

Consultation – Guidelines - Supervised practice for international medical graduates

Dear AHPRA,

Many thanks for inviting feedback on this document. I am a Head of Department and Consultant Orthopaedic Surgeon in a hospital which has found it hard to recruit Australian Graduates to senior positions. As such, I was under the IMG programme (I graduated in the UK) before the formation of AHPRA from the state boards and have supervised several IMGs in senior positions under the existing AHPRA system.

I welcome the provision for hospital posts to specify supervision levels appropriate to the hospital environment. I have found under the existing system that AHPRA tend to interpret the recommendation of the College as a more stringent level of supervision than I believed was appropriate. As such, I was required to supervise a surgeon who had been practising independently in a developed country (and was perfectly competent) to a greater degree than I was required to supervise the intern. This certainly was very onerous and inconsistent with the level of appointment. I would suggest that the equivalent of level 3 and 4 supervision would be appropriate from the outset for people employed as Senior Medical Practitioners or Consultants otherwise the College would not have approved them for the post under the College IMG assessment process. I would suggest that someone who genuinely needed level 1 or 2 supervision should not be employed in such a senior post.

I think it would be useful in a hospital context for the board to specify whether clinics of a senior level IMG should be concurrently with the supervisor, with the supervisor on site or with the supervisor available for advice. Similarly, for surgical IMGs, it would be useful as a supervisor for the board to specify whether lists should be jointly with the supervisor, with the supervisor available on site or with the supervisor reviewing outcomes.

Sincerely,

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