



The Royal
Australian &
New Zealand
College of
Psychiatrists

Committee for Specialist International Medical Graduate Education (CSIMGE)

Supervisor Guide

Acknowledgements

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INTRODUCTION

The Committee for Specialist International Medical Graduate Education (CSIMGE) is the RANZCP committee responsible for all matters involving Specialist International Medical Graduate (SIMG) comparability, education and progression to Fellowship, including assessment of clinical skills. This guide addresses the specific supervision requirements of Specialist International Medical Graduates who are on the pathways for which the CSIMGE carries responsibility. Its purpose is to inform supervisors of the structure and function of SIMG education and the various roles and expectations of supervision of SIMGs on the pathways to RANZCP Fellowship.

SIMG candidates have specific supervision needs over and above the employer provided assistance programs which assist integration of SIMGs to the life, culture and health systems in Australia and New Zealand. SIMGs additionally require specialist supervision to assist them with their adaptation to the practice of psychiatry in Australia and New Zealand, to guide their progression to Fellowship, for general professional development, and to report on their progress to the CSIMGE.

RANZCP SPECIALIST PATHWAY

The Specialist Pathway is the RANZCP pathway to Fellowship for overseas trained psychiatrists/candidates who seek to work permanently in Australia as psychiatrists. In Australia, all candidates seeking employment and registration as specialist doctors are assessed by specialist colleges for the equivalence of their training and qualifications and eligibility to work in the relevant specialty. In New Zealand, this assessment is done by the Medical Council of New Zealand, with advice from the relevant College.

Candidates are eligible to apply to the RANZCP for assessment of the equivalence of their training and qualifications in psychiatry if they have:

- undertaken clinical training in psychiatry in an accredited training program of at least three (3) years duration
- attained a qualification in psychiatry which was the highest qualification in clinical psychiatry in their country of qualification at the time the qualification and
- attained a qualification which enables registration for practice as a specialist psychiatrist in the relevant country.

The assessment of an individual candidate's eligibility for the Specialist Pathway, and if relevant, suitability for a specific Area of Need position, is undertaken by the relevant State Assessment Panel (SAP) by means of paper-based and interview evaluations of the candidate's training, qualifications and experience. The CSIMGE (based on the SAP recommendations):

- determines whether the candidate's training, qualifications and experience are substantially, partially, or not comparable to RANZCP training, qualifications and experience
- specifies the Comparability status outcome (Partial, Substantial or Not comparable) (previously Categories I, II or III/Eminent and whether eligible for the Substantial Comparability Pathway)
- determines what additional training, experience, and assessment is required for equivalence and progression to Fellowship.

Substantial Comparability requirements

The Substantial Comparability outcome may be given to those candidates:

- whose training, qualifications and experience has been determined substantially comparable to RANZCP training, qualifications and experience
- are assessed as 90% comparable to an RANZCP trained psychiatrist, based on a minimum score of 29 using the Phase II Comparability Assessment Form
- who are employed at the level of at least a junior consultant psychiatrist (minimum of 0.6 Full Time Equivalent - FTE)
- whose work comprises a minimum clinical component of 0.3 Full Time Equivalent. This ensures that the candidate has a sufficient case load to meet all workplace based assessment requirements.

This Substantial Comparability placement (SCP) is of twelve (12) months FTE duration and involves supervised workplace based assessments (WBA). The placement requires an undertaking from the employer of employment as a consultant psychiatrist and of necessary support including supervision for the duration of the placement. The end of placement declaration by the employer needs to verify the candidate has demonstrated a satisfactory work performance. The candidate needs to demonstrate satisfactory performance at assessments distributed across the entire placement, being three (3) Case-based Discussions (CbDs); a multisource feedback from colleagues/co-workers/community contacts, patients/carers, and self; and three (3) Supervisor Reports.

Supervision by a SCP accredited supervisor is mandatory and a core part of the process of professional development and assessment on this pathway.

Partial Comparability requirements

Candidates who are partially comparable must undertake specific additional training, experiences and/or assessments similar to trainees, such as the written and clinical examinations. From 2016 onwards, the Partial Comparability requirements will be aligned with the 2012 Fellowship Program wherein candidates will be required to complete appropriate training and workplace based assessments as well as other summative assessments.

For Partially Comparable candidates, supervision is mandated by the AHPRA. However, employers are required to supplement the AHPRA-mandated supervision by providing candidates with access to regular educational and professional development resources as for advanced trainees. Candidates will be required to have a supervisor in place in 2016 so as to undertake any workplace based assessments when the partial comparability requirements are aligned with the 2012 Fellowship Program.

Area of Need status

Area of Need (AON) is not a pathway to RANZCP Fellowship in itself. It is a category on the Specialist Pathway which is awarded conjointly with either Partial Comparability or Substantial Comparability status based on the requirements of the AON position.

AON positions are declared as such by the states and territories in Australia. The offer of employment to a candidate and the provision of registration to the candidate by the AHPRA for that position is dependent on the determination by the CSIMGE that the position is suitable. Suitability of an individual for a particular position is based on the SAP assessment of the candidate's training, qualification and experience; on the specific service and resource profile of the proposed health service; and on the availability of the necessary level of support and supervision determined by the CSIMGE.

Supervision is mandatory for all candidates in AON positions. The level of supervision and frequency is specified by the CSIMGE based on SAP recommendations. Supervision process and outcomes are evaluated by periodic monitoring of reports by the CSIMGE and if necessary direct communications with the supervisor and/or line manager.

