



ROYAL AUSTRALASIAN COLLEGE OF SURGEONS



BOARD OF UROLOGY

OVERSIGHT OF SUBSTANTIALLY COMPARABLE INTERNATIONAL MEDICAL GRADUATE IN UROLOGY (ASSESSED ARTICLE 21)

OVERVIEW

An IMG recommended for oversight has been assessed as having training, qualifications and experience - and therefore the competencies and skills - substantially comparable to that of an Australian and New Zealand trained Specialist Surgeon. Oversight is necessary to confirm the accuracy of the initial assessment of comparability, and to further allow the IMG to become familiar with the ANZ healthcare delivery culture in a supported environment. For this category of IMG, it has been determined the Fellowship exam is not needed to confirm comparability.

The nature of practice or spectrum of disease an IMG has experienced in their country of training often differs from that typically seen in Australia or New Zealand. Additional to oversight may be the need for up-skilling in specific areas of practice. Individual requirements will be listed in the particular IMG's assessment and recommendation.

Where an IMG has been noted to have gaps in knowledge or skill that are needed for usual practice in Australia or New Zealand, limitations may be placed on scope of practice. For example, an IMG may be required to have direct supervision when performing one, or a group of operations. Also, an IMG may not be allowed to manage some conditions independently.

In these circumstances, the needed direct supervision should be readily available, with an agreed process to allow timely shared care. These arrangements should not delay the patient's receipt of care, nor should they put any patient at risk. If and when an IMG demonstrates that they have the skills and competency to independently perform the listed operations, or manage the listed conditions, this must be recorded and the restrictions can be lifted.

During the period of oversight, it will often be necessary for the IMG to assimilate local values, attitudes, and procedures. What is the norm in some cultures may be quite different to what is expected or acceptable here. Attitudes to co-workers, expectations of co-workers, and the manner of communication, may need to be changed. This assimilation of Australian and New Zealand workplace attitudes, values, hierarchies, and structures must be monitored, and advice given with as much diligence as we impart surgical skills or knowledge.

CHANGE OF ASSESSMENT

The initial IMG assessment is based on documentary information that has been submitted, and an interview. Sometimes, actual performance can differ from that predicted by the assessment.

If this proves to be the case, the original recommendation may need changing. This may be to extend or shorten the period of oversight or supervision, to add or remove the requirement to sit the Fellowship exam, or to change the site or conditions of supervision or oversight. There may be a need to change the assessment to "non-comparable", in which case the oversight or supervision is terminated, and the IMG returned to the AMC. Any such conclusion must be impartial, and based on observation and consistent evidence. Any change must follow due process, and be managed by the College IMG department. Where performance is at significant variance with that expected, all relevant evidence should be collated, and the situation discussed with the urology IMG representative before any action is taken.

CONCLUSION

This report provides a "comparability assessment", which is an assessment of readiness to practice urology independently to a minimally acceptable standard reasonable for Australia and New Zealand. It is not a "progress in training" assessment, except in the case of those IMG's where the oversight period includes a component of specifically listed re-skilling or bridging education, where it should record progress in these areas.



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CLINICAL ASSESSMENT REPORT

| | | |
|---|-------|--|
| NAME OF IMG | | |
| PERIOD | From: | To: |
| NO. DAYS ABSENT | | REASON (e.g holiday/exam/study/illness): |
| HOSPITAL | | |
| NAME AND SIGNATURES OF SUPERVISORS WHO CONTRIBUTED TO THIS ASSESSMENT | | |
| <p>The nominated IMG supervisors are expected to contribute to this assessment, and the recorded scores should reflect consensus. Only 1 form should be used to record the assessment</p> | | |

RATING SCALE

- M** - Meeting expectations relative to a consultant surgeon; of the requisite standard
- B** - Below expectations relative to a consultant surgeon. Needs further improvement

| MEDICAL EXPERTISE | M | B |
|---|---|---|
| Does this IMG display practical and theoretical urological knowledge of a breadth and scope appropriate to practice contemporary urology to a standard expected of a local urologist? | | |
| Does this IMG apply this knowledge to reach logical and accurate diagnoses, and propose management plans that would be typical for local urology? | | |
| Have you seen evidence this IMG is reading and learning, as you would expect of a local urologist as an essential part of self-improvement? | | |
| Comments: | | |

RATING SCALE

M - Meeting expectations relative to a consultant surgeon; of the requisite standard
B - Below expectations relative to a consultant surgeon. Needs further improvement

| TECHNICAL EXPERTISE | M | B |
|---|----------|----------|
| Has this IMG demonstrated to you the degree of dexterity, co-ordination and surgical skills you would expect of a trained and experienced surgeon? | | |
| Does this IMG practice safe surgery, consistently taking the necessary precautions to a standard expected in this country, and show respect for the safety of self, patients, and co-workers? | | |
| Have you been confident this IMG has been safe and reliable, and has always worked within the limits of their experience and ability? | | |

| Assess the competence of this IMG in the following surgical areas: | M | B |
|---|----------|----------|
| Simple lower urinary tract endoscopy (biopsy, stent etc) | | |
| Complex lower urinary tract endoscopy (TURP, TURBT, difficult litholapaxy, for example) | | |
| Ureteroscopy, rigid, lower third of ureter | | |
| Flexible uretero-renoscopy | | |
| Percutaneous renal surgery | | |
| Inguino-scrotal surgery | | |
| Open renal surgery | | |
| Open benign pelvic surgery (Burch, simple prostatectomy, diverticulectomy etc) | | |
| Incontinence surgery | | |
| Radical prostatectomy | | |
| Radical cystectomy | | |
| Reconstructive surgery | | |
| Laparoscopy (to what complexity?) | | |
| Comments: | | |

