

# **Induction and Supervision for Newly Registered Doctors**

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## Ensuring Competence

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### **How Council ensures competence**

Council ensures competence of doctors in New Zealand through:

- the accreditation of New Zealand and Australian medical schools
  - examination of overseas qualifications
  - accreditation of postgraduate training and continuing professional development programmes
  - robust registration processes
  - assessing and supporting sick doctors
  - reviewing conduct and performance concerns
  - setting standards.
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### **Supervision and recertification**

Council has established:

- supervision processes for newly registered doctors, and
  - recertification processes for those who renew their practising certificates annually.
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### **Professional standards**

Council works with the public and the profession to achieve maintenance of standards. This requires the identification of, and assistance for, those doctors who are not practising at an adequate standard, for health or other reasons.

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### **Complaints**

The Health and Disability Commissioner investigates complaints in the first instance when the practice or conduct of a health practitioner has affected a health consumer.

The Health Practitioners Disciplinary Tribunal considers discipline matters.

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## Induction and Supervision for Newly Registered Doctors

### Overview

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#### Survey of graduates and supervisors

Some common themes emerged from a survey done by the Medical Council of:

- international medical graduates working under supervision (ie those newly registered in New Zealand), and
  - their supervisors.
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**What newly registered doctors want**

Newly registered doctors want:

- lots of information about the job they will be doing and the environment they are coming to before they arrive in New Zealand.
  - robust induction on arrival so they can learn the systems quickly, or know where to go for the information they need.
  - collegial support so they are not left alone to work things out for themselves with the risk of putting themselves and their patients at risk.
  - constructive feedback on their performance.
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**What supervisors want**

Supervisors of newly registered doctors want:

- newly registered doctors to be competent, and to know what they are doing.
  - to be able to provide effective supervision and support.
  - a manageable supervision commitment.
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**Purpose of this booklet**

This booklet has been developed to assist employers, supervisors and new doctors achieve these goals. In response to feedback, the Council has created a companion to this publication called '*Supervision for international medical graduates*' which is also available on our website. A new master publication combining the Council's current resources on supervision and induction as well as new material currently being developed will be available in 2010.

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**In this booklet**

This booklet is organised into two parts:

- [Part A – Induction](#) See page 3
  - [Part B - Supervision](#) See page 15
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**Feedback**

We welcome your feedback.

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## Part A – Induction

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**Induction - A  
Council  
requirement**

The Medical Council requires employers to provide an induction programme to all doctors who have not previously practised medicine in New Zealand.

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**In this part**

This part contains the following topics.

<b>Topic</b>	<b>See Page</b>
<a href="#"><u>About Induction</u></a>	4
<a href="#"><u>Induction Resource Material</u></a>	5
<a href="#"><u>Induction Planning</u></a>	6
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<a href="#"><u>Professionalism</u></a>	14
<a href="#"><u>When things go wrong</u></a>	14

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# About Induction

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**Purpose** Differences in medical cultures do exist around the world. Good induction and support will ensure that newly registered doctors do not experience difficulty understanding and learning their adopted medical culture in New Zealand.

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**Good induction takes time** It is not appropriate for an employer to expect any doctor to start work immediately they arrive in the country.

Employers have a responsibility to must ensure that time is taken to provide all the background information newly registered doctors need to:

- do their job well, and
- ensure their patients are safe.

Ideally the induction will be spread out over a reasonable period of time to enable the doctor to assimilate the information, rather than cramming it all into the first couple of days.

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**IMG Networks** Employers are encouraged to:

- make use of the communication networks that exist amongst international medical graduates (IMGs), and
- incorporate these networks into strategies aimed at successful integration into the workforce.

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**Peer partnering** Partnering a new doctor with a more experienced peer or someone from a similar cultural background for a couple of months also helps with the induction process.

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**Contents of the induction plan** A good induction plan will provide the doctor with:

- an introduction to the structure of the health service the doctor is working in, and
- an overview of New Zealand health service.

It will also cover among other things:

- legislation affecting every day practice
- cultural awareness
- lines of referral
- available support
- focus on best practice and patient safety.