From 1 June 2015, all new and existing candidates assessed as partially comparable (Category I and Category II Exemption Status) are no longer eligible to apply for new Area of Need/Specialist positions. Partially comparable candidates will be eligible to work in other positions, such as Senior Registrar or Senior Medical Officer. Only candidates who have been assessed as substantially comparable will be eligible to apply for Area of Need positions.

SPECIALIST SPECIFIED TRAINING (SST)

The SST is not a pathway to Fellowship. It is an educational program auspiced by the College to enable overseas trained psychiatrists or trainees who are in their last two years of training overseas, to gain short-term experience for up to two years in a field of psychiatry not available in their home country. At the completion of the experience, the participant must return to their home country.

There are specific supervision requirements in this program; as it is not a pathway to Fellowship, supervision for SSTs will not be discussed in this guide.

ELIGIBILITY CRITERIA FOR CSIMGE SUPERVISOR APPOINTMENT (SCP AND AON)

Supervisors are required to meet the eligibility criteria for RANZCP supervisors in general:

1. Generally, hold FRANZCP qualification for a minimum of three years.
Where a Fellow has attained the FRANZCP less than three years ago, but has prior substantive experience in training, education, supervision, and assessment as a member of an overseas College, the three year Fellowship requirement may be revised by CSIMGE.
In some circumstances, having regard to the workplace situation and the level of seniority of the supervisee, a recently admitted Fellow may undergo Supervisor training and be accredited by CSIMGE as a co-supervisor in that instance.
2. Expected to be a RANZCP-accredited Supervisor and have done RANZCP Supervisor training conducted by the Branch Training Committees.

3. Ability to act as an appropriate role model, exhibiting high standards of clinical competence, communication skills and professional values in relation to clinical practice.
4. Demonstrated commitment to ongoing professional development.
5. Completion of supervisor training and accreditation

Supervisors are required to meet the following additional SIMG specific criteria:

6. An interest in and/or previous experience of working with and supporting SIMG candidates.
7. Sufficient qualifications and experience to provide expert supervision specific to the level of seniority, circumstances and professional development needs of individual candidates.
8. Recency of relevant experience in RANZCP training, education and assessment or RANZCP accreditation as examiner.

IMPORTANT NOTE

- Non-College Fellows, working as Consultant Psychiatrists whilst enrolled on the Specialist Pathway to Fellowship, may supervise SIMG candidates working in advanced trainee equivalent positions.
- The supervisor of a consultant psychiatrist candidate must be of suitable seniority, **MUST NOT** be less senior than the candidate, and should be employed at a more senior level.

Completion of SCP Supervisor accreditation

1. Nominate to the Substantial Comparability Assessment Review Panel for Supervisor appointment.
2. If approved, undertake SCP Supervisor accreditation which involves personal study of resource material; group training by teleconference, led by a SCARP facilitator.
3. Update/re-accreditation training every five (5) years.
4. Supervisors are strongly encouraged to also undertake Assessor training and to undertake Cbd assessments.
5. Supervisors may on an as needs basis participate in peer review by teleconference auspiced by the CSIMGE.

SUPERVISION

The AHPRA has set supervision requirements applicable to the registration of SIMGs granted limited registration to work in Australia, including in specialist positions. These requirements are set out in Appendix 1 – please note AHPRA is in the process of updating these requirements.

Function of supervision in general

Clinical supervision aims to facilitate the candidate's professional and personal development by providing support and a trusted relationship so as to regularly review performance, guide acquisition of skills and knowledge, and assist reflection on performance including relationships with patients, their carers, peers, colleagues and the workplace in general.

RANZCP designated supervisors are accredited by the College and have a core function in the training program, including liaison with the Director of Training (DOT) and with the College (Committee for Training) about the progression of individual trainees under their supervision.

Further function of supervision for Specialist Pathway candidates

SIMG candidates have additional needs in supervision. Important aspects which apply universally to doctors who have recently arrived in Australia or New Zealand from specialist psychiatry practice in another country are:

- adaptation of all aspects of their practice to the medical and general culture in Australia and New Zealand
- adaptation to language and communication styles, including use of the vernacular
- adaptation of their learning and formal presentation styles
- adapting to role change and consultant role in multidisciplinary teams and hospital services in particular
- clarification of, and up-skilling in, local clinical practices, knowledge, skills and attitudes
- undertaking the specific training requirements and experiences for progression to Fellowship, as determined by CSIMGE
- integration with local/regional educational resources, the medical community and professional bodies.

Supervisors are a resource for the candidate in supporting and overseeing these important aspects of candidates' practice. The educational principles employed by the CSIMGE are those of adult learning. It is the expectation of the CSIMGE that supervision will utilise techniques that encourage adult learning.

Methods of supervision in general

Supervision may occur in the following ways:

- *On a day-to-day basis*

'Real Time' access, face-to-face, over the phone or remotely via email, and the supervisor can provide 'hands on' assistance if required to build candidate confidence and support safe clinical care provision.

- *Structured one-to-one sessions*

Conducted in accordance with Medical Board of Australia and College policies and professional practice, and on a regular basis in an environment that facilitates discussion, reflective practice and monitoring of performance and goals.

One-on-one supervision may be done by telephone, videoconference or online (email/Skype) in conjunction with face to face meetings.

- *Group supervision*

Facilitated group discussion on clinical cases, topics of interest, inter-professional collaboration and team work.

Lead by the supervisor and can be conducted face-to-face or via teleconference and/or videoconference. This may be a particularly useful method for rural/isolated candidates.

This group supervision should be distinguished from peer review, where there is not a designated leader/supervisor, nor a formal contract (including payment).

Group supervision should not be the only form of supervision but should be supplemented with individual supervision as well.

