Clinical Practice Assessment report for International Medical Graduate Specialists (IMGS)

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<thead>
<tr>
<th>CRITERIA</th>
<th>SCORE</th>
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<tr>
<td><strong>MEDICAL EXPERT</strong></td>
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<tr>
<td>Knowledge – basic science</td>
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<td>Patient care – Initial assessment and formulation of a treatment plan</td>
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<td>Patient care – Continuing management</td>
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<td>Patient care – Use and interpretation of investigations</td>
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<td>Crisis management</td>
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<td>Problem solving/decision-making</td>
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<td>Infection control</td>
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<td>Documentation</td>
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<td><strong>COMMUNICATOR</strong></td>
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<td>Interaction with patients</td>
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<td>Communication with GP’s and other health providers</td>
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<td><strong>COLLABORATOR</strong></td>
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<td>Team interaction and co-operation</td>
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<td><strong>MANAGER</strong></td>
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<td>Organisation/efficiency</td>
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<td>Professionalism</td>
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<td>Ethical behaviour</td>
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<td><strong>ADVOCATE</strong></td>
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<td>Advocate</td>
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<td><strong>SCHOLAR</strong></td>
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<td>Scholar</td>
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<td><strong>SUITABILITY FOR THAT PARTICULAR POSITION</strong></td>
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</table>
Limitations to practice:


Comments:


Supervision:
At the time of observation of Dr_______________________________‘s practice he/she was assessed as suitable to practise (circle one of the below):
• With 1:1 supervision.
• With on-site supervision.
• With remote supervision.
• Independently (even though remote supervision may be available).

Supervisor’s name: __________________ IMGS name: __________________

Signed: ___________________ Signed: ___________________

Date: ___________________ Date: ___________________
INSTRUCTIONS FOR COMPLETING THE CPA FORM

IMGS name
This field must contain the first and surname of the international medical graduate specialist. If your name has changed by marriage or deed poll, and you have not yet notified the College, you must include a copy of your marriage certificate or change of name notice.

Hospital
This field must contain the name of the hospital (not the area health service) that has been approved for this clinical practice assessment (CPA) period. The hospital name must be written in full and must not be written as an acronym.

If the clinical practice assessment period has been undertaken in more than one location, please list all locations in this field.

Assessors’ name
This field must contain the first and surname of the assessor conducting this assessment. This assessor must be the international medical graduate specialist’s nominated supervisor as listed on their position description. If the person completing this report is not the international medical graduate specialist’s nominated supervisor justification for this must be attached to the report. Please note that if someone other than the nominated supervisor completes this report, the period may not be counted towards the required clinical practice assessment period.

Period of assessment
Must be written as day/month/year and must be for a period of between three and six months unless otherwise approved by FPM. Clinical practice assessment reports for a period of less than three months or greater than six months may not be accepted towards the clinical practice assessment requirement.

Explanation of criteria
• Knowledge – basic science
• Knowledge – clinical medicine
• Knowledge – clinical examination
• Patient care – initial assessment and formulation of a treatment plan.
Performs a complete and appropriate assessment of the patients and presents well-documented findings, explains proposed treatment to patient and confirms patient understanding.
• Patient care – continuing management
• Patient care – use and interpretation of investigations
Organises appropriate investigations, where indicated, and uses results of investigations to guide further management.
• Crisis management
Manages crises appropriately, practises to reduce medical error, complies with Faculty and hospital protocols and guidelines.
• Problem solving/decision-making
Demonstrates sound judgment and sound clinical decision-making.
• Infection control
Demonstrates aseptic/clean techniques and standard (universal) precautions.
• Documentation
Comprehensively, concisely and legibly documents relevant matters.
• Communicator
Communicates concepts and treatment plans effectively to patients. Provides timely, clear and concise correspondence to other professionals involved in the patients’ care
• Interaction with patients
Develops trust and rapport, accurately elicits, analyses and conveys relevant information, develops a common understanding of issues, problems and plans.
• Team interaction and co-operation
Participates effectively and appropriately in a multidisciplinary healthcare team, consults, negotiates and enlists other team members’ co-operation.
• Organisation/efficiency
Creates a well-organised workspace, works efficiently and effectively, prioritises tasks effectively.
• Professionalism
Shows respect for confidentiality and privacy of patients and colleagues, is punctual, works in a calm and considered manner, responds promptly to requests for assistance.
• Integrity
Honest and reliable verbal and written communication. Maintains contact so readily available when needed.
• **Insight**
  Recognises the limits of their experience and expertise, knows when to seek assistance.

• **Ethical behaviour**
  Responds appropriately to ethical issues encountered in practice, demonstrates cultural sensitivity, adheres to the regulatory framework of their practice.

• **Advocate**
  Advocates for treatment and care that is in the best interests of the patient, respects patient's privacy and dignity, actively promotes safety and risk reduction, uses opportunities in their practice to promote health and prevent disease.

• **Scholar**
  Commitment to reflective learning, participation in teaching (as available).

**Scoring**
Please enter a score of 0-5 for each of the criteria listed on the clinical practice assessment report. Below is an explanation of the scoring system.

5 = **excellent** This means that the international medical graduate specialist is performing better than most Fellows of FPM of comparable age and/or experience.

4 = **above average** This means that the international medical graduate specialist is performing better than some Fellows of FPM of comparable age and/or experience.

3 = **average** This means that the international medical graduate specialist is performing at a comparable level to an FPM-trained specialist pain medicine physician in a similar position (trainee or Fellow of FPM).

Examples:
• If the international medical graduate specialist is employed at an advanced trainee equivalent level they are performing at a similar level to that which is expected of an FPM provisional Fellow (2nd year of FPM training).
• If the international medical graduate specialist is employed in a specialist or Area of Need specialist position they are performing at a similar level that which is expected of a Fellow of FPM.

2 = **below average** This means that the international medical graduate specialist is performing at a level lower than is expected for the position for which they are employed (see examples above).

1 = **poor** This indicates that there are major concerns regarding quality of practice.

0 = **not assessed** This indicates that during the assessment period you have not been able to sufficiently observe the international medical graduate specialist fulfilling the requirements of the particular criterion. This is most likely in the assessment of crisis management.

If you give a score of 1, 2 or 5 for any criteria you must include a justification in the comments section of this report.

**Limitations to practice**
You should include any limitations to practice in this section. These may include:

• Subspecialty pain medicine practice (such as paediatrics) where there is minimal recent experience.
• Contemporary technical procedures that might be expected of Fellows of FPM.

**Comments**
Please include any comments that support this assessment in the comments section. Please attach additional pages if required.

**Supervision**
In assessing the level of independence, you must select only one option from those listed.

**Signatures**
This assessment must be discussed with between the assessor and the international medical graduate specialist and must be signed by both parties following the discussion. Clinical practice assessment reports that are not signed by both parties may not be accepted towards the clinical practice assessment period.