Further details on induction plan contents can be found in the pages that follow.

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# Induction Resource Material

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## Introduction

The induction topics listed in this booklet have been developed with reference to the 'domains of competence' which are listed in the Council's publications:

- *Good medical practice*, and
  - *Cole's Medical practice in New Zealand*.
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## ***Good medical practice***

*Good medical practice*

This booklet outlines the duties and responsibilities of a doctor registered and working in New Zealand. It is the foreword to *Cole's Medical practice in New Zealand*, and is also published separately.

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## ***Cole's Medical practice in New Zealand***

*Cole's Medical practice in New Zealand*

This Council publication is sent to every doctor when they are registered. *Cole's* is an ideal resource for helping with the induction of new doctors.

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## **Cultural competence**

For information on cultural competence, see the following:

- *Statement on cultural competence*
- *Statement on best practices when providing care to Maori patients and their whanau*
- *Best health outcomes for Maori; Practice implications*

The Health Practitioners Competence Assurance Act 2003 (HPCAA) requires doctors to be culturally competent. Council's statements on cultural competence are available online or on request.

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## **Competence and the HPCAA**

The purpose of the HPCAA is to protect the health and safety of the public by ensuring that doctors are competent and fit to practise.

For information for employers about competence requirements on doctors, see:

*Statement on employment of doctors and the Health Practitioners Competence Assurance Act 2003*

This statement gives an overview of the functions Council has in place to meet this requirement. Induction of new medical practitioners is of key importance.

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# Induction Planning

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<b>Resource</b>	<p>The induction section of this booklet is intended as a resource to guide employers in developing an induction programme appropriate to the individual doctor.</p> <p>There are likely to be other important topics appropriate to new doctors which are not listed in this booklet but which will need to be included in the induction programme.</p>
<b>Induction will differ</b>	<p>Induction will differ depending on the employment circumstances of each individual doctor. Some aspects of induction which would be very important for those working in general practice are likely to be irrelevant to a doctor working in a tertiary hospital.</p>
<b>Induction of specialists</b>	<p>Specialists especially will benefit from a thorough induction process to enable them to work successfully in New Zealand. It is not appropriate to assume that because they are specialists, they know about the New Zealand culture and health system.</p>
<b>Part of employment record</b>	<p>A planned induction, once completed, can be signed off by the doctor and employer for the employment record.</p>
<b>Topics</b>	<p>One of the most important induction topics is to ensure the doctor knows where to access information.</p> <p>The pages that follow list suggested topics under the following broad headings:</p> <ul style="list-style-type: none"><li>• <a href="#"><u>Medical Care</u></a></li><li>• <a href="#"><u>Communication</u></a></li><li>• <a href="#"><u>Collaboration</u></a></li><li>• <a href="#"><u>Management</u></a></li><li>• <a href="#"><u>Scholarship</u></a></li><li>• <a href="#"><u>Professionalism</u></a></li><li>• <a href="#"><u>When things go wrong</u></a></li></ul> <p><b>Note:</b> Topics marked with an asterisk (*) indicate that Council has statements on these topics. These are available on request or in the publication section of the website.</p>

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# Medical Care

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## Introduction

This topic lists aspects of medical care, grouped as follows:

- [Orientation](#)
  - [Prescribing](#)
  - [Patient safety](#)
  - [Legislative requirements](#)
  - [Practical matters](#)
  - [Clinical practice](#)
  - [New Zealand disease patterns.](#)
- 

## Orientation

Include orientation to the work site, local services and New Zealand health services:

- Introduction to staff and their roles.
  - Demonstration of equipment, especially emergency and resuscitation equipment.
  - Description of local ancillary medical services including functional relationships, nature of services provided and likely costs to the patient.
  - Computer/records systems.
  - Description of New Zealand health services including:
    - funding arrangements for patient care
    - systems for hospital referral
    - access to emergency services
    - procedure for admission to hospital
    - medical review system
    - maternity payments.
- 

## Prescribing

Explain pharmaceutical schedule and prescribing:

- Minimal requirements for legally acceptable prescribing.
  - Appropriate use of controlled drug forms.
  - Monitoring processes for effectiveness, safety and cost.
- 

## Patient safety

Detail patient safety issues:

- Define limits of clinical responsibility and lines of accountability.
- \*Informed consent.
- Backup arrangements when the doctor is unsure how to proceed.
- Sterilisation requirements for safe practice.

