Guidelines for the Supervision of Medical Observers in New South Wales’ Hospitals

Second Edition April 2014
Introduction

Welcome to the second edition of these guidelines. These guidelines are expressly written for International Medical Graduates (IMGs) undertaking a Medical Observership for the purposes of seeking employment in Australia as a medical practitioner or for IMGs who are seeking employment as a medical practitioner but have not yet passed the Australian Medical Council clinical exam. IMGs selected as Medical Observers will be deemed as volunteers.

In accordance with PD2009_011 International Medical Graduates – Overseas Funded, this document does not pertain to IMGs visiting from overseas to observe a procedure/medical practice. In these cases IMGs would be classified as visitors.

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April 2014

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1 Purpose of the Document

1.1 The purpose of this document is to provide guidance for the development of local policies and processes in relation to the capacity to provide short term Medical Observership at Local Health Districts. Local Health Districts offering Medical Observership will have responsibility for screening, appointment and indemnity. IMGs eligible to participate in a Medical Observership must meet the following criteria:

- are currently not employed as a medical practitioner in the Australian Healthcare System
- have not worked in Australia as a medical practitioner
- have completed either Part 1 MCQ or both Part 1 and Part 2 of the AMC exam

1.2 Local Health Districts should determine their capacity to provide Medical Observership and the circumstances in which they may be provided. LHDs that provide Medical Observership should develop a policy and procedure documentation to outline how Medical Observers will be selected and managed. This document should also comprise information on how Supervisors of Medical Observers will be selected.

1.3 Local Health Districts are responsible for selecting IMGs.

1.4 For the purposes of complying with PD2009-011 it is recommended that Local Health Districts provide short-term Medical Observership for a period up to three months or longer – it will be up to the discretion of the LHD. The LHD should ensure that the level of patient contact is minimal (please refer to Section 7) and if this criteria is adhered to, limited registration of the IMG will be deemed to be unnecessary (as noted by the Medical Board of Australia).

2 Eligibility of International Medical Graduates

2.1 Local Health Districts who have agreed to provide Medical Observership will be responsible for selecting Medical Observers from IMGs who have expressed an interest to participate as Medical Observers at particular Local Health Districts.

An individual who has:

- been unsuccessful in securing a job as a medical practitioner in Australia as they do not have experience in the Australian healthcare system
- commenced in Australia via the AMC “standard pathway” (non-competent authority pathway)
- successfully completed either Part 1 or both Part 1 and 2 of the Australian Medical Council exams and
- agreed to undertake a short Medical Observership to assist them with seeking employment in Australia and will be deemed as a “volunteer” for the maximum period of three months

Must meet screening requirements as outlined in Section 9 (page 6).
3 Medical Observer Approval Process

Approval for Medical Observer arrangements, including supervision arrangements, must be obtained from an appropriately delegated authority within the Local Health District. In approving the Medical Observership the decision maker must be satisfied that all necessary checks have been done and that the IMG undertaking the Medical Observership is a fit and proper person and that the nominated supervisor/s understand their responsibilities.

4 Level of Supervision

4.1 The Medical Observership cannot proceed if there is no medical supervisor available or willing to accept responsibility.

4.2 A registered medical practitioner may elect to supervise an International Medical Graduate in consultation with the Chief Executive or delegate of the Local Health District. A medical observer is usually an IMG who has not yet been registered with AHPRA.

4.3 The Local Health District will have procedures in place to record and maintain the details of the medical observer, the nature of the Medical Observership and the supervisors must sign a Supervisor Agreement outlining the responsibilities of the supervision.

4.4 A medical observer must at all times be under the supervision of a medical practitioner who is registered with AHPRA and complies with Principles of Supervision, p2 of the Guidelines: Supervised practice for limited registration v1.1 dated 1 May 2012. The supervisor arrangements will be confirmed in consultation with the Chief Executive or delegate of the Local Health District.

4.5 Direct supervision must be provided whenever patient contact is involved (requiring the supervisor to observe the actions of the medical observer). Local Health Districts should refer to the Medical Board’s guidelines for providing a framework for the development of local supervision policies.

4.6 The medical supervisor may delegate the supervision role to a medical practitioner who holds general or specialist registration and who has signed a Supervisor Agreement.

4.7 Medical observers may be assigned at least one primary supervisor and a secondary supervisor.

   a. A primary supervisor is a person who will be responsible for making sure that the Medical Observer is working within the guidelines of this document and protocols of the Local Health District approved for the purposes of the Medical Observership. For example, a Director of Medical Services or Director Pre-vocational Education & Training will be deemed a suitable Primary Supervisor.

   b. The secondary supervisor is a medical practitioner who is supervising the IMG whilst working in the wards or outpatient clinics on each day similar to that of medical students and medical trainees. A secondary supervisor could also be the Director of Medical Services. For example staff specialists or VMOs must sign a Supervisor Agreement. At times when the Staff Specialist or VMO is not present, the medical observer will be under the supervision of the Junior Medical Staff who comes under the supervision and direction of the Staff Specialists or VMO.

