



# Orientation Induction and Supervision

for International Medical Graduates

Best practice guidelines for  
employers and supervisors  
of international medical  
graduates

Medical Council of New Zealand

Protecting the public, promoting good medical practice

Te tiaki i te iwi whānui me te whakataranga pai i te mahi e pā ana ki te taha rongoā

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.

# Introducing these best practice guidelines

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.

These guidelines set out the roles and responsibilities for international medical graduates (IMGs) coming to work in New Zealand, and their employers and supervisors. Part A discusses orientation and induction, from preparation and recruitment through to starting work and following up in subsequent months.

Part B deals with the supervision requirements for doctors coming to work in New Zealand.

Orientation is an introduction and overview to medical practice in New Zealand.

Induction is the familiarisation of systems and processes of the worksite and the individual service of departments.

The Medical Council of New Zealand offers a one-stop web portal of all information to assist a doctor to enter and practise in New Zealand.

This is available at:

[www.mcnz.org.nz](http://www.mcnz.org.nz)

# Ensuring competence

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## How the Council ensures competence

The Council ensures the competence of doctors in New Zealand through:

- accrediting New Zealand and Australian medical schools
- accrediting postgraduate training and programmes
- recognising and accrediting recertification programmes
- conducting robust registration processes
- assessing and supporting doctors with health concerns
- reviewing conduct and performance concerns
- setting standards for clinical competence, cultural competence, and ethical conduct.

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## Supervision and recertification

The Council has established:

- supervision processes for international medical graduates
- recertification programmes to ensure the ongoing competence of doctors.

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## Professional standards

The Council works with the public and the profession to maintain standards. Those doctors who are not practising at an acceptable level for a doctor registered within a particular scope of practice and area of medicine are identified and offered assistance.

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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 or doctor has affected a health consumer.

The Health Practitioners Disciplinary Tribunal considers discipline matters.

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# Best practice guidelines for employers and supervisors of international medical graduates

## Part A: Orientation and induction

### Overview

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**Introduction** Differences in medical cultures exist around the world. Good orientation, induction, and support will help IMGs new to New Zealand to understand and learn about their adopted medical culture. In this section we discuss the benefits of good orientation and induction processes, and how they help IMGs to adapt to living and working here.

## Prepare doctors before they arrive

**Introduction** Making sure that an IMG has realistic expectations is key to making their experience in New Zealand a happy one, ensuring that they settle with minimal disruption. Before an IMG leaves their home country you should make sure that they have some understanding of life in New Zealand, the reality of New Zealand medical practice, and the practicalities of settling a family here.

**Expectations** The Council has developed a checklist called *Is practice in New Zealand for you?*, which may help IMGs to set realistic expectations.

It can also be very useful to provide an immigrating doctor with the contact details of another IMG who has been through the settlement process, and can answer questions and provide advice.

**Permanent residence** If the IMG is relocating for some years, they will want to be assured before leaving that they can gain permanent residence. Therefore the IMG should contact Immigration New Zealand as early as possible in the process.

Useful websites include:

**[www.immigration.govt.nz/settlement/settlementprogrammes](http://www.immigration.govt.nz/settlement/settlementprogrammes)** (This website outlines different settlement programmes according to how the person wishes to enter New Zealand and how long they intend to stay)

**Permanent residence** **[www.newzealandnow.govt.nz/](http://www.newzealandnow.govt.nz/)** (has comprehensive information about coming to New Zealand)

**[www.immigration.govt.nz/migrant/stream/live](http://www.immigration.govt.nz/migrant/stream/live)** (has information about residency options and requirements in New Zealand)

There are a number of overseas sites where those settling in New Zealand can discuss their settlement experiences. These include:

**[www.nieuwzeelandforum.nl](http://www.nieuwzeelandforum.nl)**  
**[www.doctors.net.uk/](http://www.doctors.net.uk/)**

Such websites provide the IMG with a useful place to ask questions, learn about the experiences of others, and find out about life in New Zealand.

Research indicates that IMGs stay longer if they are coming to New Zealand to join family or a partner, or previously worked in New Zealand.