\* Council statements on this topic are available on request or in the publication section of the website.

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## Medical Care, Continued

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### Legislative requirements

Ensure there is appropriate information available so that doctors understand the legislative requirements relevant to the following, as they relate to medical practice in New Zealand:

- ARCIC Act and ACC
- Crimes Act
- Code of Health and Disability Services Consumers' Rights
- Health Act
- Health and Disability Commissioner Act
- Health Information Privacy Code
- Health Practitioners Competence Assurance Act
- Human Rights Act
- Medicines Act
- Mental Health Act
- Misuse of Drugs Act
- Privacy Act.

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### Practical matters

Include practical matters:

- House calls
  - Personal safety
  - Telephone consultations
  - Attending accidents
  - Access to community based, secondary care and base hospital services
  - Funding – general practice and public hospital
  - After hours care
  - How the hospital works
  - Consultant's expectations; how things are done
  - Lines of communication during normal working hours, night duty and on-call.
-

**Clinical practice**

Explain details of clinical practice:

- Personal organisation
- Communication skills
- Clinical skills
- \*Medical records
- Taking a history
- Record keeping
- Writing referrals
- Patient centred medicine (vs disease centred)
- Resources
- Teaching
- Healthline
- Intimate examinations and chaperones
- Trauma skills
- \*Medical certificates
- Forms.

\* Council statements on these topics are available on request or in the publication section of the website.

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## Medical Care, Continued

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### **New Zealand disease patterns**

Outline particular New Zealand disease patterns and issues, eg:

- Meningitis
  - Asthma
  - Cervical screening
  - Child abuse
  - Contraception and abortion
  - Diabetes
  - Drug and alcohol abuse
  - Immunisation and child health
  - Notifiable and infectious diseases.
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# Communication

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## Introduction

This topic lists aspects of communication, grouped as follows:

- [Patient/doctor relationship](#)
  - [Cultural awareness.](#)
- 

## Patient/doctor relationship

Detail New Zealand's approach to the patient/doctor relationship:

- Patient expectations of the doctor
  - Boundaries
  - Language differences and comprehension between the doctor, patients and colleagues.
- 

## Cultural awareness

Provide information about cultural issues relevant to the circumstances, eg

- Bicultural responsibilities inherent in New Zealand legislation and in the treaty
  - Special health needs of Maori
  - Maori cultural values that pertain to medical care
  - Pacific Island and Asian cultures
  - Potential culturally offensive behaviours relevant to the patient population being treated
  - Jargon, colloquial or slang words used in the health environment
  - The possible impact of different religious beliefs on patients and colleagues
  - Discretion, confidentiality and extended families (assume that everybody is related to everybody else and they all talk together)
  - Links between socio-economic factors and health needs.
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# Collaboration

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## Introduction

This topic lists aspects of collaboration, grouped as follows:

- [Cultural adjustments](#)
  - [Provision for after-hours care.](#)
- 

## Cultural adjustments

Outline aspects of cultural adjustments:

- Working in a multidisciplinary team, especially with female team members
  - Acceptable ways of addressing colleagues (eg younger doctors; nurses; other health care professionals)
- 

## Provision for after-hours care

Outline the provision for after-hours care:

- Describe arrangements for after hours care and the doctor's role in these arrangements
  - Establish a system to ensure a supervisor is available for telephone support at any time.
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## Other Induction Topics

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### Introduction

This topic lists other induction topics, grouped as follows:

- [Management](#)
  - [Scholarship](#)
  - [Professionalism](#)
  - [When things go wrong](#)
- 

### Management

Outline these aspects of management:

- Clinical governance
  - Role of clinical director/chief medical advisor.
- 

### Scholarship

Outline the practice review activities that form part of scholarship:

- Peer review
- Continuing medical education
- Clinical audits
- Critical incident debrief.