4.8 Supervisors should be aware that they are professionally accountable for the actions of the medical observer under their supervision. Therefore, the scope of a medical
observer’s interaction with patients allowed by the medical supervisor, should comply with Section 6 of these guidelines.

a. Whilst the IMG participating in a short-term (three month) Medical Observership does not require limited registration, “the Medical Board of Australia’s (MBA’s) Supervised Practice Plan and Principal Supervisor’s Agreement form, and consistent with the Guidelines - Supervised Practice for Limited Registration”, the Board will not normally approve any practitioner to have direct supervisory responsibility for more than 4 doctors. This includes Junior Medical Officers and medical students. Any prospective principal supervisor who is proposing to supervise 4 or more doctors must provide a proposal to the Board about how they will provide supervision to each registrant (as applicable since release by MBA in June 2011). It is recommended that a Supervisor must not be responsible for more than 4 IMGS participating in a Medical Observership. It will be the responsibility of the Local Health District to monitor this.

4.9 Supervisors of Medical Observers should have a comprehensive knowledge of the Guidelines for Supervised Practice for Limited Registration and the level of supervision of a Medical Observer should not exceed Level 1 Section (a) of AHRPA’s Guidelines: Supervised Practice for Limited Registration dated 1 May 2012, page 4, Sections (a) and (c).

4.10 These guidelines should be used by Local Health Districts and Supervisors of medical observers as a framework even though medical observers are deemed volunteers and do not require limited registration.

5 Patient Consent

All patients with whom the medical observer is in contact must be informed about who they are and why they are present and that they will not be providing medical advice or treatment. The patient must provide informed consent to the presence of the medical observer and any supervised activities undertaken. The written or verbal consent must be obtained by the medical supervisor and should be documented in the medical record.

6 Scope of the Medical Observer

6.1 The medical observer will have no direct patient contact without direct supervision either through interviewing, physical or psychological examination or procedures and is required to be in the company of the medical supervisor at all times.

6.2 The medical observer must at all times display a photo ID badge clearly showing their position as “Medical Observer”.

6.3 If the medical supervisor considers the medical observer to be safe, the situation is appropriate and with the explicit informed consent of the patient, the medical observer may:

- Observe medical and surgical practice
- Conduct a supervised interview
- Practice clinical examination but not conduct invasive or intimate examinations eg cannulation, taking blood, or suturing
- Participate in education activities including clinical tutorials, ward rounds and clinic visits under the direct or indirect medical supervision eg supervisor is aware and has approved for the medical observer to attend education
• Observe the use of paper or electronic medical information systems, patient health records, laboratory, diagnostic and other clinical reports under direct medical supervision where appropriate.
• Be encouraged to make a note under supervision so long as it is countersigned by the medical supervisor.

6.4 It is recommended that the Local Health District use the Australian Curriculum Framework for Junior Doctors as the basis for developing their own education program which may include the JMO Education Program, IMG Education Programs and other clinical specialty based in-service education eg morning report, M&M meetings etc.

6.5 Medical Observers WILL NOT, under any circumstances:
• Give any medical advice to a patient
• Prescribe treatment / medication
• Discuss on the telephone clinical matters on behalf of their medical supervisor or other clinician
• Be responsible for the communication of clinical information about a patient to another medical practitioner or clinician or to patients, their carers or families
• Independently access a patient’s medical information or health record be it paper or electronic
• Make copies of clinical information unless with the direct permission of their medical supervisor and where the information does not contain details which may enable the identification of patients
• Perform or assist with any medical procedures including minor procedures, investigations such as ultrasounds or other diagnostic procedures and assisting in any capacity in an operating theatre environment.

7 Confidentiality

Medical observers must follow the rules and regulations of the hospital, clinic or private practice at all times with regard to patient confidentiality and confidentiality of health records. It is the responsibility of the medical supervisor to ensure that the medical observer understand their obligations in this regards. The Medical Observer is required to sign an acknowledgement that they have read and are bound by the NSW Health Code of Conduct.

8 Infection Control and Immunisation

Medical observers must comply with Australian Infection Control Standards in the hospital or clinic at all times. This may include the requirement to provide proof of immunisation prior to the commencement of period of observation. This also includes requirements with regard to hand-washing and infection control procedures in operating theatres, despite the directive that a medical observer may not perform or assist with any medical procedure. It is the responsibility of the medical supervisor to ensure that the medical observer complied with all relevant standards in this regard.

