

ISSUE	COAG Nationally Consistent Assessment of International Medical Graduates
SUBJECT	Australian Medical Council Accreditation Guidelines: Pre-employment Structured Clinical Interviews
DATE	Updated 10 September 2008. <u><i>Tracked changes reflect 2014 review.</i></u>

1. Initial Assessment - *2014: now at Criteria 3. Wording has been updated.*

- 1.1 All IMGs applying for registration on the Standard Pathway must have passed the AMC MCQ examination (either on-shore or off-shore) as a prerequisite for further assessment.**
- 1.2 All IMGs applying for registration on the Competent Authority Pathway must have been awarded Advanced Standing as a prerequisite for further assessment.**

Documentation to show that this requirement is in place.

2. Position description *2014: Now at Criteria 4. Wording has been updated*

- 2.1 A clear position description in a prescribed format is required. The pre-employment clinical assessment must refer to the position description when assessing an IMG's suitability for employment and registration.**

2.1.1 The position description:

- states the location, scope and level of the position in sufficient detail to enable a common understanding of the responsibilities of the position by the IMG, employer, assessors, supervisor(s) and medical board
- enables the position to be located on the risk matrix
- meets the requirements of the relevant medical board
- states the orientation arrangements
- states the supervision arrangements in sufficient detail to enable understanding by the IMG, employer, assessors, supervisor(s) and medical board
- states the names of the principal supervisor and co-supervisor(s)
- states the mandatory and highly desirable selection criteria.

3. Location on the risk matrix 2014: Incorporated into Criteria 4.1, third bullet point. Also referred to at Part A, Item 3. Please note that the actual risk matrix is being reconsidered and is not included in the current draft.

The risk matrix on both the Standard and Competent Authority Pathway is a general guide intended to illustrate a range of positions according to their inherent risk. It is not intended to provide an exact definition of the positions that will and will not require a pre-employment clinical assessment. However, it **is** expected that a pre-employment clinical assessment will be required for IMGs applying for registration on the Standard Pathway to work in less supported hospital positions and in General Practice and on the Competent Authority Pathway for General Practice positions.

It is expected that stakeholders such as the medical board and health department in each jurisdiction agree on relevant local circumstances in relation to the risk matrix.

3.1 A clear indication of the jurisdiction's collective interpretation of the risk matrix is required. 2014: Incorporated into Criteria 4.3, and Part A, Item 3

- 3.1.1**
- Positions are categorized according to risk.
 - The types of position that will require a pre-employment structured clinical interview are clearly defined.
 - The types of positions that will not require a pre-employment structured clinical interview, are clearly defined with justification.
 - The process (if any) by which case by case decisions are made or exemptions given, including the parties to this decision are clearly defined.
 - Relevant stakeholder involvement in the local interpretation of the risk matrix is clear.

4. Pre-employment clinical assessment 2014: Moved to Part A Guidelines - updated and general information expanded.

The purpose of the pre-employment clinical assessment is to establish whether an IMG has the knowledge, skills and experience to practise safely and effectively in the position for which registration is being sought. The interview should be constructed to demonstrate that an IMG 'knows how' rather than simply 'knows'.

It is recognised that no pre-employment assessment can provide a guarantee of satisfactory professional performance in the workplace and that supervision, especially in the initial stages of employment, is essential. As IMGs undergoing a pre-employment clinical assessment will not yet be working in the position for which they are applying, workplace-based assessment methods such as the Mini-CEX are not possible. These guidelines anticipate the use of a pre-employment structured clinical interview (the interview).

The interview will result in the production of an interview report which documents the details of the interview for the accredited provider and the relevant medical board and an outcome report which documents the assessment decision for other stakeholders.

4.1 The applicant body must demonstrate its credentials and capacity to conduct the interview as well as its relationship with the relevant medical board, health department and stakeholders. 2014: Moved to Criteria 1 The context of the PESCI provider. This is in line with other AMC standards. Updated and expanded to incorporate the new 1.6 Current bank of assessors.

- 4.1.1** Details required of the authority seeking accreditation are:
- organisational title
 - the professional profile of personnel with oversight of the pre-employment clinical interview process
 - relationships with the relevant medical board, health department and other stakeholders, including employers, recruiters, as relevant to the application
 - potential conflicts of interest and how these will be addressed *2014: Moved to new [Criteria 2 Independence and strengthened.](#)*
 - capacity for conducting the pre-employment assessment and sustainability of that capacity over time
 - intended scope of service provision (eg hospital and/or GP positions).

4.2 The authority seeking accreditation must provide details of the pre-employment structured clinical interview process.

