



Supervision for international medical graduates

***A companion to *Induction and
supervision for newly registered
doctors****

Medical Council of New Zealand

Protecting the public, promoting good medical practice

Te tiaki i te iwi whānau me te whakatairanga pai | te mahi e pā ana ki te taha rongoā

The primary purpose of the Medical Council of New Zealand is to protect public health and safety.

The Council has the following key functions:

- registering doctors
- setting standards and guidelines
- recertifying and promoting lifelong learning for doctors
- reviewing practising doctors if there is a concern about performance, professional conduct or health.

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1. Overview

The Medical Council of New Zealand (the Council) is the statutory organisation responsible for protecting the health and safety of the public by ensuring doctors are competent and fit to practise medicine. One of the ways the Council achieves this is by making supervision a requirement of registration for all new international medical graduates (IMGs) beginning practice in New Zealand.

Supervision enables an IMG's performance to be assessed over time, while he or she becomes familiar with:

- the New Zealand health system; and
- the required standard of practice.

In addition to registration, the Council has responsibilities in the area of doctor education, standards, competence, conduct and health.

2. Background

The Council's requirements for induction and supervision of IMGs are described in the publication *Induction and supervision for newly registered doctors*. This booklet is a companion resource to build upon the information provided in that publication.

The Council completed an extensive two stage consultation process with stakeholders and the profession focusing on a new framework for supervision of IMGs. Feedback obtained has been taken into account in developing this framework which offers a clear structure for the safe and supported integration of IMGs into medical practice in New Zealand.

The framework outlined in this booklet is to be used by all employers and IMGs when developing supervision plans as part of an application for registration (applications for changes to employment and/or supervision will also require a supervision plan).

Information on induction and other useful supervision information can be found on the Council's website www.mcnz.org.nz » Registration » Information for employers and supervisors » Supervisor information.

A new publication about the induction and supervision of IMGs is due to be published mid 2010.

3. *When is supervision required?*

All IMGs beginning medical practice in New Zealand (with the exception of Australian graduates) are required to work under supervision.

The framework in this booklet applies to all IMGs registered within a:

- provisional vocational scope of practice
- provisional general scope of practice
- special purpose locum tenens scope of practice.

The framework does not apply to those working at the level of house officer or senior house officer.

When an IMG applies for registration, the employer is required to submit a proposed supervision plan to the Council. This is also required when changing any employment circumstances or supervision arrangements while registered within a provisional general, provisional vocational or special purpose scope of practice. The plan will be considered by the Council as part of the application process.

Vocational Pathway

When an IMG applies for registration in a vocational scope of practice, the supervision plan will also be considered by the relevant branch advisory body (BAB), ie the relevant medical college. The BAB will provide advice on approval of position and supervisor. The Council will consider the advice of the BAB and decide whether additional assessment requirements are necessary. These will be communicated to the doctor and employer as part of the registration process.

4. Factors considered when assessing a supervision proposal

Proposed supervision plans are considered on a case by case basis. The Council recognises that whilst consistent standards of supervision are important for patient safety, a flexible approach to assessing supervision proposals is also important. Each doctor and their workplace is unique.

A range of factors are taken into account when assessing supervision plans, including:

- 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 position¹
- the level of and duration of the proposed position
- the proposed induction and orientation programme prior to the IMG beginning clinical practice.

- availability of supervision and how much time an offsite supervisor is going to work at the same site as the IMG (if required)
- how frequently supervision meetings will take place (including video conference, telephone, or face to face meetings)
- what audit and peer review activities will be taking place for the IMG
- what additional support will be available to the IMG.

¹ If the Council has concerns about the practice environment where the IMG will be working, more robust supervision arrangements may be required.

5. Role of a supervisor

Supervisors are required to provide supervision reports to the Council on the IMG's performance. The supervisor is to prepare reports in consultation with colleagues and discuss them with the IMG who is being supervised. For more information about responsibilities of supervisors see the *Induction and supervision for newly registered doctors* companion publication.

Supervision tools

Effective supervision requires the active use of a number of tools. The types of tools that Council would expect to see taking place in supervision include, but are not limited to the following:

- direct one-on-one observation of practice by the primary supervisor, including interaction with patients and family, clinical documentation, discharge planning and the transferring of the duty of care to another doctor
- self assessment and reflective practice
- 360 degree feedback
- use of role play and simulation or videoing
- assessment of the understanding of the New Zealand health service
- assessment of cultural awareness
- face to face structured meetings which critique outcomes of the direct observation, 360 degree reports and self assessment.

6. Role of an offsite supervisor

Supervision plans that include both an onsite supervisor and offsite supervisor will be required in the following two situations²

1. When there is no doctor registered in the same vocational scope of practice working on site with the IMG.

The IMG will be required to spend an initial period of time³ working at the same site as a doctor registered within the same vocational scope.

The role of the supervisor during their time working together is to:

- establish the supervisory relationship and agree on 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

After the initial time spent working together, ongoing support would include the activities outlined in the grey box on the following page.

² An offsite supervision plan will not be required for IMGs employed at the level of house officer and senior house officer.

³ Between two and four weeks, depending on the factors considered under point four of this document on page six.

