

## Information sheet

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April 2022

### International medical graduate supervision in hospital-based positions

#### Purpose

The purpose of this information sheet is to provide guidance to hospitals who employ international medical graduates (IMGs).

The Medical Board of Australia (the Board) recognises that the levels of supervision in its *Guidelines: Supervised practice for international medical graduates* (the Guidelines) are based on the general practice environment. This information sheet provides a framework for hospitals to propose alternative supervision arrangements for the Board's consideration. It provides information that hospitals can use to describe Level 1 or 2 supervision in their organisation.

#### Background

The supervision levels in the Board's Guidelines are based on the general practice environment.<sup>1</sup> The Guidelines allow for hospitals employing IMGs to propose alternate supervision arrangements based on existing supervision structures and protocols.

In general practice, the IMG is generally working in a more isolated environment, with sometimes only a single supervisor. In hospitals, there are usually other health practitioners around, and there are established protocols for escalation, seeking assistance and supporting safe practice. In addition, there are many relatively routine aspects of clinical care in hospitals that do not necessarily require one-on-one supervision and discussion with an approved supervisor for every clinical encounter.

This information is published to assist hospitals to describe proposed supervision, including supervision structures and alternate arrangements, particularly in relation to level 1 and 2 supervision.

Each application is considered on its individual merits and decisions are based on the evidence submitted. Any change to the IMG's supervision arrangements require Board approval.<sup>2</sup>

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<sup>1</sup> The four supervision levels as described in the Guidelines for general practice are at Appendix A for reference.

<sup>2</sup> Excludes temporary provisions for COVID-19. For more information see [www.ahpra.gov.au/News/COVID-19](http://www.ahpra.gov.au/News/COVID-19)

## Principles for hospital supervision

- Level 1 supervision in a hospital is equivalent to 'intern supervision'. If a hospital employs interns in accredited intern positions and they can provide the same supervision for the IMG as they would an intern at the start of the intern year, they can propose 'intern supervision' for an IMG on Level 1. The IMG does not need to be in an accredited intern position.
- Hospitals can propose supervision based on one of the Board's supervision levels, but they can modify to allow for existing hospital structures, practices and protocols.
- Hospitals are expected to assess each individual IMG's suitability for the proposed supervision arrangements.
- Hospitals (primarily through the principal supervisor, as well as others) are responsible for ensuring that each IMG is appropriately supervised for safe practice. They need to put arrangements in place to increase supervision if the supervision arrangements approved by the Board are assessed to not be sufficient after the IMG starts to practise.
- Supervision typically includes a mix of direct and indirect supervision, depending on the hospital's assessment of the individual, the role and the patient/procedure.
- Not every clinical encounter requires direct supervision and a discussion with a supervisor.
- Clinical supervision can be undertaken by a number of individuals, but the IMG must know who their immediate clinical supervisor is for every patient and how to contact them, and the supervisor must know that they are responsible for the supervision of the IMG. Other team members should be aware of the supervision arrangements.
- The same principles of supervision apply both in and after hours.
- The availability of appropriate supervision determines where and when an IMG can work. For example, IMGs can work in rural and regional settings, satellite sites and after-hours work if appropriate supervision is available.
- Employment arrangements are not relevant considerations in relation to supervision. That is, it is not relevant whether the IMG is a permanent employee, contractor, locum, etc.

## Supervision of IMGs in hospitals

The following are general descriptions of some types of supervision in hospitals. The hospital can use these descriptors and/or others to describe the supervision arrangements. All these types of supervision can be suitable for IMGs (subject to approval).

### 1) Types of supervision

- Direct supervision – the supervisor is physically present and awake.
- Indirect supervision – the supervisor is awake, easily contactable, available within 10 minutes and there are clear escalation protocols.

### 2) Availability of supervisor

- Onsite supervisor – the supervisor is awake and onsite at all times.
- Offsite supervisor – the supervisor is easily contactable and available onsite within 10 minutes.

## Supervisors of IMGs in hospitals

### 1) Who can supervise an IMG in a junior doctor position in a hospital setting?

The Board's supervision Guidelines outline the types of supervisors and requirements for supervisors (principal and term co-supervisors).<sup>3</sup>

**Principal supervisor** - A Director of Medical Services (DMS) or Director of Clinical Training (DCT) (or equivalent) may be appointed as a principal supervisor.

**Term co-supervisors** - The DMS or DCT (or equivalent) may appoint **term co-supervisors** without Board approval. The term co-supervisors are delegated the day-to-day supervision of the IMG.

