

REG-2041

Supervision of the Clinical Practice of Specialist International Medical Graduates in Australia and Aotearoa New Zealand

1. Purpose and scope

- 1.1. This regulation defines the supervision of clinical practice of Specialist International Medical Graduates (SIMGs) in Australia and Aotearoa New Zealand (AoNZ).

2. Definitions

- 2.1. The following definitions and acronyms apply for the purposes of this regulation:
 - a. **Assessment Validity Period** shall mean the maximum time permitted to complete the requirements of the specialist assessment recommendation for a SIMG on a pathway to Fellowship.
 - b. **CSET** shall mean the Committee of Surgical Education and Training.
 - c. **DOPS** shall mean Direct observation of procedural skills, a formative assessment tool designed to provide feedback on operating performance by observing an actual surgical procedure in the operating theatre.
 - d. **EVOPP** shall mean External Validation of Professional Performance, a comprehensive 2-day assessment using a variety of tools for confirming RACS Competencies.
 - e. **FEX** shall mean the RACS Fellowship Examination, the final examination for assessing the standard and level of competency equivalent to a consultant surgeon in their first year of independent practice.
 - f. **Mini-CEX** shall mean mini-clinical evaluation exercise, a formative assessment tool designed to provide feedback on skills essential to good medical care by observing an actual clinical encounter.
 - g. **MSF** shall mean Multisource feedback (or 360-degree evaluation), a questionnaire-based assessment method which rates interpersonal skills, professional behaviours and clinical skills by peers, patients and co-workers.
 - h. **SIMG** shall mean Specialist International Medical Graduate
 - i. **STC/B** shall mean the Specialty Training Committee or Board of the relevant specialty.

3. Governance

- 3.1. Decisions regarding supervised practice are made by the STC/B of the relevant specialty. The STC/B may delegate its decision making authority to an individual or to a sub-committee. When a delegation of authority is exercised the decision of the delegate is a decision of the STC/B.

4. Supervised Practice

- 4.1. SIMGs assessed as partially or substantially comparable to an Australian or AoNZ trained surgeon will be required to satisfactorily complete a designated period of supervised practice.

- 4.2. The purpose of supervised practice is to verify that the performance of an SIMG in clinical practice matches the performance of an Australian or AoNZ trained surgeon.
- 4.3. Supervised practice requires the SIMG and the SIMG Supervisors to interact via regular face-to-face, email and/or telephone contact. This enables the SIMG and the SIMG Supervisors to work together through issues including, but not limited to:
 - a. Identifying aspects of practice where support and assistance is required.
 - b. Creating plans of action in order to meet needs and goals.
 - c. Selecting continuing medical education or professional development activities and audit options to complement and support specific aspects of surgical practice.
 - d. Reviewing the results of audit activities and addressing any deficiencies.
 - e. Monitoring preparation for satisfactory completion of the Fellowship Examination where required.
- 4.4. The responsibilities of SIMG Supervisors are outlined in RACS policy: *Supervisors of Specialist International Medical Graduates in Australia and Aotearoa New Zealand*.

5. Approval of clinical practice arrangements

- 5.1. It is the responsibility of the SIMG to obtain a suitable position for supervision purposes. ASIMG post description form must be forwarded to the SIMG Assessments Team.
- 5.2. The STC/B will determine the suitability of the SIMG post and the nominated SIMG Supervisors.
- 5.3. To facilitate familiarisation with surgical practice within Australia and AoNZ it is strongly recommended the designated period of supervised practice includes a minimum three-month period at a major regional or metropolitan hospital, within the first 12 months,
- 5.4. Two SIMG Supervisors are required for supervision purposes.
- 5.5. The SIMG may assist the STC/B by nominating possible SIMG Supervisors when submitting their SIMG post description. Nominated SIMG Supervisors must agree they are prepared to provide supervision before the SIMG post description is submitted for approval. The STC/B will make the final determination about the suitability and appointment of two SIMG Supervisors.
- 5.6. All SIMGs undergoing supervision are subject to standardised three-monthly reporting periods which are fixed at:
 - a. 1 February to 30 April;
 - b. 1 May to 31 July;
 - c. 1 August to 31 October; and
 - d. 1 November to 31 January.
- 5.7. Fixed dates cannot be altered. SIMGs are required to commence their designated period of supervised practice in accordance with these dates.
- 5.8. Accredited Supervised practice can only commence upon completion of the following:
 - a. Formal acceptance of a recommendation of partially or substantially comparable.
 - b. Submission of a signed SIMG Agreement.
 - c. Completion of the Operating with Respect eLearning module.
 - d. Completion of the SIMG Orientation Program eLearning module.

- e. Completion of the Aboriginal and Torres Strait Islander Health and Cultural Safety eLearning course (course 1 only).
- f. Submission of a SIMG post description form.
- g. Confirmation from the relevant STC/B the nominated hospital post and SIMG Supervisors are approved as suitable for the SIMG's designated period of supervised practice.
- h. Receipt of written correspondence from the employing hospital confirming employment start and end dates.
- i. Payment of fees.