2. When there is only one doctor registered in the same vocational scope of practice working onsite with the IMG.

The IMG will require an offsite supervisor but may not need to work directly with the offsite supervisor.⁴

The role of the offsite supervisor in this case is to:

- carry out peer review and audit (or review the peer activities undertaken)
- monitor and review the IMG's continuing professional development (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
- assist in mediating any difficulties.

⁴ The factors under point four on page six will be considered when determining whether the IMG will need to work directly with the offsite supervisor.

7. Outline of the induction, orientation and supervision process

The following is an outline of the individual supervision process and details to be included in an IMG's supervision plan⁵.

1. Proposed primary supervisor

- a) There should be a primary supervisor who is registered in the same vocational scope of practice as that of the IMG and works at the same site.
- b) If there is no doctor registered in the same vocational scope available to provide this supervision onsite, then a primary 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 only one doctor registered in the same vocational scope onsite, then an additional supervisor needs to be proposed from a neighbouring site (or a site where referrals are sent). This supervisor must be registered within the same vocational scope.

⁵ [Vocational Pathway](#)

Applications for approval of position and supervisor for the vocational pathway are referred to the BAB for advice. Additional supervised assessment may be required.

- b) If the primary supervisor is offsite, then an additional supervisor needs to be proposed from the home site and may be registered within a different vocational scope of practice.
- c) If there are no other doctors onsite, applications for registration and proposed supervision plans will be reviewed on an individual basis.

3. Induction and Orientation

The proposed plan must include details of how induction and orientation will take place. This includes familiarisation to the New Zealand health system and orientation to the work site.⁶

4. Initial assessment

When there is no doctor registered in the same vocational scope of practice working onsite, the IMG is required to work with their supervisor for a minimum period of between two and four weeks. The Council will determine the period of time required, taking into account the individual factors of the application. The initial time spent together can take place at either the supervisor's workplace or the IMG's workplace. In some circumstances it may not be necessary for this time to be completed at the beginning, but rather sometime during the IMG's first three months.

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

5. Credentialling⁷

Hospital environment

Following induction and orientation and the initial assessment period, the employer should undertake a credentialling process with the IMG to determine the specific clinical responsibilities that the IMG is considered competent to undertake and appropriate to perform within that specific practice setting. Credentialling needs to take into account clinical support and available resources⁸.

General practice environment

It is envisaged that a similar process will occur in general practice that will reflect the different nature of general practice from hospital based practice. This process may include the practice principal or practice manager and is likely to also involve the PHO or other responsible organisations.

Credentialling documentation does not need to be provided to the Council.

⁷ A process to assign specific clinical responsibilities to doctors on the basis of their training, qualifications, experience and fitness to practise within an organisational context.

⁸ The credentialling process is likely to include the clinical director or head of department (in the hospital environment), the supervisor/s and the IMG.

6. Initial report

If the primary supervisor is offsite a supervision report is to be submitted to the Council after the initial assessment period spent working together.

The report should have input from both supervisors and be signed by the Chief Medical Officer (CMO)⁹. In a primary care setting the practice principal or practice manager is required to sign the supervision report.

7. Ongoing clinical work and supervision

Once induction and orientation, initial assessment and credentialling have been completed, the IMG can take up their position. Supervision and support should be provided by both supervisors where required.

In cases where the IMG has an offsite supervisor, the plan needs to include details of the time to be spent working at each site and the programme for meetings between both supervisors and the IMG.

The plan should include confirmation of availability by telephone of the supervisor to the IMG.

8. Supervision reports

Council will require supervision reports to be provided every three months¹⁰. The CMO,¹¹ or in the general practice setting the practice principal or practice manager, is required to ensure that appropriate input into the supervision report is provided by the wider team.

In the case of an onsite and offsite supervision plan, the supervisors should discuss their assessment of the doctor and provide one supervision report to the Council office.

9. Completion of provisional period

At the end of the period of registration within a provisional general or provisional vocational scope of practice 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 to a general or vocational scope of practice. The Council will consider the application, taking into account all supervision reports, reports following assessment, recommendation from the supervisors and CMO, advice from the relevant BAB, and other relevant information.

⁹ The CMO may delegate authority to the relevant clinical director or head of department.

¹⁰ In some cases more frequent reporting may be required by Council.

¹¹ The CMO may delegate authority to the relevant clinical director or head of department.

10. Changes to practising certificates

Before processing any application for a change in supervision, place of employment, change in position or scope, the Council must have received all supervision reports.

8. *The role of the Chief Medical Officer*

In the hospital environment, the role of the CMO¹² is integral to the supervision plan.

The CMO is required to agree to the proposed plan and is responsible for the implementation of the plan. The CMO is also required to ensure that supervision reports are submitted to the Council every three months¹³ and that appropriate input is provided by the wider team into the supervision report.

The CMO or their delegate will be the primary contact point for supervisors and Council if any problems arise in the supervision arrangement.

General practice

In the general practice environment the practice principal or practice manager is responsible for the implementation of the plan.

¹² The CMO may delegate authority to the relevant clinical director or head of department.