4.2.1 Required documentation *2014: Position description now at [Criteria 4. Original Criteria 2 and 4 have been merged to avoid replication.](#)*

- A position description is required in a prescribed format that:
 - states the location, scope and level of the position in sufficient detail to enable a common understanding of the responsibilities of the position by the IMG, employer, assessors, supervisor(s) and medical board
 - enables the position to be located on the risk matrix
 - meets the requirements of the relevant medical board
 - states the orientation arrangements
 - states the supervision arrangements in sufficient detail to enable understanding by the IMG, employer, assessors, supervisor(s) and medical board.
 - states the names of the principal supervisor and co-supervisor(s)
 - states the mandatory and highly desirable selection criteria
- A curriculum vitae (CV) is required in a prescribed format containing details of all the IMGs qualifications and full work experience, with no gaps in the chronology of the CV, that accounts for both working and non-working periods.
- A copy of the information that is made available to the applicant about the interview format and process is required.

4.2.2 Interview arrangements *2014: Now at [Criteria 5.3, updated.](#)*

- Documentation is provided to the interviewers prior to the interview to enable them to conduct a preliminary assessment of the applicant's suitability and plan appropriate interview content.
- There is a process to confirm the identity of the applicant on presentation for the interview.
- Face-to-face interview is preferred and encouraged.

- Video-conferencing is acceptable if the identity of the applicant can be confirmed and the rigor of the interview is not compromised.
- Teleconferencing is only acceptable if:
 - the identity of the IMG can be confirmed
 - there is reliable invigilation to ensure that the IMG is not assisted during the interview
 - the rigor of the interview is not compromised.

4.2.3 Interview Panel 2014: Panel composition now at Criteria 5.2 and has been expanded. New addition regarding assessor bank at Criteria 1.6

- Panel members have no conflict of interest 2014: conflicts moved to new Criteria 2 Independence
- Interview Panel composition:
 - minimum of three interviewers including,
 - two medical practitioners who are completely familiar with the clinical and professional demands of the type of position for which the IMG is being interviewed. The third interviewer may be a medical practitioner, a health professional or a lay person.
- Any involvement of employers/sponsors/recruiters does not compromise the integrity of the interview or the interview content.
- Interviewer training and support is provided.

4.2.4 Interview Content 2014: Now at Criteria 5.4

The content of the interview:

- is drawn, at least in part, from a bank of relevant scenarios for which the expected responses and essential, critical factors have been pre-determined. 2014: Expanded to include sufficient numbers of items to avoid multiple re-use.
- is directly related to the content of the position description
- assesses the IMGs familiarity with relevant social and cultural issues and Australian language idioms. 2014: Updated
- may include clinical simulation, hypothetical scenarios and/or clinical scenarios from the applicant's experience. 2014: added to notes regarding Criteria 5.3
- includes at least 3 detailed scenarios or 5 more simple scenarios (either posed or experiential).
- as far as possible, simulates a patient consultation with investigation results, imaging, ECGs etc incorporated as appropriate,
- assesses the applicant in each of the following areas, as appropriate:
 - Medical Interviewing skills,
 - Physical Examination skills,
 - Clinical Judgment,
 - Treatment / Advice,

- Communication skills,
- Professionalism
- Procedural skills.

4.2.5 The standard expected of the IMG is one of safe practice with reference to the orientation and level of supervision that will be available in the position for which the applicant is being assessed. 2014: Moved to notes at Criteria 5.4

4.2.6 **Decision Making & Feedback** 2014: Incorporated at Part A, Item 6.

The IMG is rated by each interviewer but the final decision is not based on averaged ratings or a compensatory scoring process.

The interview identifies the IMG's strengths, weaknesses, critical failures, omissions and any general concerns.

Feedback is given to the IMG, although it is not essential to communicate the assessment decision at the time of the interview.

4.2.7 **Interview Report** 2014: Now Criteria 5.5 and updated.

- The report documents:
 - the interview content,
 - the strengths and weaknesses of the IMG's responses,
 - any general concerns that arose during the interview,
 - the IMG's suitability for the position, giving reasons,
 - any specific recommendations, for example, pre-commencement courses, clinical placements in relation to successful applicants.
- The report can be finalised in a timely manner. 2014: Now Criteria 5.5.2 updated to include a timeframe for report to be finalised and provided to AHPRA office
- The report is provided to the relevant medical board.
- The integrity of the interview content is never compromised by providing written material that documents the interview content to the IMG, sponsor or employer.

4.2.8 **Outcome report** 2014: Now Criteria 5.6 and updated.

- The report documents:
 - the IMG's suitability for the position, giving reasons
 - any specific recommendations, for example, pre-commencement courses, cultural training, clinical placements in relation to successful applicants.
- The report can be finalised in a timely manner.
- The report is provided to the sponsor /employer, IMG and the relevant medical board.

4.2.9 **Review / Appeal** 2014: Now Criteria 5.7 and updated.

- Requests for review of the assessment outcome are entertained.

- The process for managing such requests adheres to the principles of procedural fairness.

2014: New Criteria 6 Annual reporting added.

Date: 10 September 2008