RATING SCALE

M - Meeting expectations relative to a consultant surgeon; of the requisite standard

B - Below expectations relative to a consultant surgeon. Needs further improvement

| JUDGEMENT – CLINICAL DECISION MAKING | M | B |
|--|----------|----------|
| Has this IMG been demonstrating good sense and judgement when proposing treatment plans, including alternate treatments where appropriate? Have treatments generally been reasonable and achievable in the local environment, and taken account of individual patient wishes and patient co-morbidities? | | |
| Has this IMG been using investigations appropriately? Has there been logic and reason in test selection, a need for the tests, and no tendency to over investigate? | | |
| Is this IMG a good diagnostician, been timely to recognize the sick or urgent patient, and early to recognize and respond to complications or significant changes in clinical condition? | | |
| Comments: | | |

| SCHOLAR & TEACHER | M | B |
|--|----------|----------|
| Has this IMG shown an interest in the education program of the hospital, attending and contributing to the meetings? | | |
| Has this IMG been keen to be part of the local teaching program, to teach the junior medical staff, undergraduates, nurses and allied health professionals? | | |
| Does this IMG show insight when interpreting published literature, and recognize bias, significance, and when results are applicable to local circumstances? | | |
| Comments: | | |

| PROFESSIONALISM | M | B |
|---|----------|----------|
| Has this IMG been punctual, prepared, and contactable when rostered for clinical or on-call obligations? | | |
| Has this IMG been ready to accept responsibility for their own actions, admit fault for mistakes, and accept responsibility for failures or complications, then learn from these experiences? | | |
| Does this IMG provide an appropriate level of informed consent, listening to and accommodating patient wishes, and respecting their autonomy when recommending treatment plans? | | |
| Does this IMG behave appropriately in situations of stress, frustration, or inter-personal conflict? | | |
| Comments: | | |

RATING SCALE

M - Meeting expectations relative to a consultant surgeon; of the requisite standard

B - Below expectations relative to a consultant surgeon. Needs further improvement

| HEALTH ADVOCACY | M | B |
|---|----------|----------|
| Has this IMG shown awareness of the economics involved in medical services, and been reasonable in use of, or demand for, health care resources? | | |
| Has this IMG shown an understanding of the multi-cultural nature of Australia and New Zealand, and shown a respect for the values and beliefs of minority groups and the effect these have on their health care decisions and requirements? | | |
| Does this IMG respect and comply with local policies such as safe sharps use and disposal, infection control, safe work hours, adverse event reporting, and accept and apply local clinical protocols and pathways? | | |
| Comments: | | |

| COLLABORATION | M | B |
|---|----------|----------|
| Has this IMG shown an understanding of how the varied health care professionals fit into the typical Australian or New Zealand health care team, and do they appropriately request the input of these professionals in patient health care? | | |
| Has this IMG been ready to consult other urologists, and specialists from other disciplines, when this is the best way to provide the best treatment option for a patient? | | |
| Has this IMG been timely and appropriate when providing consultative advice to patients and colleagues? | | |
| Comments: | | |

| MANAGEMENT AND LEADERSHIP | M | B |
|--|----------|----------|
| Has this IMG filled an appropriate leadership role, providing guidance, advice, and feedback to co-workers in a supportive, respectful, and constructive manner? | | |
| Has this IMG been timely and diligent in documentation, reporting and communicating responsibly, maintaining clear and contemporaneous records? | | |
| Has this IMG been reasonable when resources are allocated, and may be rationed? | | |
| Comments: | | |

RATING SCALE

M - Meeting expectations relative to a consultant surgeon; of the requisite standard

B - Below expectations relative to a consultant surgeon. Needs further improvement

| COMMUNICATION | M | B |
|--|----------|----------|
| Has this IMG consistently been clear and considerate when communicating with patients, relatives, and co-workers, being readily understood and being receptive to questions? | | |
| Has this IMG been clear and timely when communicating important clinical issues with co-workers? | | |
| Comments: | | |

CONTINUING PROFESSIONAL DEVELOPMENT

List all Seminars, Conferences and Workshops attended during this assessment period.

Outline the self-audit activities undertaken during this assessment period.

It is important all IMG's receive comprehensive feedback about their progress in the oversight period, and have the opportunity to question any aspects of the process. Provide a list of the meetings held with this IMG during this assessment period.

IMG TO COMPLETE

I have read and discussed this assessment with my supervisors(s).

| NAME | SIGNATURE | DATE |
|-------------|------------------|-------------|
| | | |

SUPERVISOR(S) TO COMPLETE

I/We have discussed this assessment with the IMG.

| NAME(S) | SIGNATURE(S) | DATE |
|----------------|---------------------|-------------|
| | | |