Level of supervision specifications for Specialist Pathway

Facilitating Supervision: Useful points to consider

- Both parties give priority to the 1:1 sessions
- Sessions are scheduled regularly and rescheduled if missed
- Avoid interruptions and advise receptionist/team that supervision takes priority unless dire emergency
- Maintain punctuality and availability, i.e. both have contact numbers, etc
- Establish trust through rapport and support
- Respect the supervisee and be mindful of the manner of interaction and confidentiality of issues
- Ensure a safe environment for sessions to allow difficult issues to be raised
- Motivate the supervisee by being positive and encouraging
- Base the clinical supervision on modelling and leadership
- Allow the supervisee to grow, be independent and to make some mistakes as the supervisory relationship should provide a setting in which the trainee can develop the required attitudes, skills and knowledge
- The relationship is collaborative
- Encourage reflective practice and constructivist learning so that candidates are guided in problem solving, critical thinking and researching information
- Focus on regular, timely, useful and specific feedback where by strengths are mentioned as too are weaknesses
- Consider collaborative goal setting and review of goals

The level of supervision relevant to candidates is either AHPRA Level 3 or 4 (see Appendix). In general, Level 3 would apply to a candidate working in a senior trainee or medical officer role, and Level 4 would apply to a candidate working in a specialist psychiatrist/staff specialist role.

Level of Supervision on the Specialist Pathway (AON)

Partially Comparable candidates

As SIMG Candidates have been determined to be at least partially comparable to a RANZCP trained junior consultant psychiatrist, and have been assessed as requiring 12 months or less of additional training or experience, it is expected that the level and frequency of supervision needed is equivalent to that of an advanced trainee. During the initial settling in period, it may be that more intensive supervision is temporarily needed.

Substantially Comparable candidates

As SCP candidates have been determined to be at least 90% comparable to an RANZCP trained junior consultant psychiatrist, it is expected that the level of supervision should be no more than that of a junior consultant psychiatrist. During the initial settling in period, it may be that more intensive supervision e.g. weekly, is temporarily needed.

Supervision Contact: Frequency specifications

SIMGs on the Specialist Pathway should be provided with supervision by a College accredited supervisor on a regular basis. The contact frequency and type should be specified at the outset for an agreed period of time, for example twelve months.

The frequency may be weekly to monthly. The intervals may be varied – for example more frequent at the beginning.

The CSIMGE considers that there is flexibility depending on a variety of circumstances such as the seniority of the supervisee, degree of adaptation to practice in Australia, availability of other supports, educational resources and peer oversight within the workplace.

It may be less frequent face-to-face supervision (no less than once per month) interspersed with teleconference/videoconference/email sessions as appropriate.

It may be that where there is more than one SCP or AON candidate within a service, that group supervision, where the supervisor takes the lead role, is appropriate for some of the sessions.

A record of the supervision content and action plans should be documented by the supervisor and by the candidate for personal use.

'Supervisor: Candidate' ratio specifications for Specialist Pathway

In general, Supervisors should supervise no more than two (2) candidates at the one time but in some circumstances up to four (4) candidates may be acceptable. Supervisors need to consider their circumstances and capacity to supervise.

There is flexibility here depending on a variety of circumstances such as:

- supervisee factors: seniority; degree of adaptation to practice in Australia; observed acquisition of skills; progress on pathway
- resource factors: availability of other supports, educational resources and peer oversight within the workplace
- frequency of supervision
- feasibility including workplace demands factors may be a consideration but should not disadvantage the supervisee

SUPERVISOR RESPONSIBILITIES ON SPECIALIST PATHWAY

General Principles:

- Be familiar with core information, inclusive of the RANZCP regulations, the College Code of Ethics, the procedures of the CSIMGE and its sub-committees, and the mechanisms of the Specialist Pathway.
- Create a suitable learning environment.
- Monitor and observe SIMG candidates with patients, peers and other medical staff on a regular basis.
- Assist the candidates to develop clinical skills by accessing a wide range of opportunities.
- Reflect constructively upon the work presented in supervision.

- Review candidate performance and undertake assessments based on strengths, weaknesses and progress, taking into account external assessment outcomes.
- Discuss strategies to overcome any weaknesses in performance and identify problems that need remediation early in supervision.
- Assess Work place based Assessments including Observed Clinical Activities (OCAs) as appropriate.
- Demonstrate:
 - Leadership and role modelling
 - Interest and support for the candidate
 - Commitment to educational aims
 - Ability to identify and address problems in supervision
 - Ability to evaluate supervision, seek and accept feedback
 - Satisfactory attendance and availability for clinical consultation

Specialist Pathway supervision specifications

Partially Comparable candidates

Many candidates who are deemed to be partially comparable are employed in advanced trainee equivalent roles or as medical officers.

These candidates will be provided supervision by their employer as required by the AHPRA (see Appendix 1). Supervision on this pathway is not currently specifically mandated by the RANZCP/CSIMGE. However, with the alignment of the Specialist Pathway requirements with the 2012 Fellowship Program from 2016, the supervision for all Specialist Pathway candidates will become mandated. The CSIMGE routinely receives and reviews Supervisor Reports at three (3) year intervals when an extension of Exemption Status is requested, and otherwise at other times in special circumstances (for example, a significant change in employment, or when performance is of concern). With the anticipated changes in 2016, supervisor reports will become an integral part of specialist assessment.

Directors of Training (DOTs) in general do not have responsibility for candidates. The CSIMGE strongly encourages DOTs to extend their role to candidates working in their service in trainee equivalent positions, and in some states (Qld, Western Australia, South Australia and Victoria), there are SIMG-DOTs who provide support with an overall education plan to candidates.

