

POL-2042

Supervisors of Specialist International Medical Graduates in Australia and Aotearoa New Zealand

1. Purpose and scope

- 1.1. The purpose of this policy is to define the role of the SIMG Supervisor in providing support and assessment of the clinical practice of Specialist International Medical Graduates (SIMGs) on a pathway to Fellowship of the Royal Australasian College of Surgeons (RACS).

2. Definitions

- 2.1. The following definitions and acronyms apply for the purposes of this regulation:

- a. **CSET** shall mean the Committee of Surgical Education and Training.
- b. **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.
- c. **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.
- d. **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.
- e. **SIMG** shall mean Specialist International Medical Graduate
- f. **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.
- 3.2. SIMG Supervisors report to and are governed by the STC/B.

4. Responsibilities of SIMG Supervisors

- 4.1. SIMG Supervisors assigned to a SIMG undertaking a period of RACS supervised practice are required to:
- a. Understand, apply and communicate RACS regulations, policies and guidelines relevant to the specialist assessment and assessment of clinical practice of SIMGs.
 - b. Conduct themselves in accordance with RACS Code of Conduct.

- c. Ensure there are mechanisms in place for monitoring whether the SIMG is practicing safely. The amount of direct observation required will vary with each SIMG but, should be high initially and can be reduced provided satisfactory performance and safe practice is observed.
- d. A SIMG under onsite supervision requires direct observation of their clinical practice on a regular basis and in a range of clinical situations. The SIMG Supervisor must ensure they are accessible by telephone or video link if they are not physically present.
- e. When supervising a SIMG remotely, the SIMG Supervisor must oversee the SIMG's clinical practice and must be available for consultation if the SIMG requires assistance. The SIMG Supervisor must perform direct observation frequently enough to ensure an assessment of competence and safe practice. At a minimum this must occur during every three-month term and must include a Direct Observation of Procedural Skills (DOPS), a Mini Clinical Examination (Mini-CEX), completion of a progress report and any other requirements as specified by RACS. At other times the SIMG Supervisor must be available by phone or video link for advice.
- f. Verify the SIMG is practicing in accordance with specifications depicted in the RACS SIMG Post Description Form approved by the relevant STC/B.
- g. Monitor the SIMG's clinical experience and outcomes and regularly review the operative logbook.
- h. Conduct regular performance assessment meetings and provide constructive feedback.
- i. Complete assessment reports for each three-monthly term. SIMG Supervisors are expected to liaise with hospital staff to ascertain the SIMG's performance across all RACS competencies.
- j. Undertake DOPS and Mini-CEX assessments as required by RACS.
- k. Coordinate and deliver feedback obtained using MSF.
- l. Address any problems that are identified.
- m. Notify RACS immediately if the SIMG is not complying with conditions imposed or undertakings accepted by RACS or, is in breach of any requirements expected under supervision.
- n. Notify RACS immediately of the lodgement of any complaints about the SIMG's conduct, whether the complaint is made to RACS, the hospital or a regulator.
- o. Identify, document and advise the SIMG and the STC/B via the SIMG Assessments Team of any unsatisfactory or marginal performance at the earliest possible opportunity.
- p. Notify RACS immediately of any changes in circumstances that may have an impact on the assessment of an SIMG's clinical practice.
- q. Ensure approval from RACS has been obtained for any proposed changes to supervision arrangements or requirements before they are implemented.
- r. If requested, inform hospital management and operating theatre management about the credentialing status of SIMGs under supervision, and their capacity to open operating theatres without direct supervision.
- s. Inform RACS if they are no longer able or willing to provide supervision.
- t. Ensure the SIMG has completed mandatory eLearning requirements and attended the SIMG Induction Workshop as specified in RACS SIMG regulations.

5. Eligibility for Appointment as a SIMG Supervisor

- 5.1. SIMG Supervisors should not hold an administrative or management position with the SIMG's employing hospital unless no other arrangement is practicable.
- 5.2. SIMG Supervisors must not report to the SIMG in that hospital.
- 5.3. SIMG Supervisors should not derive a financial benefit from the practice of the SIMG.