List the available publications that form part of scholarship:

- Pharmaceutical schedule
- New Zealand Medical Journal
- Good medical practice
- Cole's Medical practice in New Zealand
- \*Medical Council statements.

\* Council statements are available on request or in the publication section of the website.

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## Other Induction Topics, Continued

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- Professionalism** Outline these personal aspects of professionalism:
- The requirement to be registered and hold a current annual practising certificate (which must be sighted by employer before starting work)
  - Regulatory supervision
  - Professional indemnity insurance
  - Medical ethics, including NZMA Code
  - \*Doctor/patient relationships
  - \*Sexual boundaries – zero tolerance
  - Personal professional development
  - Mentoring
  - Limits of clinical responsibility
  - Patient expectations and controlling burden of care
  - Realistic expectations about adapting to a similar community of practice in a different country.
- \* Council statements on these topics are available on request or in the publication section of the website.
- 

- When things go wrong** Explain the processes involved when things go wrong:
- Complaints and discipline
  - Competence and concerns
  - Sickness affecting the doctor's ability to practise
  - Difficult personal circumstances.
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## Part B - Supervision

### Overview

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#### Introduction

These guidelines apply only to the Medical Council's requirements for:

- doctors registered in either provisional general, provisional vocational, or special purpose scopes working under regulatory supervision, and
  - their supervisors.
- 

#### Excluded from these guidelines

These guidelines do not apply to:

- Interns or intern supervisors. A separate book *Education and supervision for interns* is available for this group.
  - Doctors who have been re-registered and are working under supervision following removal from the register for disciplinary reasons. These doctors will have specific conditions on their practice that must be adhered to.
  - The usual clinical supervision arrangements for medical officers or training registrars, provided by consultants on a day to day basis.
- 

#### Benefits to doctors

Good supervision enables doctors to:

- review and develop their own practice in a focussed and supportive environment, and
  - develop professional expertise and deliver quality care.
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#### Reports to the Council

The supervisor's three monthly reports to the Council help determine whether the doctor has the requisite knowledge, skills and attitudes to practise safely in New Zealand.

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## Overview, Continued

### In this part

This part contains the following topics.

<b>Topic</b>	<b>See Page</b>
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<a href="#"><u>Supervision Time Requirements</u></a>	18
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<a href="#"><u>Who May Supervise New Doctors?</u></a>	21
<a href="#"><u>Offsite and shared supervision</u></a> <b>Error! Reference source not found.</b>	22
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## Who Must Work Under Supervision?

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### **New doctors must be supervised**

Supervision is a condition of registration for all new doctors in New Zealand. Supervision enables the doctor's performance to be assessed over time. This is designed to ensure the health and safety of the New Zealand public while the doctor becomes familiar with:

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

### **Provisional or special purpose scope of practice**

All doctors must work under supervision for between 6-24 months if they are registered in:

- a provisional general scope
  - a provisional vocational scope, or
  - a special purpose scope of practice.
-

## Supervision Time Requirements

### Supervision is flexible

Supervision is time limited and is flexible depending on the doctor's competence. Close supervision is required in the beginning and decreases over time once the supervisor becomes comfortable about delegation and increasing the doctor's independence.

### Minimum time requirements

The table below outlines the minimum supervision time requirements.

Scope	Registration pathway	Minimum supervision time
<b>Provisional General scope</b>	<ul style="list-style-type: none"> <li>NZ and Australian interns</li> <li>NZREX graduates</li> <li>UK/Irish graduates</li> </ul>	12 months 12 months 6 months
	<ul style="list-style-type: none"> <li>Comparable health system</li> </ul>	12 months
<b>Provisional Vocational scope</b>	<ul style="list-style-type: none"> <li>Overseas doctors eligible for registration in a vocational scope after 12 months supervised practise</li> </ul>	12 months
	<ul style="list-style-type: none"> <li>Overseas doctors who must complete assessments to confirm eligibility</li> </ul>	12-18 months
<b>Special purpose scope</b>	<ul style="list-style-type: none"> <li>Various categories</li> <li>This is not a pathway to permanent registration</li> </ul>	Doctors must work under supervision for duration of registration

### Minimum period may be extended

Time spent working under supervision may be extended if the doctors do not satisfy the requirements during the minimum time period.

