

28 January 2015

Dr Joanna Flynn
Chair, Medical Board of Australia
GPO Box 9958
Melbourne VIC 3001

By email to medboardconsultation@ahpra.gov.au

Dear Dr Flynn

Re: Draft Guidelines: Supervised practice for international medical graduates

Thank you for the opportunity for the Royal Australian and New Zealand College of Psychiatrists (RANZCP) to comment on the Medical Board of Australia's (the Board) *Draft Guidelines: Supervised practice for international medical graduates (IMGs)*.

The RANZCP response is based on the College's experience with Specialist IMGs (SIMGs) with limited registration.

Firstly in response to the three questions asked specifically:

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 RANZCP supports this maximum given that RANZCP SIMGs will be at level 3 and 4 supervision.

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?*

This does not apply to RANZCP SIMGs as they are at level 3 and 4 supervision.

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)?*

This appears to be a reasonable requirement, however this does not apply to RANZCP SIMGs.

In terms of supervision requirements, the guidelines provide greater clarity about supervision and reporting, however the relationship between supervision for the Board and overlap with supervision for the Specialty College Programs isn't mentioned. The RANZCP would like more information on how the Board will ensure consistency between College supervision and AHPRA supervision and whose responsibility it will be to make the College aware of the level of supervision that AHPRA has finally decided upon; if it is the responsibility of the IMG, it should be mentioned somewhere in the document that 'SIMGs must ensure that the respective speciality College is aware of the supervision details'.

The RANZCP would also like to raise the issue of the length of time after specialist registration before which a SIMG cannot become a supervisor (Item 3.5). It is stated that supervisors need to be familiar with work in Australia and that they therefore need to have held either general or specialist registration for 3 years prior to being able to supervise IMGs, however it is possible that an IMG can familiarize themselves with Australian working standards while holding limited registration as many SIMGs work for years in specialist positions before obtaining specialist registration and acquire significant knowledge of the Australian health care system at specialist level during this time. It does not seem to be logical that they then have to wait for another 3 years after having obtained specialist registration before being able to supervise an IMG.

This requirement could impact on rural areas that often heavily rely on SIMGs and at times have problems providing adequate supervision. Former SIMGs with fellowship should be in a particularly good position to supervise others as they have experienced typical problems IMGs face on their way to specialist recognition, including understanding the Australian health system from the perspective of a newcomer to the system.

One easy solution to fairly meet the requirement of familiarity with Australian practice would be to change it to having 3 years work history in Australia, but include work with limited registration. This would also allow rural areas more flexibility to provide subspecialty supervision and meet the requirements of not more than 4 IMGs per supervisor even in unforeseen circumstances e.g. longer absence or resignation of a supervisor. The RANZCP questions whether an online module is sufficient for supervisor training and whether the Board has considered the utility of face to face training and also periodic refresher training. The RANZCP also suggests that the Board considers the utility of videoconferencing for supervision in rural and remote areas.

The RANZCP requests the following specific modifications to the guidelines:

In Item 5.2, the RANZCP suggests the addition of the following:

- Conduct as appropriate, any workplace based assessments required as part of the requirements for IMGs' progression to Fellowship and provide relevant feedback (time invested in educational activities such as work place based assessment and feedback will ultimately translate into improved patient care)

In Item 5.3, the RANZCP suggests the addition of the following:

- Facilitate the provision of protected time for supervisors to be trained in workplace based assessments and training that will enable them to carry out their supervisor responsibilities more effectively

In Item 6.1, one other factor that should be considered when determining the level of supervision is:

- Recommendation from the College interview panels

With regard to the draft forms:

- On page 22 under 'Cultural diversity and social context of care', the first box for 'Cultural awareness and respect' the point should be expanded to include 'Cultural awareness and respect *for all cultures including IMG's own culture*'. The second box should be expanded to include family values: 'Australian society, including multiculturalism, *family values*, and the status of women, children and the elderly'.
- On page 26 where physical health is explicitly listed, e.g. 'competence in physical examination', there should be an equivalent reference to mental health - e.g. 'relevant psychiatric assessment' / 'mental status examination'.

Thank you again for the opportunity to comment on the *Draft Guidelines: Supervised practice for international medical graduates*. Should you have any questions regarding the RANZCP feedback, please contact Ms Elaine Halley, General Manager Education and Training Elaine.Halley@ranzcp.org.

Yours sincerely



Dr Murray Patton
President

Ref: 3904