- 5.4. SIMG Supervisors must be Fellows of RACS within the relevant surgical specialty. They must be compliant with RACS Continuing Professional Development (CPD) program and must comply with all requirements of the Medical Board of Australia (MBA) or Medical Council of New Zealand (MCNZ). Variation from this is only permitted in exceptional circumstances and is at the discretion of the STC/B.
- 5.5. SIMG Supervisors must declare any conflict of interest. Conflicts of interest can take many forms, including personal and pecuniary conflicts. SIMG Supervisors are advised to seek advice from the Clinical Director, SIMG Assessment & Support at the earliest opportunity if there is concern about the existence of conflicts of interest.
- 5.6. SIMG Supervisors should have demonstrated experience with appropriate clinical, administrative and teaching skills.
- 5.7. SIMG Supervisors conducting onsite supervision must hold an appointment at the hospital (or within the hospital network) which is hosting the SIMG.
- 5.8. SIMG Supervisors must not be a relative or a domestic partner of the SIMG.
- 5.9. SIMG Supervisors must have held Fellowship of RACS for 3 years.

6. Appointment of SIMG Supervisors

- 6.1. SIMG Supervisors are nominated by the SIMG for a clinical post. Nominations are submitted to RACS for approval once a specialist assessment pathway has been accepted by the SIMG.
- 6.2. SIMG Supervisors must be aware of the requirements of RACS regulations, policies and guidelines on supervision before signing the RACS SIMG Post Description Form.
- 6.3. On the advice of the relevant STC/B the SIMG Supervisors will be advised of their appointment.
- 6.4. Where the SIMG Supervisors nominated by a SIMG are not approved, the STC/B may nominate appropriate SIMG Supervisors. The STC/B has the discretion to nominate off-site SIMG Supervisors and additional assessment tasks.
- 6.5. The appointment of a SIMG Supervisor may be reviewed at any time during the assessment period, either on the initiative of the STC/B or at the request of the SIMG.
- 6.6. Recommendations to remove or change a SIMG Supervisor are made by the STC/B or the SIMG Committee where mandatory requirements have not been met..

7. Training and Continuing Education

- 7.1. SIMG Supervisors must complete the following mandatory advanced training within six months of appointment:
 - a. The Foundation Skills for Surgical Educators (FSSE) course or approved comparable training (training in adult education principles) and;
 - b. The Introduction to Operating with Respect online course (training in recognising, managing and preventing discrimination, bullying and sexual harassment) and;
 - c. The Operating with Respect (OWR) face to face course (training in recognising, managing and preventing discrimination, bullying and sexual harassment) and;
 - d. Any other training specified by the STC/B.

- 7.2. SIMG Supervisors must complete the SIMG Supervisor Induction Program within six months of appointment.
- 7.3. SIMG Supervisors are recommended to become members of the Academy of Surgical Educators (ASE) to assist acquiring ongoing development as an educator.

8. Payment and Reimbursement

- 8.1. SIMG Supervisors are entitled to claim the Professional Services fee as approved by Council for each three-monthly term they have assessed an SIMG.
- 8.2. Other expenses incurred by SIMG Supervisors are reimbursed in accordance with RACS Travel and Accommodation regulations.

9. RACS Recognition of Contribution to RACS Activities

- 9.1. SIMG Supervisors may have the opportunity to gain Continuing Professional Development (CPD) points for participation in supervision activities.

10. Associated Documents

10.1. Regulations:

- a. Specialist Assessment of Specialist International Medical Graduates in Australia
- b. New Zealand Vocationally Registered Doctors Applying for Fellowship
- c. Assessment of the Clinical Practice of SIMG's in Australia and New Zealand
- d. SIMG Assessment Post Accreditation
- e. Reconsideration, Review and Appeal

10.2. 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

11. Information

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