Please review the International Medical Graduates (IMG) Orientation and Supervision consultation paper (available as a PDF from the HWA website www.hwaconnect.net.au) and provide your feedback in accordance with one of the preferred options below:

**Option 1:**
Email - Complete your feedback using this form and email it to international@hwa.gov.au.

**Option 2:**
Hard copy - send a printed copy of your completed feedback form to:

Health Workforce Australia
International Medical Graduate Orientation and Supervision Discussion Paper
GPO Box 2098
ADELAIDE
SA 5001

**Questions relating to submissions**
Please direct any queries about the content of this discussion paper or the consultation process to:

Email: international@hwa.gov.au
Telephone: (08) 8409 4500
Free call: 1800 707 351

**Deadline for submissions**
5.00pm Central Standard Time, 2 August 2013.

**Feedback form**

**Instructions**
Please provide responses using the template provided. The questions are designed to help you to focus your response and help HWA when analysing submissions. You do not need to answer every question.
This feedback form is tailored to people other than supervisors of IMGs and IMGs themselves. If you are a supervisor of an IMG or an IMG, please download the feedback form applicable to you from the IMG - Orientation and Supervision consultation site on hwaconnect.net.au.

Section 1: Consultation questions

1. How can we improve access to comprehensive and quality orientation programs for IMGs?
   ACEM acknowledges the work of Health Workforce Australia (HWA) in its efforts to improve orientation and induction experiences for IMGs and Overseas Trained Specialists (OTSs) in Australia. In addition to any online or written resources provided, ACEM considers adequate local staff input as crucial during the early months of an IMGs time working in Australia. This includes staff involvement in the provision of initial orientation, and subsequent mentoring for both medical and non-medical issues (i.e. orienting to the Australian health system, organisation specific issues). The provision of additional funding to local health services to facilitate such activities would improve access to and the success of future orientation programs.

2. What content should be included in orientation programs? Does this align with the current guidelines?
   ACEM IMGs and OTSs have identified the following information as important to their orientation and induction to the Australian health care system: (1) The Australian healthcare system (2) medical workforce culture in Australia (3) the role of the Emergency Physician in Australia (4) The role of each department within a hospital and their relationship to an Emergency Department (5) patients’ expectations of Emergency Physicians and doctors in general (6) the Mental Health Act (across jurisdictions) (7) career progression (8) specialist training pathways and (9) support options for IMGs/OTSs and their families. ACEM is currently undertaking a number of projects aiming to provide greater capacity to train and up-skill OTSs and IMGs working in Australian EDs. The ‘1st Shift in ED’ aims to familiarise and assist new IMGs into the hospital setting by highlighting a typical week in the ED, and the expectations of that first week. It will also focus on the transition of the IMG into the different practices and processes they are likely to encounter within their first week of employment. By creating and developing an effective resource to introduce common practices and processes, this will help IMGs integrate and settle quickly in the department, hospital and community. A key message in the development of project resources is that until an IMG has been orientated with a period of work in an inpatient department/ward, they should not be undertaking a ‘first’ shift in the ED. ACEM suggests that this period of orientation within hospital wards be for at least one month. ACEM is also developing an ‘OTS Induction Program’ which will enhance the OTS’s understanding of the Australian healthcare system, relevant communication and cultural issues and assist with their transition to clinical practice via the provision of information about the local jurisdiction, health services and facilities and the legislative and professional practice environment. Another project: ‘OTS Supervision Toolkit’ will develop and provide resources to improve the supervision of OTSs, including development of a workplace-based assessment tool. A third project is the establishment of a mentoring program, which will aim to create high quality and focused learning resources to enrich IMG supervision and mentoring. This will involve identifying the key challenges in mentoring and supervision of IMGs and strategies to overcome these.
3. Is there value in developing a common national orientation program?

☐ Yes

If yes, how can this be tailored and supplemented at local level to meet the individual needs of the IMG, the local health service and local communities?

ACEM considers that there is value in developing a common national orientation program, and commends HWA for investigating opportunities to improve the orientation of IMGs arriving in Australia. ACEM however contends that any general national orientation program developed by HWA must be complemented by more localised programs provided by respective health services and also specialty-specific programs provided by the specialist medical colleges. There are a considerable number of variables with regards to IMG and OTS experience and existing knowledge, and attempting to cover this in a single national program would be difficult. These include substantial differences in language, culture and training experiences depending on home country, as well as differences across medical specialities. In addition, ACEM considers that certain aspects of IMG and OTS orientation need to be individualised, with this support best provided by the employer and local health service.