The Local Health District is responsible for ensuring the medical observer complies with the NSW Health Immunisation Policy.

Medical observers must show evidence of their immunisation status in accordance with PD2011_005, occupational assessment screening and vaccination against specified infectious diseases.

9 Screening Processes for Medical Observers

Medical Observers are subject to the same pre-employment screen of other health workers in paid and unpaid positions in the Local Health District.

When the Local Health District determines the IMG suitable to participate in a Medical Observership as a volunteer, the IMG must undergo employment screening in accordance with the current NSW Health policy on employment screening. The Local Health District is responsible for the management of the Employment Screen Process although the medical observer is not officially employed. Therefore the medical observer is deemed a volunteer and does not require limited registration for a short term (three months).

The employment screen process will include:

- Criminal Record Check clearance from the country of origin, or any country which the IMG has resided in or worked prior to entering Australia. If this is not possible, then the IMG must complete a statutory declaration pro forma available at: http://internal.health.nsw.gov.au/cgrm/esr/images/7_9_stat_dec_overseas_applicant.pdf


- If engaged in child-related work, a Prohibited Employment Declaration (to be signed by the IMG, available at: http://internal.health.nsw.gov.au/cgrm/esr/images/7_1_prohibited_employment_declaration.pdf)

- IMGs undertaking a Medical Observership are classified as unpaid workers for the purposes of the Working with Children Check requirements in the Child Protection (working with Children) Act 2012 and the Child Protection (Working with Children) Regulation 2013 and DO require a WWCC in accordance with the legislation. As unpaid workers, IMGs would not be charged a fee for the WWCC.

The IMG must also be asked to complete a Health Declaration form to allow the host to satisfy themselves that the IMG is able to safely carry out the required work (available at http://internal.health.nsw.gov.au/jobs/recruitment/recruitselect.html)

10 Insurances

TMF cover is extended to International Medical Graduates who have been accepted by NSW Health to undertake a short-term (three month) Medical Observership in a NSW public hospital.

10.1 Legal Liability

TMF indemnity is provided in respect of legal liabilities arising from health care claims made in respect of the treatment of public patients in public hospitals or through health services under the control of the Public Health Organisation (PHO) caused by an occurrence, act or omission in connection with the approved activities undertaken by the IMG. For cover to be provided, NSW Health must be satisfied that the IMG acted
reasonably in the circumstances, and within the scope of his or her Medical Observership, and that full and frank disclosure of all circumstances has been provided.

This legal liability cover includes but is not limited to, public liability and professional indemnity.

10.2 Other Miscellaneous Cover

IMGs are not covered by the NSW Workers Compensation legislation, however, TMF cover will be provided for death or bodily injury sustained during the period of Medical Observership, arising out of or in the course of these duties, even if that may be 24 hours a day.

10.3 All pre-appointment checks must be completed and the letter of confirmation signed prior to commencement of the Medical Observership to ensure TMF cover is applicable from the commencement of the Observership.

10.4 The IMG must report in writing to their Supervisor and LHD Risk Manager, using the standard form, any incident that may trigger the liability cover as soon as practicable after the IMG becomes aware of such an incident. The IMG must cooperate fully with the PHO, TMF Claims Manager and legal service providers appointed for the purpose of managing and conducting the claim.

11 Letter of Confirmation

Medical Observers cannot commence their placement until they have received, signed and returned their letter of appointment and provided any outstanding documentation.

The Medical Observer must receive a letter of confirmation indicating:

- That they have been accepted as a medical observer
- The commencement and end date of the Medical Observership
- The name of the nominated primary and secondary medical supervisors and contact details
- The rostered times
- The medical observer will be required to participate in an exit interview on the last day
- The ID badge must be returned to the medical supervisor on the last day of the medical Observership or at the exit interview in accordance with LHD processes that could include an interview with the Chief Executive or delegate, Director of Medical Services or the Director Pre-Vocational Education and Training. The Medical Observer may also be asked to complete an evaluation form developed by HETI. The feedback gathered by the LHD will be provided to HETI for the purposes of evaluating the Medical Observership.
Template Letter to selected Medical Observer

Date

Dr Firstname Surname
Address

Dear Dr Surname

Medical Observership

I wish to congratulate you on your successful application to participate in a Medical Observership with [our Local Health District].

Your Medical Observership will commence on _______________ and the final date is ____________.

You have been assigned Dr _________________________ (position) as your primary medical supervisor.

Dr _____________________ (position) as your secondary medical supervisor.

