



Consultation on a new framework for supervision of international medical graduates

Protecting the public, promoting good medical practice.

Te tiaki i te iwi whānui me te whakatairanga pai i te mahi e pā ana ki te taha rongoa.

Overview

The Medical Council of New Zealand (Council) is the statutory organisation responsible for protecting the health and safety of the public by providing for mechanisms to ensure doctors are competent and fit to practise medicine.

The purpose of this consultation paper is to seek feedback on a new framework for the supervision of international medical graduates (IMGs).¹ A new framework is intended to provide the following benefits:

- improved and appropriate supervision for IMGs to ensure their safe and supported integration into the New Zealand workforce
- improved protection of the health and safety of the public
- clarity and transparency to the profession, BABs, employers and other stakeholders
- improved collegiality and collaboration across District Health Boards (DHBs) with a greater focus on regional models of service delivery.

Background

New Zealand's medical workforce is heavily reliant on IMGs, with IMGs making up over 40 percent of our current workforce, the highest proportion of any developed country.

In its May 2006 report *Fit for Purpose and for Practice*, the Health Workforce Advisory Committee noted issues relating to IMGs in the domestic workforce including:

- They are not familiar with the New Zealand health system and can take time to acquire the knowledge of how to work within the hospital system.
- New Zealand medical courses place particular emphasis on cultural training for domestic students. A lack of awareness of Maori protocols may impede an IMG's ability to establish good doctor-patient relationships.

In 2007, Council initiated a major body of work on the subject of Medical Migration. The projects within this programme all aim to ensure that IMGs are integrated into medical practice in New Zealand in a safe and supported manner. Some of the projects that fall within this programme of work include:

- researching the role and impact IMGs have on the workforce
- developing a framework for the orientation and induction of IMGs
- developing a new framework for the supervision of IMGs
- providing training and support for supervisors.²

¹ The new framework is largely based on a model proposed by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). Council wishes to thank RANZCOG for their contribution.

² Planning is underway for the first training sessions for supervisors to be held in 2009.

Definition

A useful definition of supervision is:

*The provision of guidance and feedback on matters of personal, professional and educational development in the context of a doctor's experience of providing safe and appropriate patient care.*³

Supervision will be both formal and informal:

- **Formal supervision** is regular protected time, specifically scheduled and kept free from interruptions, to enable facilitated in-depth reflection on clinical practice.
- **Informal supervision** is the day to day communication and conversation providing advice, guidance or support as and when necessary.

Supervisors are agents of Council. Their responsibilities include the requirement to assess that the IMG is practising competently and safely and to advise Council if there are concerns about the IMG's practice.

Question 1. **What should formal supervision involve?**

Drivers for a new model

Council is seeking feedback on a new framework for supervision which will best support the integration of IMGs into safe and competent medical practice in New Zealand. The drivers for a new framework are:

- Workforce shortages result in DHBs and general practices having great difficulty in recruiting specialists from within New Zealand or from overseas.
- There is an ongoing need to assess those applying down the vocational pathway. Council does not support IMGs who are being assessed for a vocational scope of practice working with remote supervision.
- There are a large number of short term locums filling both senior and junior positions.
- Recruitment is occurring into services where no onsite supervision is available.
- Some services within provincial DHBs have a very small number of vocational registrants (only one or two), which can result in the possibility of a conflict of interest in supervisory roles.
- Services are appointing IMGs who are gaining registration within a provisional general scope of practice to work at specialist level.
- There is a need to find a solution for services where there are issues around quality and sustainability.

Current supervision requirements

Council requires supervision to be provided by a doctor registered within the same or a related vocational scope of practice as the IMG being registered. In most cases, direct supervision where the supervisor works in the same place as the IMG, and is readily available is required by Council.

In extraordinary circumstances offsite supervision may be arranged where the supervisor works somewhere else but is readily available and can be contacted for help when necessary.

³ (Kilminster S, Jolly B, van der Vleuten CPM (2002). A framework for effective training for supervisors. *Medical Teacher* **24**(4):385-389.