4. How can orientation programs best be integrated into ongoing support for IMGs?

International Medical Graduates and OTSs practicing in emergency medicine have reported to ACEM that stand alone orientation programs often providing excessive amounts of information in short periods of times (i.e. the first week). ACEM maintains that in addition to essential service and system information being provided within the first few days of arriving to work, the process of orientation is a longer term activity which should continue on an ongoing basis, as the doctors settle into their new environment. Supervisors and other colleagues should be available to assist regularly as issues arise.

5. What organisations might be best placed to develop and deliver orientation programs at national and local levels?

The provision of orientation and support to IMGs requires input and delivery from multiple organisations including the Medical Board of Australia, specialist medical colleges and local health services. ACEM considers local health services are best placed to provide information regarding organisational processes and culture, and local information such as accommodation and other community resources etc. They are also the most appropriate organisations to offer long term individualised support for each IMG or OTS. Medical specialist colleges play an essential role in providing specific resources and information relating to their respective specialities. As outlined above, ACEM aims to deliver a number of projects over the coming years increasing support resources for IMGs, OTSs and their supervisors.

6. How appropriate is the orientation that IMGs and their families receive?

ACEM overseas-trained members have provided variable reports on the orientation they have received. This has been dependent on each health service, and also the level of individual (versus generic) tailored support received.

7. What support is available for supervisors of IMGs with limited registration?

ACEM Fellows supervising IMGs with limited registration have access to the same resources as all ACEM supervisors. ACEM provides comprehensive teaching and supervision resources for its supervisors. In addition, ACEM has developed (due to be finalised shortly and distributed) an information package which will be provided to Directors of Emergency Medicine regarding the supervision of OTSs, Area of Need applicants and Specialist in Training. This package will include information on all necessary ACEM guidelines and regulations and templates regarding clinical supervision. In addition, as outlined in Q2, ACEM is also developing an OTS supervision toolkit, which will also be able to be utilised for the supervision of IMGs.
8. **How can support for supervisors of IMGs on limited registration be improved?**
   Identifying gaps in knowledge and/or training and developing and disseminating appropriate resources to supervisors will provide support.

9. **How can the capacity to provide supervision for IMGs be improved?**
   ACEM supports increased funding to allow for the creation of specific positions with health services to supervise and/or provide increased support for IMGs. Resources currently being developed by ACEM will further assist supervisors of IMGs who are working in EDs with supporting and managing their IMG staff.

10. **Should there be a formal process of accreditation to supervise IMGs?**
    - ☒ No
    - ☐ Yes
    a. Can you please tell us what workforce impacts this could have?  
      [Click here to enter text.]

11. **Does providing supervision to IMGs on a limited registration have an educational benefit?**
    - ☒ Yes
    - ☐ No
    a. If yes, what educational measures or techniques have been shown to be most beneficial?
       Work based learning and on the floor teaching are essential to the supervision of all IMGs. Formal supervision processes allow the IMGs work to be monitored and the identification of any issues affecting their work which need to be addressed. The provision of useful and meaningful feedback is also important. All of this ensures that an IMG’s skillset and practice is aligned to what is considered to be the standard of care in Australian health settings.

12. **What are the issues, if any, that can be attributed to conflicts of interest arising from supervisors who have a financial interest in the ongoing practice of an IMG within their practice?**
    A conflict of interest may arise in situations where the doctor sponsoring an IMG to come to Australia will also be the supervisor of the said IMG. This may be particularly relevant for regional and rural areas, where there are limited numbers of supervisors. However it is difficult to envisage a situation in which a financial conflict of interest could arise in the Emergency Department setting.

    a. What strategies would you recommend to address these issues?
       ACEM considers that employers are best placed to mitigate any negative effects of such situations. This could be facilitated through co-supervision with additional senior clinical staff involvement.

13. **Please provide any further information and share your experience of orientation and supervision for IMGs.**
    [Click here to enter text.]
Section 2: Demographic information

1. Are you representing an organisation?
   - Yes
   - No

2. Please provide the name of the organisation you work for or are representing.
   
   Australasian College for Emergency Medicine

3. What sector does your organisation belong to?
   - Aboriginal and Torres Strait Islander health or education sector
   - Education and training
   - Government – Commonwealth
   - Government – State or Territory
   - Non-government sector
   - Private sector
   - Regulatory sector
   - General public
   - Other (please specify) Click here to enter text.

4. Please tell us your experience of orientation and supervision.
   
   Click here to enter text.

Confidentiality

Health Workforce Australia (HWA) would like to give you the following options about publishing the name of your organisation on our website as responding to this consultation:

- Yes, I give permission for the organisation name to be published on the HWA website as responding to this consultation.

- I do not give permission for the organisation name to be published on the HWA website as responding to this consultation.