Their contact details are _____________________________________________.

Scope of the Medical Observer

The medical observer will have no direct patient contact without direct supervision either through interviewing, physical or psychological examination or procedures and is required to be in the company of the medical supervisor at all times.

The medical observer must at all times display a photo ID badge clearly showing their position as "Medical Observer".

If the medical supervisor considers the medical observer to be safe, the situation is appropriate and with the explicit informed consent of the patient, the medical observer may:

- Observe medical and surgical practice
- Conduct a supervised interview
- Practice clinical examination but not conduct invasive or intimate examinations eg cannulation, taking blood, or suturing
- Participate in education activities including clinical tutorials, ward rounds and clinic visits under the direct or indirect medical supervision eg supervisor is aware and has approved for the medical observer to attend education
- Observe the use of paper or electronic medical information systems, patient health records, laboratory, diagnostic and other clinical reports under direct medical supervision where appropriate.
- Be encouraged to make a note under supervision so long as it is countersigned by the medical supervisor.

Activities that Medical Observers are not permitted to undertake include:

- Giving any medical advice to a patient
- Prescribing treatment / medication
• Discussing on the telephone clinical matters on behalf of their medical supervisor or other clinician
• Being responsible for the communication of clinical information about a patient to another medical practitioner or clinician or to patients, their carers or families
• Independently accessing a patient’s medical information or health record be it paper or electronic
• Making copies of clinical information unless with the direct permission of their medical supervisor and where the information does not contain details which may enable the identification of patients
• Performing or assisting with any medical procedures including minor procedures and assisting in any capacity in an operating theatre environment.

Other conditions of your Medical Observership are:

1. Medical Observers will be required to complete certain orientation and other training programs. These will be separately advised to you along with details of how and when these should be completed
2. Medical Observers are voluntary and are not paid by [the Local Health District] or NSW Health
3. TMF indemnity is provided in respect of legal liabilities arising from health care claims made in respect of the treatment of public patients in public hospitals or through health services under the control of the Public Health Organisation caused by an occurrence, act or omission in connection with the approved activities undertaken by the Medical Observer

Your rostered times for your Medical Observership are:

Day, Date, Times and Location

Screening checks

When commencing your Medical Observership you must provide a:

• National Criminal Record Check;
• A Criminal Record Check clearance from your country of origin and any other country in which you have resided in or worked in prior to entering Australia; and
• A Working with Children Check clearance number, which you are responsible for obtaining from the Commission for Children and Young People (see http://www.kids.nsw.gov.au/) provide documents to support the 100 point ID check.

Your appointment is subject to satisfactory clearances of these screening checks.

Immunisation compliance status

Your appointment is also conditional on you meeting the screening, assessment and vaccination requirements outlined in NSW Department of Health Policy Directive 2011- 005 Occupational Assessment, Screening and Vaccination to Specified Infectious Diseases.

By accepting this offer for a Medical Observership, you agree to:


• participate in an exit interview on the last day

• Report in writing to your Supervisor and LHD Risk Manager, any incident that may trigger the TMF liability cover as soon as practicable after you become aware of such an incident.

• Return your ID badge to the appropriate person/department

The Local Health District may elect to use the Australian Curriculum Framework for Junior Doctors as the basis for developing your education program which may include the JMO Education sessions, IMG Education programs and other clinical specialty based inservice education eg morning report, M&M meetings etc.

We believe that the support and guidance you receive during the period of your Medical Observership will be rewarding. We hope the Medical Observership is a beneficial experience for you and will support your future endeavours to secure a job as a doctor in rural New South Wales Hospitals.

To accept the offer of a Medical Observership you must sign the copy of this letter and return to this office prior to commencing.

Yours sincerely

Chief Executive
XXX Local Health District
(Date)

____________________________________             ______________________________
Medical Observer’s Name and Signature             Date
Template Letter to Potential Supervisors of Medical Observers

Date

Declaration

Medical Observership

I _____________________________ (name of Supervisor) agree to supervise ______________________ (name of medical observer) for the period ___________ (start date) to _________________ (end date).

During this period I will act as the Primary/Secondary supervisor.

I declare that by supervising this Medical Observer I will not exceed the maximum number of doctors in accordance with the Medical Board of Australia’s (MBA’s) Supervised Practice Plan and Principal Supervisor’s Agreement form, and consistent with the Guidelines – Supervised Practice for Limited Registration.

I acknowledge that the Local Health District will monitor that I do not supervise more than 4 IMGs participating in a Medical Observership.

I declare I have been provided with a copy of the Guidelines for the Supervision of Medical Observers and have read this document.

________________________________________        __________________________________
Supervisor’s Name and Signature                 Date