medical practitioner will be supervised should adhere to standards and therefore it is not unreasonable to require the practice to be accredited to the RACGP Standards for General Practice (4th Edition).

If you would like to discuss this submission in further detail, please do not hesitate to contact me on 03 93497800 or via email anthonyw@rwav.com.au.

Yours sincerely

Anthony Webb
INTERIM CHIEF EXECUTIVE OFFICER