



Supervision report

for telemedicine, pathology, diagnostic and interventional radiology, public health medicine and medical administration

RP10
For office use only

Registration No:

- A supervision report is to be completed and forwarded (through the medical staffing office if employed in a hospital) to the Council office every 3 months, or as often as requested by the Medical Council.
- Both the supervisor named on the practising certificate and the doctor being supervised need to sign the report.
- Please provide a copy of this report to the Chief Medical Officer (CMO) or Practice/Service Manager. They need to be aware of doctors who **are not performing at the standard required for their current level of appointment**.

Name of doctor under supervision:

Scope of practice: Special purpose – Locum tenens Provisional vocational

Area of medicine / vocational scope: Pathology Telemedicine Medical administration
 Public health medicine Diagnostic & interventional radiology

Employer:

Report covers work for the period:/...../..... to:/...../.....

Scheduled employment end date (if applicable):/...../.....

Has the doctor made any changes to their position, supervisor, or area of medicine during this period of supervision? Is the doctor intending to make any changes in future? If yes, please provide an explanation on a separate sheet. yes no

	Below expected standard ¹		Meets expected standard	Exceeds expected standard		Not observed
	1	2	3	4	5	
Medical Knowledge and Skills						
Medical knowledge (demonstrates up-to-date knowledge)						
Professional knowledge (knowledge of workplace procedures, policy, medico legal aspects)						
Reporting (provides concise and accurate reports in a timely manner; communicates appropriately with referring practitioner)						
Relevant procedural skills (if applicable, biopsies, etc)						
Clinical Judgement						
Diagnostic skills (identifies and prioritises patient problems)						
Time management (plans and organises work, sets goals and meets them, prioritises calls, seeks advice on priorities if needed)						
Recognising limits (accurate assessment of own skills,						

¹ If you have marked any 1s or 2s on this report, Council is required to consider if the report is an unsatisfactory report. When a doctor under supervision receives an unsatisfactory report, that period of employment / supervision may not be counted towards meeting the requirements to be granted a general or a vocational scope of practice. Please include comments about unsatisfactory performance on a separate sheet.

	Below expected standard ¹		Meets expected standard	Exceeds expected standard		Not observed
	1	2	3	4	5	
refers and consults with others as required, takes responsibility for actions, notifies staff if expecting to be absent from duty)						
Communication and Teamwork						
Ability to communicate with other healthcare professionals (ability to work in a multidisciplinary team and with all team members irrespective of gender, contributes effectively to teamwork)						
Initiative and enthusiasm (gets involved, able to identify needs of the job, follows up without being prompted, thinks and plans ahead, shows commitment, asks questions of supervisors)						
Takes responsibility for own learning (evidence of reading up on cases, attends seminars and teaching sessions, asks questions)						
Professional Attitudes and Behaviour						
Reliability and dependability (punctual, carries out instructions, fulfils obligations, complies with hospital/workplace policies, keep up to date with work including letters, arranging meetings)						
Ability to cope with stress, emotional demands and emergency situations (reports when stressed, shows coping skills)						
Personal manner (approachability, warmth, openness, rapport, etc)						

To be completed by supervisor:
Please comment on the doctor's strengths, areas for improvement/advancement, and any credentialing of the supervised doctor during this reporting period (use a separate sheet if necessary):

Please discuss this report with the doctor being supervised and include their signature below. If you have not done so, please explain why not:

Supervisor's name (please print): Reg #:

Supervisor's signature²: Date:

To be completed by doctor under supervision: My signature indicates the supervisor has discussed this report with me. I would like Council to consider the following comments (please use a separate sheet if necessary):

Name (please print): Reg #:

Signature: Date:

² The supervisor named on the doctors practising certificate must sign this form. If another supervisor has completed this form on behalf of the named supervisor, the named supervisor must also co-sign the supervision report.