Currently, applications for offsite supervision are considered on a case by case basis, taking into account:

- the training, qualifications and experience of the IMG
- the pathway to registration
- advice of the relevant BAB, if the application is down the vocational pathway
- the environment the IMG has been practising in prior to coming to New Zealand
- the practice environment of the proposed position
- the level of and duration of the proposed position
- the proposed induction and orientation programme prior to the IMG beginning clinical practice
- how much time the offsite supervisor is going to work with the IMG
- how frequently face to face supervision meetings and telephone meetings will take place
- whether the offsite supervisor will be participating in audit and peer review activities with the IMG
- the availability of the offsite supervisor and the proximity to the IMG's place of employment
- what additional support will be available onsite to the IMG.

The new framework is intended to address two scenarios as follows:

Scenario 1: Onsite supervision is not available

Increasingly, Council has been requested to consider proposed offsite supervision plans because there is no onsite supervision available from a doctor registered within the same vocational scope as that in which the IMG is proposing to work. The proposed positions have included senior and junior roles in rural and provincial hospitals as well as primary care. The applications have been for registration within provisional vocational, provisional general and special purpose scopes of practice.

In cases where Council has approved offsite supervision, we have required the supervisor and the IMG to work together for an initial period, either at the supervisor's worksite or at the employment site of the IMG to:

- establish the supervisory relationship and agree to the expectations of both the doctor and supervisor
- undertake induction and orientation into the New Zealand practice environment
- observe and be observed in a clinical setting
- determine suitability for the clinical placement
- expose the IMG to the referral hospital or larger primary care site.

In such cases, all the information outlined above is taken into account and each application is assessed on its own merits. Council does not consider applications down the comparable health system pathway⁴ for registration within a provisional general scope of practice to be suitable for an offsite supervision plan and these applications are not usually approved.

Scenario 2: Onsite supervision is available (however support is limited)

Issues may also arise when onsite supervision is available, however only one (or two) doctors registered within the same vocational scope as the IMG work in the service. This is commonplace in rural and provincial hospitals as well as in primary care. Council currently responds by assessing, on a case by case basis, whether an external supervision arrangement is required for these IMGs.

⁴ Please see glossary – appendix 2

In these cases, it may not be necessary for the IMG to work directly with the offsite supervisor, as the primary supervisor will be the supervisor available onsite. The role of the offsite supervisor is to:

- carry out peer review and audit (or review the peer activities undertaken)
- monitor and review the IMG's CPD programme
- give advice on training opportunities
- discuss difficult or unusual cases
- give an opportunity to discuss cultural issues and management issues
- provide a check on work conditions
- to assist in mediating any difficulties.

The proposed framework (please see flowchart – appendix 1)

When an IMG applies for registration to work in a provincial or rural hospital or in a primary care practice, the employer will be required to submit a proposed supervision plan to Council.⁵ This plan will be considered by Council as part of the registration process. Where the IMG is applying for registration down the vocational pathway, the plan will also be considered by the relevant BAB. The plan must include the following:

1. Proposed primary supervisor

- a. There should be a supervisor who works in the same vocational scope of practice as that of the IMG and at the same work site.
- b. If there is no such vocational registrant available to provide this supervision a supervisor who works in the same vocational scope as the IMG must provide supervision from a neighbouring site (or a site where the majority of referrals are sent).

2. Additional supervisor

- a. If the primary supervisor is onsite and the service or primary care practice has two or less vocational registrants onsite, then an additional supervisor needs to be proposed from a neighbouring site (or a site where referrals are sent) and this person needs to be registered within the same vocational scope.
- b. If the primary supervisor is offsite, then the additional supervisor needs to be proposed from the home site but may be registered within a different vocational scope of practice.

3. Orientation

The proposed plan should include details of how orientation and induction will take place. This includes familiarisation to the New Zealand health system and orientation to the work site.⁶ If the IMG's primary supervisor is offsite then orientation will need to take place at both sites.

4. Initial assessment

Having completed orientation the IMG must work with the primary supervisor for a minimum period of one month. If the IMG's supervisor is offsite then this period of work may occur at either site, so long as both the IMG and supervisor are in the same location.