6. Assessment of clinical practice

- 6.1. At the end of each three-monthly reporting period, the SIMG must submit:
 - a. SIMG Supervisor Progress Reports
 - b. Mini-CEX
 - c. DOPS
 - d. Other specialty specific requirements
 - e. Logbook (in the format specified by the relevant STC/B)
- 6.2. For each twelve-month period of supervised practice the SIMG must undergo a multi-source feedback (MSF), to be coordinated either by the SIMG Assessments Team or an external source.
- 6.3. For each three-monthly assessment, the SIMG and SIMG Supervisors must conduct a performance assessment meeting to complete the assessment reports and review the operative logbook summary. Assessment documents must clearly reflect the discussions held during the performance assessment meeting.
- 6.4. The SIMG is responsible for forwarding completed assessment documents to the SIMG Assessment Team no more than two weeks after the conclusion of each three-monthly assessment period. If assessment documents have not been received in accordance with this requirement the assessment period may not be recognised.
- 6.5. SIMGs may be required to undertake a work based assessment as part of their requirements for External Validation of their Professional Performance (EVOPP). The SIMG may incur a fee for this.
- 6.6. To achieve Fellowship of RACS, all SIMGs will be required to undertake and provide evidence of Continuing Professional Development (CPD) activities for the duration of their assessment validity period within the time limits or deadlines stipulated by RACS.
- 6.7. The STC/B will review the assessment documents submitted at the conclusion of each three-monthly assessment period to ensure the SIMG's performance meets the required standards.

7. Management of unsatisfactory or inadequate performance

- 7.1. Should an assessment review of an SIMG's three-monthly period identify unsatisfactory performance, a meeting with the STC/B representative, the SIMG and all SIMG Supervisors will be conducted.
- 7.2. Following the meeting written notification of the outcomes will be provided and may include:
 - a. Identification of the areas of unsatisfactory performance.
 - b. Confirmation of the remedial action plan.
 - c. Identification of the required standard of performance to be achieved.

- d. Review of the approved post.
- e. Possible implications if the required standard of performance is not subsequently achieved.

8. Management of subsequent unsatisfactory or inadequate performance

- 8.1. Should a subsequent assessment identify unsatisfactory performance, a reassessment of the SIMG's specialist pathway will be conducted.
- 8.2. The reassessment will be undertaken by a panel comprising the STC/B Chair or Nominee the chair of the SIMG Committee or nominee and a Community Representative.
- 8.3. Following the reassessment written notification of the outcomes will be provided and may include:
 - a. Extension to the period of supervised practice.
 - b. Additional requirements, including a requirement to satisfactorily complete the Fellowship Examination.
 - c. Review of the approved supervision arrangement.
 - d. Termination of the pathway to Fellowship.
- 8.4. The recommendation of the panel will be forwarded to Executive CSET for approval.
- 8.5. Should a period of unsatisfactory performance by the SIMG be determined to potentially endanger the welfare of patients, RACS reserves the right to make a notification to the Medical Board of Australia or the Medical Council of New Zealand.

9. Management of exceptional performance

- 9.1. SIMG supervisors may submit an application for exceptional performance which must include clear justification for the STC/B. SIMGs cannot apply for a review of their specialist pathway due to exceptional performance.
- 9.2. The STC/B will review the SIMG supervisor's request and forward a recommendation to CSET Executive for approval.

10. Presenting for examinations

- 10.1. SIMGs undergoing supervised practice greater than 12 months may apply to present for the FEX, when they have satisfactorily completed a minimum of nine months of supervised practice. SIMGs must obtain approval from the STC/B before applying for the FEX.
- 10.2. SIMGs undergoing supervised practice of 12 months or less may apply to present for the FEX at any time after commencing of supervised practice.
- 10.3. Should exceptional performance be identified, the STC/B may recommend early presentation for the FEX.
- 10.4. SIMGs must be within the time limit of their specialist assessment recommendation (assessment validity period) at the time of sitting the written component of the FEX.

11. Completion of assessment of clinical practice

- 11.1. SIMG may apply for admission to Fellowship of RACS upon successful completion all requirements of the specialist assessment recommendation. Applications must be in accordance with RACS regulation: Admission to Fellowship.

12. Fees

- 12.1. A supervision fee is payable by all SIMGs whilst under supervised practice.
- 12.2. An SIMG administration fee is payable by SIMGs who have completed supervised practice but have not all requirements of their specialist assessment recommendation (i.e. while on a pathway to Fellowship).
- 12.3. STC/Bs may also charge an administration fee which is invoiced concurrently with the supervision fee.

13. Associated Documents

13.1. Regulations:

- a. Specialist Assessment of Specialist International Medical Graduates in Australia
- b. New Zealand Vocationally Registered Doctors Applying for Fellowship
- c. SIMG Assessment Post Accreditation
- d. Fellowship Examination
- e. Admission to Fellowship

13.2. Policies:

- a. Supervisors of Specialist International Medical Graduates in Australia and New Zealand

13.3. Forms:

- a. SIMG Post Description Form

13.4. Medical Board of Australia (www.medicalboard.gov.au):

- a. Specialist medical college assessment of specialist international medical graduates
- b. Supervised practice for international medical graduates

14. Information

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