



## **SAMPLE SUPERVISION TEMPLATE FOR AHPRA TO ASSIST WITH REGISTRATION OF IMGs WORKING IN HOSPITAL BASED POSITIONS**

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### **Background:**

The PMCV IMG subcommittee identified a difficulty within hospitals/health services in relation to meeting the AHPRA supervision requirements. Whilst hospitals have accredited supervision processes in place, the difficulty lies in articulating the hospital supervision structures to meet the AHPRA supervision requirements. Dr Rachael Coutts and Dr Sean Fabri, with input from the IMG subcommittee has developed a template to guide health services in developing a document outlining their supervision structure for an IMG doctor in hospital based positions to submit to AHPRA.

This template can be used as a guide to provide to AHPRA as a statement of the JMO supervision structure within a hospital-based position. The Medical Board of Australia guidelines provide for levels of supervision in general practice positions (Clauses 6.1 and 6.2) (Level 1/2/3/4/). Clause 6.3 *Supervision in hospital-based positions* provides for health services to use “*the existing hospital supervision structures and protocols for hospital-based positions. If the levels do not correspond to the proposed level of supervision for hospital-based positions, the Board will consider other supervision structures.*”

(Refer: Medical Board of Australia – *Guidelines – Supervised practice for international medical graduates*, 4 January 2016. [access MBA website at]:

<http://www.medicalboard.gov.au/Registration/International-Medical-Graduates/Supervision.aspx>

The template has been developed in consultation with AHPRA.

## TEMPLATE

*Hospital name:*.....

### Junior Medical Staff Supervision Structure

#### 1. Statement about hospitals values

*Hospital name* is an outer metropolitan teaching hospital that prides itself on safe, high quality care. Appropriate supervision of all junior medical staff is essential to ensuring high quality and safe care. As a result *Hospital name* has a rigorous system of medical supervision throughout the organisation.

#### 2. Statement of compliance with PMCV accreditation requirements, and how health service meets PMCV supervision guidelines

*Hospital name* complies with the Postgraduate Medical Council of Victoria Inc. (PMCV) accreditation requirements in regard to the supervision of all junior medical staff.

**\*\*Attach Health services Supervision guideline that describes how junior medical staff are supervised within the Health Service**

The Head of Unit has ultimate responsibility for the function of their unit, including the role of the term supervisor. In addition to the nominated term supervisor who oversees supervision, day-to-day clinical supervision of junior medical staff is by clinical supervisors (consultants responsible for the direct day to day care of the patients), and registrars. Consultant staff are ultimately responsible for the care of patients in their unit, and for the work of the junior medical staff in their unit. They provide comprehensive support either in person or by telephone 24 hours a day. In all areas a process for escalation to consultants exists.

All units have Registrars, HMO and Intern staff. Registrar positions are decision making roles, whereas HMO and intern positions are supportive roles, and expected to facilitate and enable the agreed care of patients.

#### 3. This statement comes from the PMCV supervision guideline

The levels of supervision of junior medical staff varies with:

- Their level of experience
- Years of training and previous experience and scope of practice
- Recency of practice
- The position specification and seniority
- Registration status and level of supervision required by AHPRA

#### 4. *Statement about areas of special circumstances*

For *overnight duty* at the (*health service name*), a senior registrar provides oversight for urgent issues. There is a process of hospital night staff review (insert details of health service process). Handover is rostered every morning; to discuss any key patient issues encountered overnight.

At (*Health services remote campus name*), only those who are assessed by the Medical Board and (*health service name*) as being minimum PGY3 and above, (i.e. IMG takes responsibility for each individual patient and there is mechanism in place for monitoring and supervisor is contactable by phone or video), are rostered for overnight duty. The *Health service name* acknowledges that the level of supervision is reduced, and consultant support is available by phone. Hence only appropriately experienced staff are rostered in order to ensure quality and safety.

### **International Medical Graduates (IMG) Supervision Structure**

#### 5. *Statement of compliance with Medical Board IMG supervision guidelines*

In addition to the usual supervision of junior medical staff, *Health service* complies with the MBA supervision guidelines for IMGs in the following ways:

The *Medical clinical educator, DMS, CMO or equivalent* is nominated as principle supervisor for all IMGs at *Health service name*.

A co-supervisor is nominated for each IMG in compliance with the Medical Board supervision guideline (Clause 3.4).

In addition to the factors above to determine the supervision level for junior medical staff, IMGs have the following additional considerations:

- the IMG's qualifications
- the IMG's previous experience, especially in the type of position that they have been appointed in
- the position itself, including the level of risk, the location of practice and the availability of supports (other practitioners, local hospital), and
- recommendations from a specialist medical college which has assessed the IMG (or a different level of supervision if required by AHPRA)

#### 6. *How our health service monitors IMG supervision*

The Medical Education Unit, Junior Medical Workforce Unit and co-supervisors collaborate to provide support and oversight for all IMGs. The health service structure for performance assessment of JMOs is attached and aims to ensure that the IMG is practicing safely and not placing the public at risk. This is achieved by observing the IMG's work and conduct, providing feedback informally, as well as undertaking formal mid- term and end of term assessments. All supervisors, in consultation with the Principal supervisor will provide appropriate notifications to the Medical Board as necessary.

**\*\*Attach Health services performance assessment guideline that describes how junior medical staff are assessed within the Health Service**

The *Health services* Medical Education Unit provides weekly teaching that is available to all junior medical staff including IMGs, and provides specific one to one mentoring and support when required.

**7. Reporting**

*Health service* will provide work performance reports regarding the IMG doctors that they are supervising in accordance with clause 7, *Reporting guidelines*.