5. Credentialling

Following orientation and the initial assessment period the IMG should be credentialled, by the employer, to determine what procedures the IMG is competent to do and to determine clear delineation of the IMG's scope of practice. A comprehensive supervision report is to be submitted to Council at this time, completed by both supervisors and signed by the Chief Medical Adviser (CMA) if the employment is in a DHB.

⁵ All IMGs beginning medical practice in New Zealand (with the exception of Australian graduates) are required to work under supervision. This consultation document does not relate to IMGs with employment at a larger DHB or in primary care where there are more than two vocational registrants working in the same scope as the IMG.

⁶ Council is currently developing best practice guidelines for the induction and orientation of IMGs.

6. Ongoing Clinical Work

Once orientation, initial assessment and credentialling have been completed, the IMG will be able to take up their position at the home worksite. Supervision and support will be provided by both supervisors. In addition, where dictated in the supervision plan, he or she will periodically undertake duties at the neighbouring (or referral) site.

7. Supervision details

The plan needs to include details of the time to be spent working at each site and the program for meetings between both supervisors and the IMG. Council will require supervision reports to be provided every three months which are to be signed by both supervisors, the CMA and the IMG.

8. Completion of provisional period

At the end of the period of registration within a provisional scope and following completion of any assessment requirements (such as a vocational practice assessment for the vocational pathway), the IMG may apply for a change to his or her scope of practice. This would allow a general scope or vocational scope of practice to be considered. Council will consider the application, taking into account all supervision reports, reports following assessment, recommendation from the supervisors, advice from the relevant BAB, and other relevant information.

Question 2.

It has been suggested that offsite supervision would not be appropriate under any circumstances. Do you agree with this statement? If not, under what circumstances would an offsite supervision arrangement be appropriate?

Question 3.

What sort of arrangements, contractual or otherwise, would organisations need to enter into to implement the proposed framework for supervision?

Question 4.

How do you see this supervision framework working for a regional model of service delivery? What specific supervision requirements would be appropriate for a regional model of service delivery?

Question 5.

How should this arrangement be funded?

Examples

The following are examples for you to bear in mind as you consider the questions in this consultation document:

- 1. An IMG who has gained their primary and post graduate qualifications with the Certificate of Completion of Training in the UK, applying for a provisional vocational scope of practice (supervision pathway). The proposed employment is a permanent position in a provincial hospital, with the service having only one doctor who is registered within the relevant vocational scope.*
- 2. An IMG who has gained their primary and post graduate qualifications in Germany applying for a provisional vocational scope of practice (assessment pathway). The proposed employment is at a provincial hospital with no doctors working in the service who are registered within the relevant vocational scope.*

3. *An IMG who holds a primary degree from Pakistan and who has worked in the UK for the past 36 months in a number of positions at the level of registrar and is applying for a provisional general scope of practice (comparable health system pathway). The proposed position is at the level of medical officer at a provincial hospital. There are no doctors working in the service registered within the relevant vocational scope.*
4. *An IMG who holds a UK primary qualification and has recently completed their internship and whose proposed employment is for three months in a small provincial hospital to provide relief run cover.*

Challenges

There are a number of challenges to consider in regard to implementation of a new framework for supervision including:

- Resource constraints
 - availability and willingness of doctors to act as supervisors
 - funding to pay for supervision time and
 - protected time to ensure meaningful supervision is provided.
- A regional model will be costly to both the larger DHB or primary care practice and to the smaller DHB or primary care practice. This raises questions in regard to who should pay.
- How services impact on each other. If a provincial DHB is unable to provide a particular service because appropriate supervision can not be provided to ensure safe and competent practice, then there is the chance that this may prevent another service from continuing. For example, if anaesthesia services are unable to be provided this will affect surgical services.
- The individual circumstances of the IMG (qualifications, training and experience), the proposed employment and the type of registration applied for may result in different requirements for supervision.

Question 6.

What are the workforce implications for the proposed framework for supervision? How could these challenges be met?

Question 7.

a) Is it appropriate to implement one flexible framework which can be applied for a wide range of situations? How could this work?

b) Alternatively, should a number of frameworks be developed for different situations? ie, for supervision of IMGs registered within the different pathways for a:

- *provisional general scope of practice,*
- *provisional vocational scope of practice, and*
- *special purpose scope of practice?*

Question 8.

