**RACS**

**IMG Post Description Form**

**Background**

The RACS Board of Surgical Education and Training has delegated the responsibility for the accreditation of a hospital post for clinical assessment purposes to the specialty Boards, using the approved IMG Post Description Form (IPDF) for International Medical Graduates (IMGs) on a specialist pathway. Each criterion on the IPDF has its minimum requirements listed, and IMGs in collaboration with hospital employers are requested to attach documentation that substantiates the achievement of this.

Clinical assessment is undertaken prospectively under guidance of supervisors who provide assessments of the IMG’s surgical practice during the designated assessment period (up to 24 months). In order to facilitate approval of positions submitted by IMGs in collaboration with hospital employers, the specialty Boards will approve the assessment posts and may periodically review the position, in order to ensure that it remains suitable for assessment purposes.

The standards and criteria have been produced to enable IMGs on a specialist pathway to become proficient in the nine key competencies identified by the College ([Training Standards Framework](http://www.surgeons.org/media/18726523/mnl_2012-02-24_training_standards_final_1.pdf)) as necessary to fulfil the different roles of the surgeon.

**Purpose of approval of clinical assessment post**

To determine:

* the appropriateness of position for supervision
* the position provides appropriate scope and volume of practice
* the appropriateness of the designated Fellows to provide clinical assessment
* opportunities for continuing education and preparation for Fellowship Examination (if applicable)
* the suitability of infrastructure for clinical assessment

**General Guidelines**

1. Provide a description and/or documentation for each criterion in order to obtain approval.
2. Although IMGs on a specialist pathway may interact with SET Trainees, position objectives must not include the formal supervision and assessment of SET Trainees.
3. Approved positions must notify the Department of IMG Assessments of any substantial change of circumstances which might impair their ability to meet the minimum criteria for approval, within the month after the change in circumstances.
4. Site visits by representatives of the specialty Board could lead to recommendations for improvement or withdrawal of clinical assessment post.
5. Site visits usually include opportunities to discuss the IMG’s surgical practice experience with other members of the unit including allied health staff and nursing staff who may already be working at the site.

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| Name of applicant: |  | | | | | | | | | | | | | |
| RACS ID No. (if applicable) |  | | | | | | | | | | | | | |
| Area of Need Position (please tick one option) | No |  | | | Yes | |  | | | Please provide a copy of declaration of AoN issued by the relevant Health Department | | | | |
| Position Title: |  | | | | | | | | | | | | | |
| Employment Contract Dates | Contract Start Date | | |  | | | | Contract End Date | | | |  | | |
| Proposed Date of Commencement: | 1 February | |  | | | 1 May |  | | 1 August | |  | | 1 November |  |
| Reports To: |  | | | | | | | | | | | | | |
| Division: |  | | | | | | | | | | | | | |
| Unit: |  | | | | | | | | | | | | | |
| Salary – Award & Additional Hours: |  | | | | | | | | | | | | | |
| Position Location: |  | | | | | | | | | | | | | |
| Multiple sites & if (and how) applicable to this position: |  | | | | | | | | | | | | | |
| Hours of Work (including on-call availability): |  | | | | | | | | | | | | | |

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| MAIN PURPOSE OF POSITION**: Precisely describe the work it is intended that the IMG will do and why (outcome).** *Example: Manage surgical staff of the Division of xxxx to ensure the provision of optimal surgical care to patients of the xxxxx Health Service.* | |
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| Position Requirements: |  |
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| Position Competencies: | |
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| Key Selection Criteria: (including Qualifications, Experience, Personal skills etc) | |
| Mandatory:  Optional: | |
| Application - Contact Person / Contact details: | |
|  | |
| Senior Management - Contact Person / Contact details: | |
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| Senior Clinician - Contact Person / Contact details: | |
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| Hospital position description: **Please attach a copy of hospital position description** | |

**HOSPITAL POST VIABILITY**

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| Roster Arrangements |
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| On Call Arrangements |
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| Leave Entitlements & Arrangements (ie how will leave be covered?): |
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| Standby arrangements (if any): |
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| No. & nature of Clinics (per week): |
|  |
| Theatre time (per week): |
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| Professional Relationships (external): |
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| Organisational chart of Surgical Department and reporting relationships (incl. medical support staff): **Attach an organisational chart showing the clinical assessors of the IMG, the positions reporting directly to the clinical assessors, and the positions reporting directly to the IMG, if applicable.** |
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| Head of Department (provide name/title/contact details): |
| Orientation: **Describe or attached the orientation program that the IMG will be required to undertake, specifying the content and methods of delivery. Indicate the timeline for completion of the various aspects of the program.** |
| Key internal and external relationships**: Identify the key positions, committees, organisations or groups that the doctor is expected to deal with inside and outside the organisation as part of his/her work.**    CLINICAL ASSESSORS |