If, after this time, the doctor is unlikely to reach the standard for general or vocational scope, the doctor's next application for an annual practising certificate will be referred to the Council for consideration.

### Removal of 'provisional' scope

Once the doctor has completed the requirements the 'provisional' tag is removed from the scope of practice and Council supervision is no longer required. An application to move from a provisional scope to registration in a general or vocational scope must be received.

# What Constitutes Supervision?

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## Definition

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

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.

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## Written agreement for formal supervision

For supervision to work appropriately, the supervisor and doctor will need to agree on the frequency, duration and content of formal supervision sessions. A written agreement is recommended.

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## Timing of meetings

The supervisor is expected to meet the doctor:

- daily for the first week
  - weekly for the first three months, and
  - monthly after that.
- 

## Purpose of regular meetings

The purpose of the regular meetings is to:

- ensure the induction programme is completed
  - carry out peer review and audit
  - review and give feedback on performance, identify strengths and weaknesses and deal with performance issues
  - monitor and review the doctor's continuing medical education programme
  - give advice on training opportunities within the position, or guidance on career advancement
  - observe practical skills, including surgery and patient contact
  - enhance practice skills and personal growth
  - discuss difficult or unusual cases, eg, clinical approach and handling of clinical dilemmas, referrals, drug abusers, inappropriate behaviour etc
  - give an opportunity to discuss cultural, management and health-related political issues
  - discuss general topics.
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## What Constitutes Supervision?, Continued

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### Ongoing supervision

Once familiar with the doctor's ability and competence, the supervisor may use his or her judgement about the amount of ongoing supervision required.

**As supervision is a condition of registration,  
'none' is not an acceptable option.**

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### Assessment for vocational scope

When doctors registered in a provisional vocational scope are being assessed for vocational scope, the level of supervision will depend on a number of factors, ie:

- the doctor's qualifications
- training
- experience prior to coming to New Zealand, and
- assessment requirements.

The Council expects the supervisor to consult with the branch advisory body and meet with the doctor to work out an appropriate supervision plan.

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### Supervision for doctors being assessed for vocational scope

Approval of supervisors:

- As part of the application for registration, the branch advisory body must approve the supervisor and any subsequent changes of supervisor.
  - Supervisors' reports must be sent to the Council and copied to the relevant branch advisory body.
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## Who May Supervise New Doctors?

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**Specialist in same scope**

Supervision is provided by a specialist who is registered in the same vocational scope of practice as the doctor being supervised.

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**Direct supervision required**

In most cases, direct or active supervision will be required, where the supervisor works in the same place as the doctor, and is readily available.

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**Council approval**

The Council must approve the appointment of all supervisors.

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**How many doctors to one supervisor?**

The Council does not set a maximum number of doctors per supervisor, but a number of matters should be considered, including:

- the vocational scope in which the doctors are working
  - the supervisor's supervision experience
  - the supervisor's clinical and administrative workload
  - the supervisor's other responsibilities and commitments
  - whether supervision can be shared or delegated appropriately
  - the level of experience and registration status of the doctors being supervised.
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## Offsite and shared supervision

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**Council approval required**

Applications for off-site and shared supervision will be considered on a case by case basis.

Please see the companion publication '*Supervision for international medical graduates*' on Council's website for more detailed outline of offsite supervision.

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**Not for provisional vocational assessment**

Registration will not be granted to doctors applying for registration in a provisional vocational scope of practice where they must be assessed for 12-18 months and where off-site supervision is proposed.

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**Robust plans required**

A robust induction and supervision plan must be provided along with the initial application for registration.

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**Initial supervision must be onsite**

If off-site supervision is the only option, Council would expect the doctor to work onsite with the supervisor for at least the first two weeks to:

- establish the supervisory relationship and agree the expectations of both the doctor and supervisor
  - undertake induction and orientation to 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.
- 

**Face-to-face meetings**

Following the initial period of direct onsite supervision, the doctor should have face to face meetings with the supervisor weekly for the first month in practice followed by monthly meetings thereafter.