Substantially Comparable candidates

Supervision for these candidates is mandated by the CSIMGE as a pre-condition for eligibility for the placement. In general, there is an expectation for at least 40 weeks a year supervision for Substantial Comparability Pathway candidates.

Supervision is a core structure required to be in place prior to commencing the WBA and throughout. There is a specific SCP supervisor training program which is delivered periodically on demand and accessed remotely. If Supervisors are going on extended leave, there should be a secondary Supervisor organised to supervise the candidate/s.

Prior to candidate's commencement on the pathway, the supervisor should ensure there has been a preparatory phase of at least three months during which the candidate has had adequate opportunity to adapt to the practice of psychiatry in Australia. During this time the supervisor may commence observation of the candidate in clinical interviews, interviews with family/carers, in multidisciplinary team interactions, and in clinical record keeping and report writing.

Supervisors are also expected to conduct a formative Case based Discussion (CbD). The main aim of the CbD assessment at this stage is to familiarise candidates with the assessment process and provide feedback on their performance that will assist them in focusing on areas requiring improvement in order for them to meet the standard for the successful completion of summative CbDs.

This formative assessment is conducted at the 2 month stage of the placement and should be viewed as a practise assessment to assist the candidate with the summative CbDs. This assessment is primarily between you and the candidate. It should however follow the same process as other CbDs. Verbal and written feedback should be provided by the supervisor that will assist the candidate with future assessments.

The supervision format for the SCP is according to a semi-standardised overall plan based on CanMeds. The supervisor reports at defined intervals to CSIMGE through the Substantial Comparability Assessment Review Panel (SCARP) on the candidate's progress.

The supervisor manages the implementation of any remediation plan necessitated by unsatisfactory progress in any aspect of the WBA.

The supervisor also has a role in advising the candidate on appropriate selection of sources of multi-source feedback, and in discussing with the candidate the outcomes. SCARP may formally request that the supervisor assists the candidate to reflect on MSF results which are qualitatively problematic.

In summary:

- Complete SCP supervisor training program and attend a RANZCP approved update every five (5) years
- Ensure availability to participate formatively in the candidate's WBAs
- Be familiar with the WBA tools (CbDs, supervisor reports, multisource feedback).
- Submit a completed "Job Orientation: Ready to Commence Substantial Comparability Placement" Form
- Practice CbDs with the candidates; directly observe clinical interviews, family /carer interviews, and multidisciplinary team interactions.
- Conduct a formative Case-based Discussion and provide feedback to candidates on this case.
- Utilise the supervisor report format (CanMeds) to structure the supervision, utilise the report completion as a formative and summative process, make full use of the subsets of items to identify areas of improvement and monitor progress, and provide sufficient commentary to inform SCARP of candidate's abilities in each of the domains.
- MSF: discuss MSF results with candidate and support candidate's reflection on specific feedback if negative or otherwise problematic.

Area of Need supervision specifications

Supervision for candidates working in an Area of Need position is mandated by the AHPRA and oversighted by the CSIMGE. The CSIMGE determines at the time of the initial assessment:

- the necessary level, frequency and mode (face to face, video, or telephone) of supervision,
- may specify particular aspects of function or skills to be addressed,
- and specifies the frequency of reporting to CSIMGE.

It is crucial for supervisors of candidates in Area of Need positions that they be:

- familiar with the particulars of the practice of psychiatry in remote or rural locations
- able to support and educate candidates working as solo practitioners in positions of significant responsibility
- able to supervise senior colleagues
- able to assist the supervisee with accessing tertiary level specialist opinion remotely or periodic up-skilling as necessary.

Adaptation to practice of Psychiatry in Australia and New Zealand specifications

The supervisor should be able to incorporate the following:

- adaptation of all aspects of practice, to the medical and general culture in Australia and New Zealand
- assisting with understanding and experience of indigenous culture and relevant mental health issues
- adaptation of candidate's learning and formal presentation styles, including familiarity with the vernacular
- candidate comprehension and fluency in oral and written English (Australian and New Zealand versions)
- adaptation to role change (for example, trained and worked as a psychiatrist overseas but employed in a senior trainee or medical officer position in Australia and New Zealand)
- addressing clarification of and up-skilling in gaps in clinical knowledge, skills and attitudes (for example, developing a formulation; high prevalence disorders, personality disorders, substance abuse disorders; working with the multidisciplinary team, families and NGOs; use of the Mental Health Act)
- assisting candidates to include a patient's support network (family and/or carers) as part of the patient's treatment and recovery
- facilitating and oversighting the specific training requirements and experiences determined by CSIMGE (for example, psychotherapy experiences)
- assisting with integration with the local/regional educational resources and trainees.

SIMG Candidates in difficulty

Possible difficulties that SIMGs can find themselves in are:

- Adjusting to the role change
- Difficulties arising from isolation
- Working with multi-disciplinary teams (MDT)

Supervisors should be aware of these possible difficulties and develop some strategies to assist IMGs in these areas, such as a developmental plan that will help to keep track of candidate progress in these areas. They should also consider ways in which they can provide feedback to these candidates.

Development plans

In the case of a candidate making unsatisfactory progress either by failure/recurrent failure at assessment on the Specialist Pathway (both Partial Comparability or the Substantial Comparability), or by failure to demonstrate progression to Fellowship beyond the desirable time frame, the candidate is required to submit an individual development plan.

The expectation is that this plan will be developed in conjunction with the supervisor prior to submission to the CSIMGE or the SCARP, whichever applicable, for approval. The supervisor is expected to take a central role in the delivery and monitoring of that plan, using adult learning principles.