Co-supervisors must:

- have specialist registration
- practise in the same field
- have three years' experience with general or specialist registration
- not have conditions on their registration.

All IMGs in hospital-based positions must have a principal supervisor and term co-supervisors as specified in the Guidelines.

Hospitals may also include in their proposal, additional medical practitioners who can act in a supervisory capacity to support keeping patients safe:

- senior doctor in training (registrar, PGY3 or above) (general registration)
- substantially comparable IMG in specialist role on level 3 or 4 supervision.

These medical practitioners do not necessarily need to be in the same field as the IMG.

## Approval process

All IMGs' supervision arrangements must be approved by the Board.

When the IMG submits their supervised practice plan, a hospital can propose alternate supervision arrangements. The proposal can be based on a Board supervision level to provide an indication of the supervision arrangements.

The Board will decide whether to approve based on the information provided, the position description and other information in the application.

Approval of the supervision arrangements is determined by the Board and proposed arrangements are subject to Board approval.

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<sup>3</sup> Medical Board of Australia – [Guidelines: Supervised practice for international medical graduates](#)

## Information required from hospitals proposing IMG supervision arrangements

If a hospital is seeking approval of supervision that is not specified as a level of supervision as per the Board's Guidelines, they must include the following information in addition to the Supervised practice plan (SPPA-30): *\*A template is available*

If an IMG needs Level 1 supervision and the hospital employs interns in accredited intern positions, they can propose 'intern supervision' for an IMG on Level 1. The IMG does not need to be in an accredited intern position. The hospital confirms this in the Supervised practice plan (SPPA-30). The template is not required.

If an IMG needs Level 1 supervision and the hospital *does not* employ interns, they must describe the supervision arrangements using the template provided.

Required information	Detail required/Examples	To be completed by hospital
Hospital location	Metro/regional/rural Satellite hospitals/sites/campuses/clinics	
Hospital type	Public/private Tertiary Is there an ED onsite?	
IMG's proposed hours	Average number of hours per fortnight Is there after-hours work?	
Supervisors (required)	Principal supervisor (position) Term co-supervisors (types of positions not names)	
Other clinical supervision	Other medical practitioners who can act in a supervisory capacity (roles not names, such as senior doctor in training, substantially comparable specialist IMG)	
Other practitioners present (optional)	Other medical practitioners present when IMG is practising (roles not names, such as accredited registrar, specialist, etc)	
Mechanisms in place to ensure that everyone is aware of the supervision requirements	Who is responsible for determining the supervision arrangements for the rotation? Who is responsible for determining the supervision arrangements for the shift? How are the supervisors, the IMG and other team members made aware of the supervision arrangements?	
Types of supervision	What proportion will be direct/indirect supervision and who will provide? (roles not names) What proportion will be by onsite/offsite supervisors?	
Escalation protocols for seeking assistance	Routine seek advice, e.g. supervisor, other practitioners Urgent emergency response e.g. MET call, Code Blue. Call criteria and details of response not required	
Any other relevant information (optional)		

## Appendix A

### Supervision levels (as per Board's Guidelines)

#### Level 1 supervision

The supervisor takes direct and principal responsibility for each individual patient.

1. The supervisor must be physically present at the workplace at all times when the IMG is providing clinical care.
2. The IMG must consult their supervisor about the management of all patients at the time of the consultation and before the patient leaves the practice.
3. Supervision via telephone contact or other telecommunications is not permitted.

#### Level 2 supervision

The supervisor shares with the IMG, responsibility for each individual patient. The supervisor must ensure that the level of responsibility that the IMG is allowed to take for patient management is based on the supervisor's assessment of the IMG's knowledge and competence.

1. Supervision must be primarily in person - the supervisor must be physically present at the workplace a minimum of 80% of the time that the IMG is practising. Where the supervisor is not physically present, they must always be accessible by telephone or video link.
2. The IMG must inform their supervisor on a daily basis about the management of individual patients.

#### Level 3 supervision

The IMG takes primary responsibility for each individual patient.

1. The supervisor must ensure that there are mechanisms in place for monitoring whether the IMG is practising safely.
2. The IMG is permitted to work alone provided that the supervisor is contactable by telephone or video link.

#### Level 4 supervision

The IMG takes full responsibility for each individual patient.

1. The supervisor must oversee the IMG's practice.
2. The supervisor must be available for consultation if the IMG requires assistance.
3. The supervisor must periodically conduct a review of the IMG's practice.