The supervisor should be available via telephone or email at all times.

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**Notifying Council of concerns**

Where there are ongoing concerns about a doctor's competence the supervisors are encouraged to consider notifying the Council. This should include details of how the problems are being addressed at an employment level.

The principal supervisor is responsible for giving the Council the confidential reports it requires. He or she will be expected to coordinate with any additional supervisors to provide a full report on the doctor's performance.

**Rural and provincial hospitals**

Council will look on a case by case basis at requiring an external supervision arrangement (in addition to on-site supervision) for doctors employed in rural or provincial hospitals.

# Responsibilities of Doctors Working under Supervision

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## Introduction

Induction and supervision is a very important part of the registration process. Done properly, it ensures your successful integration into medical practice in New Zealand. To make the most of this opportunity, note your responsibilities in the following areas of your supervision:

- [Set-up and management](#)
  - [During supervision](#)
  - [Problems](#)
  - [Reports.](#)
- 

## Set-up and management

Your responsibilities regarding set-up and management are to:

- make a commitment to take part fully in the supervision process.
  - arrange to meet your supervisor(s) when you start a new job.
  - take responsibility for setting up an appointment schedule with the supervisor; diary the appointments.
  - work with the supervisor to set supervision and educational objectives.
  - keep a supervision logbook; include your participation in continuing professional development activities.
- 

## During supervision

Your responsibilities during supervision are:

- to communicate clearly with the supervisor. If you need specific supervision or experience, tell the supervisor. Ask for clarification when necessary.
  - if you are calling your supervisor, to preface your conversation with a clear indicator of why you are ringing, for example:
    - for approval of a management plan
    - for advice, or
    - for active assistance.
  - to be prepared to accept constructive comments and be receptive to changing your behaviour if required.
  - to take part in audit and peer review or group activities.
  - to ask for advice.
  - if you need more support, to consider asking for external supervision or mentoring to be arranged.
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## **Responsibilities of Doctors Working under Supervision,** Continued

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### **Problems**

Your responsibilities regarding problems are:

- to contact your supervisor early if you have a problem. Do not be tempted to leave it until the situation is irretrievable.
  - if the supervision relationship breaks down or becomes compromised, to tell an appropriate person within the hospital or practice, as well as the Council, so that the situation can be reviewed quickly.
- 

### **Reports**

Reports are required every three months, or each time you apply to change your scope of practice. Take responsibility for ensuring your reports are completed by your supervisor, signed by yourself and sent to the Council on time.

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# About Being a Supervisor

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## **Introduction**

Supervisors make a very significant contribution to the medical workforce in New Zealand and this contribution should not be underestimated.

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## **Specialists encouraged to supervise**

Specialists are encouraged to provide supervision to new doctors. Specialists may not unreasonably refuse to provide a colleague with supervision.

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## **Supervision relationship**

The single most important factor for effective supervision is the supervision relationship. If you are available and approachable, doctors are far more likely to contact you for help or advice.

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## **Delegation**

The Health and Disability Commissioner has stated that the basic principle in New Zealand appears to be as follows:

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.
- 

## **Supervisors not civilly liable**

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.

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## **Reporting deficiencies**

Supervisors need to take reasonable steps to do the things that Council expects of them.

If they become aware of deficiencies in a doctor's practice they have a responsibility to:

- report the deficiencies to Council, and
  - take steps within their employment situation to ensure patients are not put at risk.
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# Supervisors' Responsibilities

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## Introduction

This topic gives guidelines for carrying out the significant responsibility of providing supervision. The guidelines are grouped as follows:

- [Set up and management](#)
- [Raising issues](#)
- [Regular reviews](#)
- [Protocols for back-up help.](#)

See [Supervisors' Reports to Council](#) for details on the reporting aspects of being a Supervisor.