How should a supervisor, working in a large hospital or primary care practice, assess the suitability of an IMG to work in a provincial or rural hospital or small practice after only a short period of time working directly together? What steps should be taken to help the supervisor make this decision? What should their time working directly together involve?

Question 9.

Offsite supervision might mean that the larger hospital will have to take some responsibility for the IMG and allow them to spend time working in their hospital. What are the issues with this and how is this best facilitated?

Question 10.

Can offsite supervision work over a lengthy period (some IMGs are under supervision for 24 months)? What can be done to ensure that it works appropriately over an extended length of time?

Question 11.

Is this framework appropriate? If not, what changes would you recommend?

Liability for Supervisors

Supervisors are agents of the Council. Unless they act in bad faith or without reasonable care, they are not civilly liable for the actions of those they supervise.⁷

In regard to delegation, the Health and Disability Commissioner has stated that the basic principle in New Zealand is:

A specialist has responsibility for the overall clinical care and management of the patients under his or her care.

Aspects of care may be delegated as long as the specialist has good reason to believe the doctor is competent to carry out such tasks.

Where aspects of clinical care are delegated to junior doctors, specialists have a duty to provide supervision:

- With reasonable care and skill, and
- In accordance with professional standards.

Question 12.

Council is undertaking a number of initiatives and developing resources that may support supervisors. These include induction and orientation guidelines, training for supervisors and this proposed framework. Are there any other ways Council could support supervisors?

Timeframes and feedback

You can make your views known to us by:

- completing the online form at www.mcnz.org.nz.
- emailing your submission and comments to consultation@mcnz.org.nz.
- posting a hard copy of your submission and comments to Joan Crawford, Strategic Programme Manager, Medical Council of New Zealand, P O Box 11649, Wellington.

Feedback must be received at Council by **27 February 2008**.

⁷ Section 119 of the HPCAA

Submissions received by Council will be retained and may be published on its website. If you would your submission to remain confidential, please indicate this clearly on your submission. The [online feedback form](#) has a check box for this purpose at the bottom of the form.