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| Please provide names, position, location and contact details of clinical assessors (min 2, must be FRACS and same specialty). Refer to RACS website for further information. | |
| |  |  | | --- | --- | | Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  | | Position | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  | | Location | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  | | Contact | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  | | Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  | | Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  | | --- | --- | | Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  | | Position | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  | | Location | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  | | Contact | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  | | Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  | | Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **Standard 1 – Building and maintaining a Culture of Respect for patients and staff**.  A hospital involved in the assessment of an IMG’s surgical comparability must demonstrate and promote a culture of respect for patients and staff that improves patient safety | | | |
| **Criteria** | **Method of**  **Assessment** | **Minimum Requirements Essential in the Hospital or within Hospital Network** | **Describe and/or attach documentation how the minimum criteria has been achieved** |
| 1**.** The hospital culture is of respect and professionalism | Expressed standards about building respect and ensuring patient safety | * Hospital provides a safe training environment free of discrimination, bullying and sexual harassment. * Hospital actively promotes respect, including teamwork principles. |  |
|  |  | * Hospital has policies and procedures, including training for all staff that promotes a culture and environment of respect. * Hospital policies, codes and guidelines align with RACS Code of Conduct and support professionalism. |  |
| 2. Partnering to Promote Respect: MoU or similar statements about the need for ‘Building Respect, Improving Patient Safety | Hospital collaboration with RACS about complaints of unacceptable behaviours (Fellows, Trainees and IMGs) that affect the quality of training. | * Hospital is committed to sharing with RACS relevant complaint information by or about RACS Fellows and Trainees. * Hospital actively reinforces positive standards leading to improved behaviours and a respectful environment. The hospital holds surgical teams to account against these standards. |  |
| 3. Complaint Management Process | Hospital has policies and procedures for the open and transparent management and investigation of complaints of discrimination, bullying, and sexual harassment.  Summary data of complaints made, investigated and outcomes. | * Clearly defined and transparent policy detailing how to make a complaint, options, investigation process and possible outcomes. * Clearly defined process to protect complainants. * Hospital has documented performance review process for all staff, so it is aware of any repeated misdemeanors or serious complaints that need escalation/intervention requiring intervention to maintain a safe training environment. * Process in place to share with RACS summary data, including outcomes or resolution of hospital managed complaints alleging discrimination, bullying and sexual harassment. |  |