¹³ In some cases more frequent reporting may be required by the Council.

9. The approved practice setting model

The Council has approved in principle the use of an approved practice setting (APS) model for supervision of IMGs.

An APS recognises that appropriate support and supervision is available and provided to IMGs. Criteria for an APS will be robust, workable and fit with the mechanisms of assuring core standards are in place. An APS will have systems for:

- the effective management of doctors
- orientation, induction and credentialling of doctors
- identifying and acting upon concerns about doctors' fitness to practise
- supporting the provision of relevant training and CPD
- providing regulatory assurance.

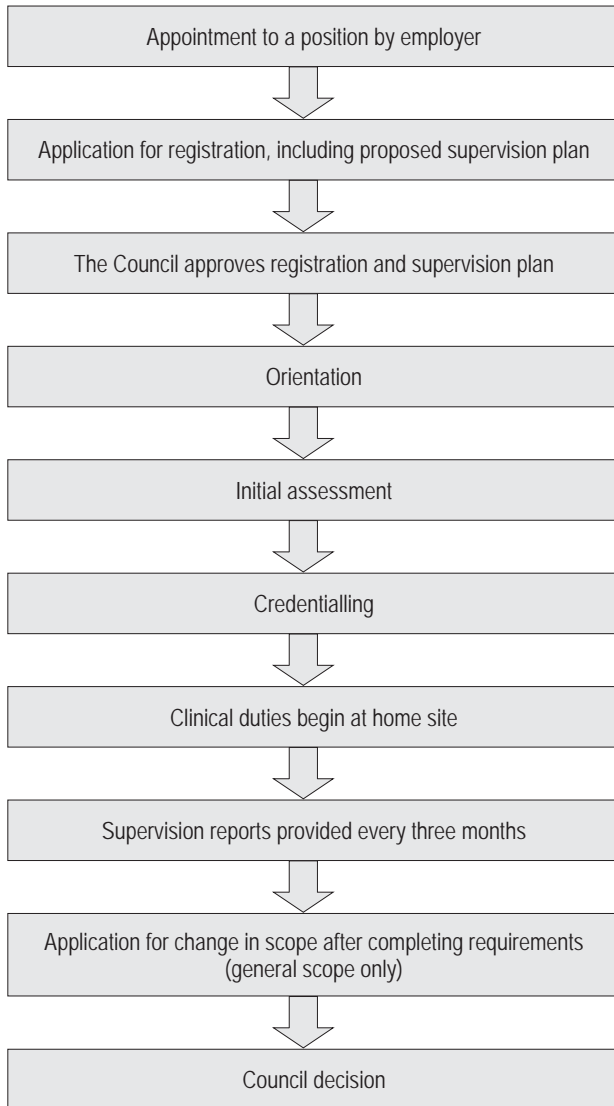
Employers of IMGs will have the option to either:

1. submit individual supervision plans using the IMG supervision framework or;
2. meet the Council's criteria for recognition as an APS.

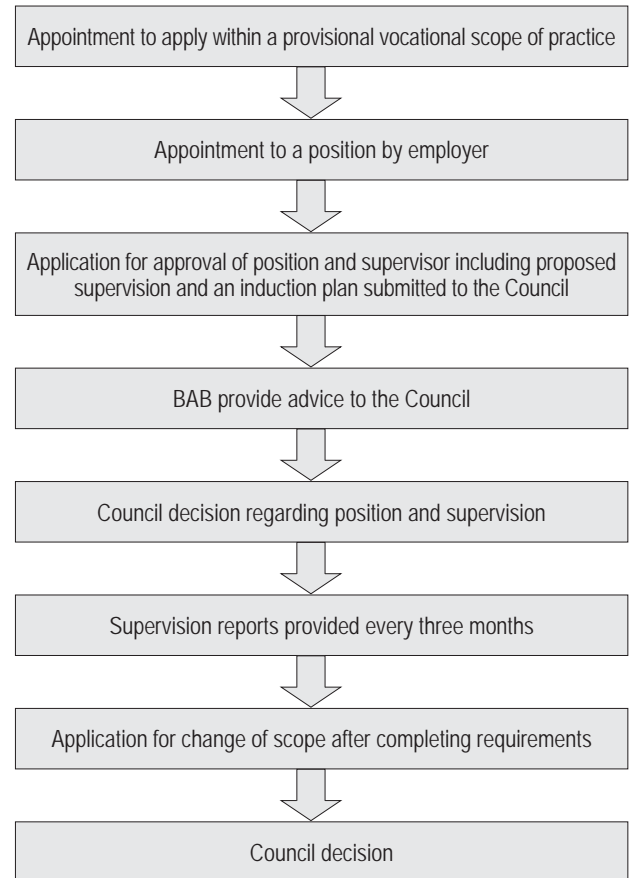
Council is currently developing the criteria for an APS and will consult with stakeholders prior to implementing the APS model. Details will be included in a new publication about the induction and supervision of IMGs due to be published mid 2010, after the consultation process has been completed.

10. Flow charts

Overview of individual supervision process for IMGs under the provisional general or special purpose scopes



Overview of individual supervision process for IMGs under a provisional vocational scope



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