



# SIMG supervisor agreement

Name of SIMG: \_\_\_\_\_

## Background

Supervisors of Specialist International Medical Graduates (SIMG) assist ANZCA with the assessment process for SIMGs seeking eligibility for admission to Fellowship. They have an important role and must have a broad understanding and experience of College activities. They provide support to the SIMG during the clinical practice assessment period and provide regular reports to the central administration of the College.

## SIMG supervisor responsibilities and declaration by the SIMG supervisor

1. I agree to attend training courses for SIMG supervisors.
2. I agree to refer any difficulties regarding an SIMG to the Chair of the SIMG Committee.
3. I agree to undertake the duties of an SIMG Supervisor as outlined in the documentation provided to me.
4. I understand that ANZCA documentation and/or materials will be provided to me during the course of the SIMG assessment process. I acknowledge that this material is owned by the College, is subject to intellectual property protection, and therefore cannot be used by me for purposes other than the assessment of an SIMG, without the College's prior approval.
5. I acknowledge that it is my responsibility to be fully informed and aware of all requirements of ANZCA, particularly rules, guidelines and policies in relation to the SIMG assessment process.
6. In addition to policies that may apply at my place of employment I will abide by ANZCA's corporate policies including:
  - 6.1. ANZCA guidelines on assessment
  - 6.2. Conflict of interest policy
  - 6.3. Fraud and corruption control policy
  - 6.4. Intellectual property policy
  - 6.5. Policy on bullying, discrimination and harassment for Fellows and trainees acting on behalf of the College or undertaking College functions
  - 6.6. Privacy policy
7. I agree that if I have concerns regarding my role, it is my responsibility to seek to have these concerns addressed. I acknowledge that I can approach and seek appropriate guidance from all or any of the following:
  - Chief Executive Officer of ANZCA.
  - Chair, SIMG Committee
  - DPA (SIMG)
  - Manager (SIMG)

8. I undertake to notify the College if my medical registration is withdrawn or suspended, or conditions are placed on my medical registration, or if I receive notice of any complaint to any medical registration authority.
9. I understand that email will be the primary means by which communication is maintained between me and the College and that the College will use the email address I designate as my primary email.

I undertake to:

- Maintain regular access to my email account and respond to College emails accordingly
- Ensure that at all times there is sufficient space in the primary email account to allow receipt of emails from the College, even those containing attachments that are several megabytes in size

### **ANZCA responsibilities and declaration by ANZCA**

ANZCA agrees to provide support to its representatives, including SIMG supervisors, by providing them with resources and support in the following areas:

1. Training, assessment methods and related activities.
2. Support via the Manager SIMG in managing SIMG experiencing difficulty.
3. Support via the DPA SIMG for issues relating to compliance with regulation and policies.
4. All Fellows who act in good faith and within College policies while carrying out College duties will be indemnified for those actions. In any perceived contentious matter there must be a complete written record of the action taken and the reasons for it. It is essential that there should be early discussion with the CEO whenever there are potential difficulties that may involve legal action.

ANZCA and its representatives agree to use reasonable endeavors in the following areas:

5. Providing access for SIMG supervisors to educational materials.
6. Answering in an accurate and timely manner any queries the SIMG supervisor may have on the SIMG assessment process, their duties and responsibilities, and the regulations.
7. Responding to any other enquiries in a timely manner.

**Supervisor verification**

**This section must be completed by the nominated supervisor prior to submitting this application to ANZCA.**

**Name of supervisor:** \_\_\_\_\_

- I verify that I have read the above position details and am satisfied that it accurately describes the position and the hospital(s).
- I accept the rights and responsibilities of our respective positions in this Agreement.

**ANZCA office use only**

- We accept the rights and responsibilities of our respective positions in this Agreement.

Signature (ANZCA authorised officer) \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_