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| **Standard 2 - Education facilities and systems required**  All IMGs on a specialist pathway should have access to the appropriate educational facilities and systems to enable them to fulfill College requirements for specialist recognition and Fellowship of the College. | | | | |
| **Criteria** | **Method of Assessment** | **Minimum Requirements** | **Essential in the hospital or within Hospital Network** | **Describe and/ or attach documentation how the minimum criteria has been achieved** |
| 1. Tutorial room available | Documented booking and access processes  Feedback from supervisor and IMGs | * Tutorial rooms available when required | In the hospital |  |
| 2. Access to private study area | Designated study area  Feedback from IMGs | * Designated study area/room available isolated from busy clinical areas * 24-hour access acknowledging security issues | In the hospital  In the hospital |  |
| 3. Support for IMG applicant | Document support programs ie. language programs, Australian Health Care system etc. | * Accessibility to such programs when required | Internal and external to hospital |  |
| 4. Links with regional/ teaching hospitals | Document support for   * Exam preparation * Further training * Up skilling | * Accessibility to other hospitals | External to hospital |  |
| **Standard 3 - Quality of education, training and learning**  The position must offer the IMG opportunities to participate in a range of activities, the focus of which is to satisfactorily complete the period of clinical assessment and requirements of their specialist assessment. | | | | |
| **Criteria** | **Method of Assessment** | **Minimum Requirements** | **Essential in the hospital or within Hospital Network** | **Describe and/ or attach documentation how the minimum criteria has been achieved** |
| 1. Coordinated schedule of learning experiences for each IMG | Published weekly timetable of activities which incorporate the learning needs of the IMG | * Weekly Imaging meeting * Access to available formal structured tutorial program(s). | In the hospital  In the hospital |  |
| 2. Opportunities for research, inquiry and scholarly activity | Recent or current research funding, publications, current research projects, recognized innovation in medicine, clinical care or medical administration  Feedback from IMGs | * Regular educational meetings * IMGs enabled to access medical records, once ethical approval (if necessary) for the project is obtained * Shared responsibility by hospital, surgeons and the College | Within the hospital network  Within the hospital network  Within the hospital network |  |
| **Standard 4 - Clinical assessors and staff**  The assessment of an IMGs clinical practice is managed by appropriate and accessible clinical assessors supported by the institution and committed surgeons, delivering regular education, training and feedback. | | | | |
| **Criteria** | **Method of Assessment** | **Minimum Requirements** | **Essential in the hospital or within Hospital Network** | **Describe and/ or attach documentation how the minimum criteria has been achieved** |
| 1. Designated clinical assessors of clinical practice. | Clinical assessors  documentation.  Feedback from IMGs | * Clearly identifiable and named clinical assessors * FRACS in relevant specialty member or Fellow of relevant specialty association or society * Regularly available and accessible to IMGs | In the hospital or within hospital network  In the hospital or within hospital network  In the hospital or within hospital network |  |
| 2. Clinical assessors role/ responsibilities | Hospital documentation regarding nominated clinical assessors role/ responsibilities in keeping with college requirements  Feedback from IMGs | * Clinical assessor complies with RACS requirements as published on College website * Clinical assessors participate in RACS Clinical Assessors of IMGs eLearning course available on College website | In the hospital or within hospital network  In the hospital or within hospital network |  |
| 3. Support for Surgical services | Weekly scheduled educational activities of surgeons  Feedback from IMGs | * Surgeons attend scheduled educational and audit meetings | In the hospital  In the hospital |  |
| 4. Regular supervision workplace- based assessment and feedback to IMGs | Documentation of hospital/  department practices relating to supervision, workplace-based assessment and feedback to IMGs  Feedback from IMGs | * Goals discussed and agreed between surgeon and IMG at the commencement of period of clinical assessment * One-to-one regular assessment of clinical practice * One-to-One constructive feedback on performance every three months * One-to-one discussion on RACS formal assessment form * Workplace-based assessment to be undertaken upon completion of every three month period   (responsibility for compliance shared by clinical assessors, IMG and hospital) | In the hospital  In the hospital  In the hospital  In the hospital |  |

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| **Standard 5 - Clinical load and theatre sessions**  IMGs on a specialist pathway must have access to a range and volume of clinical and operative experience across the breadth and scope of their surgical specialty to demonstrate their comparability to an Australian and New Zealand trained surgeon. | | | | |
| **Criteria** | **Method of Assessment** | **Minimum Requirements** | **Essential in the hospital or within Hospital Network** | **Describe and/ or attach documentation how the minimum criteria has been achieved** |
| 1. Assessment of outpatient (consultative clinics) | Documentation on frequency of consultative clinics  Documentation which shows IMGs see new and follow-up patients  Documentation on alternatives provided if no consultative clinics available in the hospital | * IMGs attend a minimum of one consultative clinic per week * IMGs see new and follow-up patients * IMGs attend alternative supervised consultative clinics |  |  |
| 2. Consultant led ward rounds with educational as well as clinical goals | Documentation on the frequency of consultant led scheduled ward rounds  Feedback from IMGs | * One per week * Teaching of IMGs on each ward round | In the hospital  In the hospital |  |
| 3. Caseload and Case mix | Summary statistics of number and case mix of surgical cases managed by the relevant specialty in the previous year  Number and case mix of surgical cases managed by each IMGs team over the previous year | * Regular elective and/or acute admissions. * Number and case mix varies between specialties and the focus is on competence acquisition | In the hospital  In the hospital |  |
| 4. Operative experience for IMGs | Documentation of weekly theatre schedule  Evidence of IMGs exposure to emergency operative surgery where relevant | * Minimum of three elective theatre sessions per week for IMG (focus is on opportunities to gain required competencies and is based on a combination of theatre time, case numbers and case mix * Meeting minimum requirements of   + - procedures     - major procedures     - procedures undertaken as primary surgeon   as stipulated in specialist recommendation.   * Rosters and work schedules enable IMG to participate in emergency surgery where appropriate. | In the hospital  In the hospital |  |
| 5. Experience in preoperative care | Clinical examination rooms available  Timetable of postoperative ward rounds | * Adequate rooms available to enable appropriate clinical examination of all preoperative patients      * Scheduled daily postoperative ward rounds | In the hospital  In the hospital |  |