Submission on:
Implementation of a New Framework For Supervision of International Medical Graduates (IMGs)
– Consultation Stage Two

Submitted by:
The Royal Australasian College of Physicians

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Thank you for the opportunity to comment further on this proposal.

Introduction
The Royal Australasian College of Physicians (RACP) supports any initiative seeking to refine the supervision requirements for IMGs.

The College has carefully considered the two models presented and supports Option Two as the preferred framework. This model is well documented and, while it has flexibility, it still ensures the IMG is adequately supported throughout the supervision process.

Addressing The Medical Council's Specific Questions

1. Are you comfortable in principle with the two proposed options outlined in the document?

Option One: Approved Practice Settings
The College has some concerns relating to this proposal. This model is based on a system developed in the United Kingdom which has been personally experienced by Fellows of the College who have strong reservations about it. An organisation may meet the requirements of an APS and manage the supervision process but it is not obvious who would have overall responsibility for the IMG. In our opinion, this model is not rigorous enough to ensure the IMG is fully assessed throughout the supervisory process. Furthermore it is unclear who receives the supervision reports and if the College has any role to play in this process.

Option Two: Individual Supervision Plan Framework
This option has elements similar to the current process. The components of supervision and the supervision plan are clearly described thus defining the expectations for IMGs. By allowing offsite supervision the Medical Council will assist smaller DHBs in recruiting suitably qualified IMGs who are often necessary to maintain health services in smaller regional areas.

2. Can you see any practical issues for the implementation of either of the options, and if so, what might be a potential solutions to these issues?

As noted above, the College is supportive of Option Two. This model considers the IMG’s individual circumstances, is well planned and involves the College in the supervisory process.

There are implications of implementing this framework which need to be addressed by the Medical Council:

1. The success of this model hinges on the Chief Medical Officer’s involvement and this places additional workload on an individual who already has a large portfolio.
2. The cost of implementing this programme needs to be considered. This option suggests that the IMG spends a period of time working at the same site as a doctor registered within the same vocational scope. This may involve the IMG working in another facility and the funding of this component would need to be considered.
3. While the College supports the notion of offsite supervision, this would involve significant logistical organisation by the DHB, supervisor, IMG and the College.
4. The College is not convinced that the IMG must be supervised by a doctor registered within the same vocational scope. If there is no vocationally registered specialist available for supervision as could occur in a smaller centre then the College would not have strong objections to someone registered in a related vocational scope providing supervision.

The College would be most interested in obtaining more information relating to the Medical Council’s guidelines relating to the orientation and induction process for IMGs. If the Medical Council was to require implementation of those guidelines, the delivery of an orientation programme (e.g. in person or using online facilities) and the content of the materials (e.g. inclusion of cultural competence) would need to be carefully considered. With respect to the Medical Council’s commitment to orientation and induction, the College would strongly support the type of interactive programme that is provided in Australia by the Australian Medical Council to their IMGs.

Conclusion

The key principles outlined in Option Two are flexible, yet robust. It is a model which is supportive of IMGs and supervisors, and addresses in general, the broader issues affecting the New Zealand health sector.

In our initial submission we supported the concept of formally approved supervision of International Medical Graduates and this proposed framework meets the requirements we would expect from a supervision programme.

As indicated in our previous submission, the College does have well developed policy relating to the supervision and assessment of IMGs. The current processes have been developed by working closely with our College counterparts in Australia to ensure IMGs are adequately supported through their supervisory period.

We would like to reiterate that we would prefer the process to be referred to as a “peer review” rather than supervision. Many IMGs are highly qualified professionals in their country of origin and “peer review” would be a more fitting description of the process.

We trust these comments are helpful in shaping the Council’s future work in this area. If you wish to discuss aspects of the submission further please contact us.

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