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## Set up and management

Your set up and management responsibilities are to:

- ensure that all new doctors fully participate in an induction programme.
  - be clear about the lines of communication during normal working hours and on-call hours. Set out ground rules for communicating with other team members. In the case of house officers, make it clear that if they are not satisfied with the response they get from their registrar they must contact their consultant directly.
  - make sure that protected supervision time is scheduled regularly and kept free from interruptions to both the supervisor and the doctor being supervised.
  - be readily available and approachable.
  - make sure that alternative arrangements are made for ongoing supervision if you cannot fulfil the supervisory obligations for any reason.
  - provide clear clinical notes and comprehensive management plans, which include parameters clarifying when specialist involvement is required for a particular patient. These are invaluable aids for newly registered doctors.
  - monitor and verify what the doctor is doing. Be sure that the doctor is capable of carrying out his or her duties competently.
  - maintain close supervision until you are sure relaxing the routines will not put patients at risk.
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## Supervisors' Responsibilities, Continued

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### Raising issues

Your responsibilities regarding raising issues are:

- Raise performance issues early. Do not leave them until the end of a run or appointment.
  - Identify whether adverse performance is caused by poor communication skills. If this seems to be the case you may need to arrange for the doctor to have communication skills tuition. Contact the Council for advice.
  - Report significant concerns to your employer and the Council.
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### Regular reviews

Arrange for regular review of the doctor's understanding and knowledge of key clinical areas such as:

- referral guidelines
  - prescribing
  - investigations
  - screening and treatment protocols
  - political and medico-legal awareness
  - communication and patient satisfaction
  - understanding of the Accident Compensation Corporation (ACC), HealthPAC, PHARMAC and other agencies, and
  - other issues relevant to the doctor's practice.
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### Protocols for back-up help

Make sure the doctor knows the protocols for getting back-up help when necessary, eg, on night duty. Make sure that he or she is competent to work with the level of support available.

This is particularly necessary when locum doctors are appointed at short notice. In such cases you may have to put in place more stringent systems and lower the usual thresholds at which the locum would have to report to you or ask for help.

Do this until you are properly familiar with the locum's level of competence.

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## Supervisors' Reports to Council

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### Report every three months

Supervisors are required to report to the Council on the doctor's performance every three months, unless advised otherwise. Report forms can be downloaded from the 'reports, policies and fees' section which is found at the 'registration' link at [www.mcnz.org.nz](http://www.mcnz.org.nz).

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### Inputs for the reports

In order to compile the reports, it will be necessary that the supervisor monitors the doctor's professional skills, competence and attitudes by both:

- direct personal observation, and
- consultation with other colleagues.

Patients' comments will also be valuable, as will comments from organisations that may be involved, such as the branch advisory body.

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### Consultation

Before the report is sent to the Council, please:

- prepare reports in consultation with colleagues, and
- discuss them with the doctor who is being supervised.

This gives an opportunity for the supervised doctor to provide feedback, and for the report to be checked for accuracy and fairness. This is particularly important if there are some concerns about the doctor's practice.

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### Reports

Your responsibilities regarding reports are to:

- Provide supervision reports promptly when asked to do so. As a rule of thumb this will be:
    - every three months, and
    - each time the doctor applies for a change of scope.
  - Make sure that the information you give in the assessment is fair.
  - Complete the report forms accurately.
  - If the performance of the doctor being reported on is being questioned, ensure that he or she understands why.
  - Check that personality and cultural issues have not interfered with the accuracy of your assessment.
  - Discuss the report with the doctor and ensure the doctor signs the report before it is sent to the Council office.
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**Importance of Reports**

Information in report forms is used to decide whether:

- ongoing registration is appropriate, or
- the doctor meets the standard for registration in a general or vocational scope<sup>1</sup>.

You may have to make extra written comments if there are significant performance issues.

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## **Conflict of Interest**

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**Identify conflict of interest situations**

Identify situations where you may have a conflict of interest. For example, if you are the employer as well as the supervisor, there could be a conflict of interest if you had concerns about the doctor's performance but no alternative doctor available to provide patient care.

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**Declare identified conflict of interest**

Where an identifiable conflict of interest may arise, you must declare it to the Medical Council. A secondary supervisor will be appointed to make sure the doctor's performance is monitored independently.