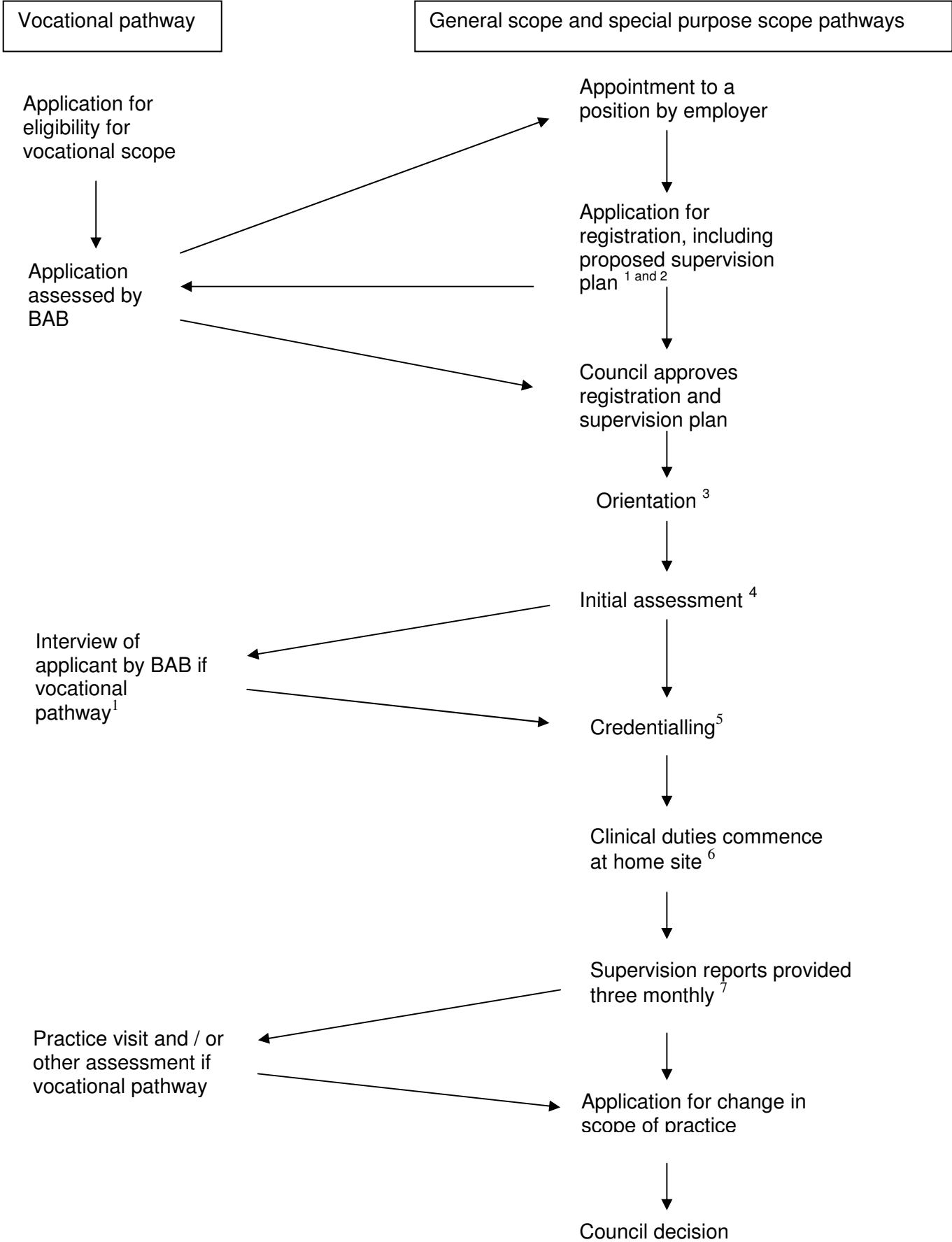
Next steps

Following the initial written consultation, we plan to hold a number of discussion and feedback meetings with stakeholders and the profession in 2009.

We look forward to receiving any comments you may have on our proposed new framework for the supervision of IMGs.

Philip Pigou
Chief Executive

PROPOSED NEW FRAMEWORK FOR SUPERVISORS OF IMGs



NOTE: The numbers refer to steps, as outlined in 'The Proposed Framework', pages 3 and 4

GLOSSARY**Provisional general scope of practice pathways:**

- Comparable health system – the IMG has worked in a similar position (at a similar level, in a similar area of medicine and in a similar practice environment) in a health system comparable to New Zealand for 36 out of the last 48 months and has gained full or general registration in that country, as prescribed by Council.⁸
- Competent authority – the IMG holds a primary qualification from the United Kingdom or Ireland and has completed an internship and gained general registration with the General Medical Council or Irish Medical Council.

Special purpose scope of practice pathways:

- Locum tenens – the IMG holds a postgraduate qualification gazetted by Council for this pathway to registration.⁹ Registration down this pathway is limited to a maximum period of six months in any 12 month period.

Provisional vocational scope of practice pathways:

- Assessment pathway – assessment requirements are determined by Council, taking into account the advice of the relevant BAB, following interview of the IMG. In addition to 12 months supervised practice in a position approved by Council, the doctor may be required to pass a clinical exam or undergo a vocational practice assessment.
- Supervision pathway – an IMG registered down this pathway would typically hold a postgraduate qualification from the UK with the Certificate of Completion of Training. They would be required to work in an approved position under supervision for 12 months but no further assessment would be required. Vocational scope would be granted on receipt of satisfactory supervision reports.

⁸ Countries determined by Council to have a health system comparable to New Zealand can be found at <http://www.mcnz.org.nz/Registration/Howtobecomearegisteredoctor/Generalscope/Comparablehealthsystemcriteria/tabid/157/Default.aspx>

⁹ The list of approved qualifications for the locum tenens pathway may be found at <http://www.mcnz.org.nz/Registration/Howtobecomearegisteredoctor/Specialpurposescope/SpecialpurposescopeApprovedPGqualifications/tabid/233/Default.aspx>