Remediation and Education Plan outlines are provided in Link 83a and 19A, respectively:

<https://www.ranzcp.org/Pre-Fellowship/2003-Fellowship-Program/Links-and-Forms.aspx>

Supervision Reports in general

Each pathway has a specific reporting format which is to be submitted to CSIMGE at regulated intervals specific to each pathway. Templates of these reports and an example of an acceptable report can be found in the Appendix 3. In general, the report by the supervisor should provide factual information about the candidate's professional development and factors affecting progress to Fellowship (positive and negative) based on direct observation or feedback to the supervisor from workplace colleagues, especially from other consultant psychiatrists.

The material considered for the report and the content of the report should have been the subject of consideration during supervision and of feedback, both positive and negative, to the supervisee. The report as submitted to CSIMGE is confidential and will not be disclosed by CSIMGE to the candidate, other than broad and unattributed feedback that there is a problem which requires review.

SCP Supervision Reports

For the SCP, an initial '**Job Orientation: Readiness to commence Substantial Comparability Placement**' form is submitted to verify adequate adaptation to practice psychiatry in Australia/New Zealand sufficient to commence the SCP after a **minimum of three months**' work as a Consultant psychiatrist.

Supervisor reports are **submitted at two, six and nine months**.

AON Supervision Reports

For the Area of Need, a supervisor report may be included in the nominated referee reports at initial application, and must be included in the referee reports at three year intervals at the time of application for extension of Exemption status, unless otherwise nominated by the CSIMGE.

Partial Comparability Supervisor Reports

A supervisor report may be included as a referee at initial application, on application for extension of Exemption status, and may be requested by CSIMGE for consideration of problematic progress. At present, supervisor reports are not routinely required for candidates on Specialist Pathway with Partial Comparability requirements. However when these requirements are aligned with the 2012 Fellowship Program, these will become mandatory. Objections Process to CSIMGE Decisions, and Appeals

The College has an appeals process for candidates and Fellows to address decisions with which they disagree. CSIMGE complies with this process. SIMGs and their supervisors are advised to inform themselves by reference to the website <https://www.ranzcp.org/About-us/Governance/Appeals-Process.aspx>

SUPERVISOR RESOURCES AND RECOMMENDED READING

[Specialist and Substantial Comparability Pathway requirements \(equivalence guidelines, etc.\)](#)
[SC workplace based handbook, flowchart of assessment requirement \(outline of assessments\)](#)

EVALUATION OF SUPERVISION

https://www.ranzcp.org/Files/ranzcp-attachments/PreFellowship/Training/Program_Coordination/HL-4-2-Sample-Supervisor-Trainee-Evaluation-pdf.aspx

REFERENCE LIST

1. The Royal Australian and New Zealand College of Psychiatrists (RANZCP), 2012, *2012 Fellowship Program: Supervisor Manual*, RANZCP Melbourne, Australia.
2. Medical Board of Australia, 01 May 2012, “*Guidelines: Supervised practice for limited registration v.1.1*”, viewed on 18 December 2013, <http://www.medicalboard.gov.au/documents/default.aspx?record=WD11%2F5394&dbid=AP&chksum=iOgwjgGW%2F8qVcdN0yTaPxcg%3D%3D>
3. Health Education and Training Institute (HETI), April 2012, ‘*The Superguide: A handbook for supervising allied health professionals*’, HETI, Gladesville, NSW.

APPENDICES

Appendix 1: AHPRA requirements for SIMG Supervision

The AHPRA "guidelines apply to the registration of international medical graduates who are granted limited registration under the Health Practitioner Regulation National Law Act 20096 (National Law) as in force in each state and territory."

Principles of supervision

A principal supervisor is appointed to oversee the supervision process and to assume responsibility for reporting to the Board. Co-supervisors may also be appointed in some circumstances

The principal supervisor must have general or specialist registration

The principal supervisor and any co-supervisors must:

- a. be appropriately qualified, preferably in the same field of medicine as the position proposed for the IMG. If the proposed supervisor or co-supervisors are not qualified in the same field of medicine as the proposed position for the IMG, the Board requires an explanation as to why supervision will not be undertaken by a person qualified in the same field of practice and how it is proposed that effective supervision will be undertaken.
- b. not have conditions imposed on their registration or undertakings accepted by the Board as a result of health, performance or conduct issues
- c. not be a relative or domestic partner of the limited registrant
- d. not be an employee of the limited registrant

The Board may not grant approval or may revoke approval for a supervisor, if it receives a notification of a serious allegation about the supervisor's health, performance or conduct

The principal supervisor and any co-supervisors must be approved by the Board

The Board will not normally approve any practitioner to have direct supervisory responsibility for more than four doctors. Any prospective supervisors who are proposing to supervise more than four doctors must provide a proposal to the Board about how they will provide supervision to each registrant

There may be circumstances, for example in a hospital setting, where the Director of Medical Services (or equivalent) or Director of Clinical Training may take responsibility for appointing a term supervisor for the limited registrant. If this is the case, the Director of Medical Services (or equivalent) or Director of Clinical Training appointed as principal supervisor is exempt from providing:

- an explanation as to why they are not qualified in the same field of medicine as the proposed position for the IMG and
- a proposal to the Board about how they will provide supervision to more than four doctors.

However, they must ensure that the term supervisor/s meets the requirements that are defined in this guideline.

The work performance report is to be completed and signed jointly by the principal supervisor and any co-supervisors responsible for direct supervision during the period of supervised practice

The principal supervisor must confirm their agreement to provide supervision as prescribed by the Board for the duration of the period of limited registration or until changed by the Board." **Medical Board of Australia**

Guidelines: Supervised practice for limited registration v.1.1 Effective from: 1 May 2012 (Page 2 of 22)

Supervisor Levels

The levels of supervision are aligned with Medical Board of Australia guidelines to ensure that the practice of the exemption candidates is safe.