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**If supervision breaks down**

If the supervision relationship breaks down or becomes compromised, the situation will need to be reviewed quickly. Please tell:

- an appropriate person within the hospital or practice, and
  - the Council.
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<sup>1</sup> Applications for an APC or change of scope will not be processed until supervision reports are received.

# Employer's Responsibilities

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**Introduction** Employers are required to ensure supervision is provided for as long as the Council requires.

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**Written policies** Ensure written policies are available based on established professional standards to protect the best interests of:

- patients
- specialists, and
- other doctors.

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**Managing poor performance** Employers must take responsibility for their recruitment decision and manage poor performance appropriately by remediation and robust supervision. They cannot rely on the Council to cancel a doctor's registration as a method of sorting out employment issues that are not directly related to public health and safety.

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**Independent legal advice** Employers are advised to get independent legal advice to deal with difficult employment issues.

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## Council's Actions when there are Performance Issues

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**Introduction** This topic explains what the Council does if a supervisor's report shows concerns about a doctor's performance.

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**Some doctors need longer** Many new doctors take some time to adapt to working in the New Zealand health system. Most doctors do reach the standard to work unsupervised within the expected timeframe, although some may need longer than the usual to reach and maintain that standard.

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**Council writes to the doctor** If the report shows that a doctor is underperforming in any area, and the supervisor's comments show that the doctor is addressing these concerns, the Council writes to the doctor as follows:

The doctor is told:

- that the Council is aware of the concerns
- to pay special attention to this area of his or her work
- that the Council anticipates the next report will show an improvement.

The doctor may also be told that their supervision may be extended.

A further report is asked for usually within three months, but may be earlier.

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**Ongoing concerns** Please notify the Council of ongoing concerns about the doctor's competence. Details of how the concerns are being addressed will be required.

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**Discussion at Council meeting** If significant concerns persist, the issue will be fully discussed at a meeting of Council. The supervisor(s) may be asked to give more details so the Council can fully understand:

- the problems, and
- the action being taken to address them.

The doctor may be asked for information about his or her experience and understanding of the situation. If appropriate, the relevant branch advisory body will also be asked for input.

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## **Council's Actions when there are Performance Issues,**

Continued

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### **More robust supervision plan**

The Council will usually work with the employer and supervisor, and the branch advisory body if relevant, to put in place a more robust supervision plan so the doctor has every opportunity to reach the required standard of performance.

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### **Competence review**

If a doctor's competence is in question it may be appropriate to refer him or her for a competence review.

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### **Formal complaint**

If the Council receives a formal complaint about a doctor's performance it will be referred to the Health and Disability Commissioner.

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### **Suspension or cancellation**

Only in certain circumstances can a doctor's annual practising certificate be suspended or registration cancelled. Due process must be followed as set down in the HPCAA.

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### **Appeal against suspension or cancellation**

A doctor whose practising certificate is suspended or whose registration is cancelled may appeal Council's decision to the District Court. A decision to suspend or cancel is not taken lightly; and will only be done if there is enough evidence to show that public health and safety is at risk.

## What if a Supervised Doctor becomes Sick?

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### **Council must be notified**

If a doctor or anyone in charge of a hospital believes another doctor is unfit to practise medicine because of a mental or physical condition, it is mandatory for him or her to notify the Council.

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### **Definition of “not fit to practise”**

A doctor is not fit to practise if, because of a mental or physical condition, he or she is not able to perform the functions required for the practice of medicine.

Those functions would include:

- the ability to make safe judgements
  - the ability to demonstrate the level of skill and knowledge required for safe practice
  - not risking infecting patients with whom he or she comes in contact
  - not behaving inappropriately
  - acting or omitting to act in ways that do not impact adversely on patient safety.
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### **Council has support measures**

The Council's Health Committee has a range of measures to support doctors in managing their health. The Committee aims:

- first, to protect the public, and
  - second, to address doctors' health problems, keeping them in practice wherever possible.
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### **More information**

More information is available at [www.mcnz.org.nz](http://www.mcnz.org.nz).

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