The level of supervision that is required will depend upon a number of factors that include:

- qualifications of the IMG
- previous experience, especially in the type of position for which the IMG has applied
- position description – the requirements of the position
- the position itself, including the level of risk, the location of practice and the availability of supports.

Level 1 supervision

The supervisor takes direct and principal responsibility for individual patients:

- a) The supervisor must be physically present at the workplace at all times when the IMG is providing clinical care.
- b) The IMG must consult their supervisor about the management of all patients
- c) Supervision via telephone contact is not permitted.

The supervisor is required to submit an assessment of the IMG's performance in the form of a report to the Board at the completion of the first three months of the IMG's employment (or earlier if requested by the Board) and the Board may direct that Level 1 supervision must continue to apply for a specific period or the Board may direct that supervision shall be provided at one of the following levels:

Level 2 supervision

The supervisor shares with the IMG responsibility for individual patients. The supervisor is responsible for ensuring 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:

- a) The IMG must inform their supervisor at agreed intervals about the management of individual patients
- b) If the approved supervisor is absent from medical practice, a medical practitioner with general registration and/or specialist registration must provide oversight.
- c) Supervision must be primarily in person. Where the supervisor is not physically present, they must always be accessible by telephone.

Level 3 supervision

The IMG takes primary responsibility for individual patients:

- a) The supervisor must ensure that there are mechanisms in place for monitoring whether the IMGs is practising safely
- b) The IMG is permitted to work alone provided that the supervisor is contactable by phone
- c) The IMG can provide on-call and after hours services.

Level 4 supervision

The IMG takes full responsibility for individual patients:

- a) The approved supervisor must oversee the IMG's practice
- b) The approved supervisor must be available for consultation if the IMG requires assistance
- c) The approved supervisor must periodically conduct a review of the IMG practice

The supervision levels that are described above are suited to the general practice environment. However, they may be less relevant for hospital-based positions which often have well established supervision structures in place. If the levels above do not adequately describe the level of supervision that is proposed for a hospital-based position, the Board will consider other supervision structures" **Medical Board of Australia Guidelines: Supervised practice for limited registration v.1.1 Effective from: 1 May 2012 (Page 5 of 22)**

Appendix 2: Remediation and Education Plans

Substantial Comparability Pathway Case based Discussion Remediation Plan

- I need to revise my overall preparation for demonstration of work competence.
- I need to develop my data analysis and synthesis skills, including prioritisation of information about problems and management.
- I need to develop my appreciation of the responsibilities and risks in prescribing or working in a treatment alliance.
- I need to educate myself about the prescribing regulations in Australia.
- I need to ensure my supervisor takes a direct supervisory role.

Due to upcoming assessment process changes, the Partially Comparable Pathway remediation plan is currently under review.

7.2.1 The Educational Plan

It is expected that the candidate will already have had a number of attempts at the ECE, at least one remediation period, assistance from mentors or supervisors, and attended the ECE workshop.

The plan must contain all of the following elements:

1. Specific examination preparation work individually supported by at least one experienced College Fellow. (e.g. weekly- fortnightly MOCI trial sessions for at least three months; regular MOSCE practice such as can be done during weekly supervision sessions; attendance at specific preparation workshops where the candidate receives individualised feedback)
2. Engagement in psychiatric practice for a significant period of time where the duties relate directly to components of the ECE examination, especially the MOCI. (e.g. working in an acute adult ward for 3 months; working in an adult community or rehabilitation team with sufficient opportunities for this to relate to examination preparation; working part time with access to appropriate preparation opportunities)
3. Address specific deficits identified by previous examination feedback and by supervisors or Directors of Training. (e.g. language/cultural coaching; additional education; or further consideration of previous remediation plans)
4. Address geographic or professional isolation if this has been identified as an issue affecting progression to Fellowship.
5. Attendance at an ECE workshop during the life of the plan.
6. Additional educational experiences (e.g. conference attendance) may be considered but all elements must be relevant to examination preparation
7. A statement of support from the candidate's employer supporting the plan and guaranteeing access to the additional supports/ placements required.
8. A statement of support from the candidate's supervisor/Director of Training/Fellowship Attainment Coordinator that:
 - a. it is an achievable plan;
 - b. the support required is available; and
 - c. it addresses the candidate's requirements.

The plan must be presented to the Committee for Specialist IMG Education before the candidate's last exemption expires.

The extension will be for a maximum of 12 months, dated from the expiration of the last extension, regardless of the date of approval.

7.2.2 Important points to note

1. There will be no further extensions based on education matters notwithstanding examination results, workload, employment, supervision, or educational circumstances.
2. This extension is not guaranteed: current exemption candidates who are approaching the expiry date of their final extension (i.e. nine years of candidacy) should consider all their options.
3. If the Committee for Specialist IMG Education concludes that the plan is unrealistic or unable to be supported, it will not be approved.
4. During the extension period any formal remediation process will be suspended as it is assumed the educational plan is addressing the remediation needs.
5. The timing will always allow for one further ECE attempt. A second attempt may be possible in individual cases, but the 12 month extension will not be extended.
6. ECE scheduling and results will have no influence on the process or duration of the extension. The Committee for Examinations is responsible for timing and standards of examinations.
7. The Committee for Specialist IMG Education takes no responsibility for organising any additional training, placements, or preparation for applicants.

Appendix 3: Supervisor Reports

A Supervisor Report template for the Phase II Substantial Comparability Pathway can be found over the page as well as on the RANZCP website: [https://www.ranzcp.org/Pre-Fellowship/Overseas-specialists/New-Applicants-\(Specialist-Pathway\)/Substantial-Comparability-Pathway.aspx](https://www.ranzcp.org/Pre-Fellowship/Overseas-specialists/New-Applicants-(Specialist-Pathway)/Substantial-Comparability-Pathway.aspx)

Due to upcoming assessment process changes, the Supervisor Report for Partially Comparable candidates is currently under review.

**COMMITTEE FOR SPECIALIST INTERNATIONAL
MEDICAL GRADUATE EDUCATION (CSIMGE)
SUBSTANTIAL COMPARABILITY PATHWAY – Phase II
Supervisor Report Form**



This form is to be used during the Substantial Comparability placement.

This form has use as both a formative and a summative assessment tool by Supervisors and by the Substantial Comparability Assessment Review Panel (SCARP). At two and six months in the placement, the Supervisor will use it as a formative assessment tool

Please use in conjunction with the Substantial Comparability *Handbook for Workplace Based Assessments*.

The standard expected of the candidate is at least the level of a junior consultant within an Australasian setting.

CANDIDATE INFORMATION

Candidate Name	
Address	
Phone	Wk
	A/H
	Mob
Email	

PLACEMENT INFORMATION

Health Service	
Address	
Supervisor Name	
Supervisor Phone	Wk
	A/H
	Mob
Supervisor Email	
Date of Commencement	
Date of this Report	
Report # (please circle)	2 month 6 month 10 month Other (specify)*

Please indicate whether or not the candidate under your supervision in the Substantial Comparability placement achieves each of the competencies described on the form.

A rating of Not Satisfactory in any component must be accompanied by a comment in the space provided for that section and a remediation plan developed with the candidate in order to address the unsatisfactory component/s for the two and six month reports in accordance with **formative assessment principles**.

The expected standard relies upon the competencies defined in the 2012 Fellowship Program. To view the Fellowship Competencies click on the link:

<http://www.ranzcp.org/Pre-Fellowship/2012-Fellowship-Program/About-the-training-program/Fellowship-competencies.aspx>

On completion, all pages of this form must be returned to:

Substantial Comparability Administration Officer

EMAIL: comparability@RANZCP.org FAX: 03 9642 5652 or POST: 309 La Trobe St Melbourne VIC 3000



1. Medical Expert	ACHIEVED <input type="checkbox"/>	NOT YET ACHIEVED <input type="checkbox"/>
<i>Aspects for further development:</i>		
a. Applies knowledge and skills in the assessment and management of people with psychiatric disorders including understanding of: <ul style="list-style-type: none"> • the links between psychiatric disorder and gender, personality, cultural factors; and • the influence of the health, social, family systems upon the individual. 	ACHIEVED <input type="checkbox"/>	NOT YET ACHIEVED <input type="checkbox"/>
b. Demonstrates the ability to assess comprehensively and competently manage individuals with psychiatric disorders in a range of contexts and settings.	ACHIEVED <input type="checkbox"/>	NOT YET ACHIEVED <input type="checkbox"/>
c. Demonstrates the ability to apply core principles of risk assessment and management including an understanding of the therapeutic use of pharmacological, physical, and legislative containment.	ACHIEVED <input type="checkbox"/>	NOT YET ACHIEVED <input type="checkbox"/>
d. Demonstrates the ability to apply contemporary research, psychiatric knowledge and treatment guidelines to patient care	ACHIEVED <input type="checkbox"/>	NOT YET ACHIEVED <input type="checkbox"/>
e. Demonstrates understanding of the interfaces between mental health and relevant legislation	ACHIEVED <input type="checkbox"/>	NOT YET ACHIEVED <input type="checkbox"/>
2. Communicator	ACHIEVED <input type="checkbox"/>	NOT YET ACHIEVED <input type="checkbox"/>
<i>Aspects for further development:</i>		
a. Demonstrates the ability to communicate effectively with a range of patients, carers, multidisciplinary teams, general practitioners, colleagues and other health professionals, legal professionals and agencies. This includes an ability to formulate and express expert opinions.	ACHIEVED <input type="checkbox"/>	NOT YET ACHIEVED <input type="checkbox"/>
b. Demonstrates a clear understanding of the role of the expert psychiatrist in health system contexts.	ACHIEVED <input type="checkbox"/>	NOT YET ACHIEVED <input type="checkbox"/>
c. Demonstrates the ability to identify and resolve conflict which arises in the course of clinical psychiatric work. Deals constructively with conflict with patients, carers, colleagues or other professionals, including a capacity to use supervision effectively to assist with this process	ACHIEVED <input type="checkbox"/>	NOT YET ACHIEVED <input type="checkbox"/>
d. Demonstrates the ability to use interpersonal skills to improve patient outcomes in inpatient and community contexts.	ACHIEVED <input type="checkbox"/>	NOT YET ACHIEVED <input type="checkbox"/>



3. Collaborator	ACHIEVED <input type="checkbox"/>	NOT YET ACHIEVED <input type="checkbox"/>
<i>Aspects for further development:</i>		
a. Participates effectively in multidisciplinary teams, as both member and leader, involved in the management of people with psychiatric disorders and consequent issues.	ACHIEVED <input type="checkbox"/>	NOT YET ACHIEVED <input type="checkbox"/>
b. Collaborates effectively with other professionals and agencies involved with people with psychiatric disorders and consequent issues.	ACHIEVED <input type="checkbox"/>	NOT YET ACHIEVED <input type="checkbox"/>
c. Demonstrates the ability to work respectfully with patients with mental health problems, their families and carers.	ACHIEVED <input type="checkbox"/>	NOT YET ACHIEVED <input type="checkbox"/>

4. Manager	ACHIEVED <input type="checkbox"/>	NOT YET ACHIEVED <input type="checkbox"/>
<i>Aspects for further development:</i>		
a. Demonstrates an understanding of health service systems and the role of psychiatrists within mental health, general health, social and legal systems.	ACHIEVED <input type="checkbox"/>	NOT YET ACHIEVED <input type="checkbox"/>
b. Demonstrates the ability to prioritise and allocate resources efficiently and appropriately for people with psychiatric disorders and consequent issues	ACHIEVED <input type="checkbox"/>	NOT YET ACHIEVED <input type="checkbox"/>
c. Demonstrates an understanding of systemic aspects of risk, including the roles of incident reporting and of investigations into major incidents.	ACHIEVED <input type="checkbox"/>	NOT YET ACHIEVED <input type="checkbox"/>
d. Demonstrates understanding of clinical governance in the relevant mental health context, including the roles of outcome measures and audit processes.	ACHIEVED <input type="checkbox"/>	NOT YET ACHIEVED <input type="checkbox"/>



5. Health Advocate	ACHIEVED <input type="checkbox"/>	NOT YET ACHIEVED <input type="checkbox"/>
<i>Aspects for further development:</i>		
a. Demonstrates awareness of the impacts of social exclusion, disadvantage, discrimination and stigma in mental health, and preparedness to seek to minimize these.	ACHIEVED <input type="checkbox"/>	NOT YET ACHIEVED <input type="checkbox"/>
b. Demonstrates the capacity to advocate for the needs of people with psychiatric disorders and consequent issues from an informed and evidence-based approach and to deal constructively with biased and destructive attitudes.	ACHIEVED <input type="checkbox"/>	NOT YET ACHIEVED <input type="checkbox"/>
c. Demonstrates the ability to understand and apply the principles of prevention, health promotion and early intervention to reduce the adverse effects of mental illness on people with psychiatric disorders.	ACHIEVED <input type="checkbox"/>	NOT YET ACHIEVED <input type="checkbox"/>
d. Demonstrates awareness of the impacts of victimisation in mental health, and readiness to minimise these	ACHIEVED <input type="checkbox"/>	NOT YET ACHIEVED <input type="checkbox"/>

6. Scholar	ACHIEVED <input type="checkbox"/>	NOT YET ACHIEVED <input type="checkbox"/>
<i>Aspects for further development:</i>		
a. Educates patients, families, health care professionals and the wider community about mental health.	ACHIEVED <input type="checkbox"/>	NOT YET ACHIEVED <input type="checkbox"/>
b. Demonstrates knowledge and understanding of critical appraisal and research methodology in mental health and apply this in clinical contexts.	ACHIEVED <input type="checkbox"/>	NOT YET ACHIEVED <input type="checkbox"/>
c. Demonstrates commitment to continuing professional development in psychiatry.	ACHIEVED <input type="checkbox"/>	NOT YET ACHIEVED <input type="checkbox"/>



7. Professional	ACHIEVED <input type="checkbox"/>	NOT YET ACHIEVED <input type="checkbox"/>
<i>Aspects for further development:</i>		
a. Demonstrates knowledge and practice of the principles of ethics as relevant to the field of psychiatry, including professional boundaries, awareness of the problems of dual/multiple agency, and a capacity to recognise the limits of psychiatric expertise.	ACHIEVED <input type="checkbox"/>	NOT YET ACHIEVED <input type="checkbox"/>
b. Demonstrate reflective practice and the ability to use feedback constructively including an ability to take a proactive stance to supervision and mentoring.	ACHIEVED <input type="checkbox"/>	NOT YET ACHIEVED <input type="checkbox"/>
c. Demonstrate the ability to balance personal and professional priorities to ensure sustainable practice and wellbeing.	ACHIEVED <input type="checkbox"/>	NOT YET ACHIEVED <input type="checkbox"/>
d. Demonstrates cooperation and compliance with regulatory professional bodies.	ACHIEVED <input type="checkbox"/>	NOT YET ACHIEVED <input type="checkbox"/>

SUPERVISOR TO COMPLETE

<i>Overall comments on the progress of the Candidate, including comments on forward planning and/or areas needing attention:</i>



CANDIDATE TO COMPLETE (OPTIONAL)

Comments on the progress of the placement and the quality of the supervision provided:

REMEDIATION PLAN (IF REQUIRED AT 2 AND 6 MONTH REPORTS)

Attach additional pages if required.

Supervisor Signature:	Date:
Candidate Signature:	Date:



THIS SECTION IS TO BE COMPLETED FOR THE TEN MONTH REPORT ONLY

SUPERVISOR TO COMPLETE

I confirm that the candidate has demonstrated competence in the following competency areas:

- Medical Expert
- Communicator
- Collaborator
- Manager
- Health Advocate
- Scholar
- Professional

Please provide comments if any one of the competencies is rated as "NOT YET ACHIEVED"

I confirm that the overall performance of the candidate is:

NOT SATISFACTORY

SATISFACTORY

Supervisor Signature:

Date:

Substantial Comparability Supervisor Reports are held and used in accordance with the College's Privacy Policy Statement: <http://www.ranzcp.org/Library/About-us/RANZCP-Privacy-statement.aspx>

Appendix 4: Evaluation of Supervision Experience

This section is currently under review.

Revision

Contact:	MANAGER, Assessments		
Date	Version	Approver	Description
XXX Feb 2015	1.0	CPWG CSIMGE	New Document
12/2015			NEXT REVIEW