## Recruit IMGs whose needs match your services

**Introduction** When recruiting an IMG from overseas for your practice or service, it is important to consider what motivated them to come to New Zealand. You may want to assess whether their motivations are compatible with your longer-term service or practice needs. IMGs come to New Zealand for different reasons and via different recruitment strategies.

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### Advertising the positive

When advertising, you should consider the needs of both the IMG and the service. For example, if your advertising focuses on the exciting outdoor experiences available in your region, you may attract a good locum, but this is unlikely to be a suitable approach when seeking a full-time, long-term placement.

Short-term employment contracts may meet an immediate service need, but these can be wasteful and expensive when the service or practice actually needs a longer-term solution.

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### Reasons for coming to New Zealand

Broadly speaking, most IMGs coming to New Zealand fit one of three main categories.

- ‘Adventurers’ are usually younger IMGs wanting to see the world. Adventurers are unlikely to stay for long, but a good New Zealand practice experience may motivate them to return at a later point in their career.
- Those wanting a ‘new life’, who often have young families. Settling a whole family can be harder for this group, especially if the IMG moves into a small community. However, given the expense and disruption of shifting, these IMGs are much more likely to want to stay for longer and ‘make a go of it’.
- Those approaching retirement: ‘the empty nesters’, who come for a more relaxed way of practising and a different lifestyle. These IMGs usually stay for a limited period, but may return several times if they have a good experience.

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### Clarify expectations and requirements

#### Introduction

If IMGs are relocating to New Zealand, it is important to confirm key matters such as residency, registration, and employment as soon as possible.

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#### Requirements

Once you have established that the IMG is suitable for the role, meets registration requirements, and is fit for the position, ensure that their registration with the Council is organised, and that Immigration New Zealand requirements are met.

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#### Registration

For registration purposes, it is particularly important to make sure that the IMG is on the right registration pathway, and that they will be able to meet the requirements for registration within a general or vocational scope. Then supply the IMG with an employment agreement and give precise details on start dates and your expectations.

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#### Pre-arrival packs

IMGs have told the Council that it can be useful to receive information packs before they leave for New Zealand. A pre-arrival pack might include a general resource on practice in New Zealand, such as the Medical Council’s book, *Cole’s Medical practice in New Zealand* (available online at [www.mcnz.org.nz](http://www.mcnz.org.nz)). The pack might also include the Settlement Support contact person for your part of the country ([www.immigration.govt.nz/settlement/contacts](http://www.immigration.govt.nz/settlement/contacts)).

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## Orientation and induction is a continuing process

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**Introduction** IMGs who are new to New Zealand will need your help to get used to our systems, processes, and culture. The better the orientation, induction, and settlement process, the sooner the IMG will be able to contribute effectively to your service.

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**Developing orientation and induction programmes** Orientation and induction of IMGs who are new to New Zealand should not be treated as a one-off event. It should occur on multiple levels and as a continuing process.

There is no one way to orientate and induct new staff. Orientation and induction should be adapted to fit your organisation's culture, and the needs of the individual IMG.

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**Finding information** The new IMG will need to access different information at different times, and you cannot meet all those information needs immediately. A key aspect of providing a good orientation and induction experience is to make sure that the IMG knows how to find information. The Council has developed online resources to help you to meet the IMG's information needs.

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## Invest in orientation and induction

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**Introduction** Good orientation and induction strategies are an investment in the future – the better the IMG settles, the less likely it is that the service or practice will be looking for a replacement in 6 months time.

Make the IMG welcome when they arrive in New Zealand, and give them time to adjust to their new environment.

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## Personal approach

Remember the importance of the personal approach and how much a helping hand in the first few days will be appreciated. It will make a big difference if you:

- arrange for the IMG to be met at the airport
- make contact with the IMG's partner and family
- assist with the practical arrangements of the settlement process, and
- organise a social occasion so the new IMG can meet other New Zealanders.

The easiest way to help an IMG to settle in to life in New Zealand is to have them spend time with New Zealanders. If this is not possible, introduce the doctor to the Settlement Support contact person in your area.

Face-to-face contact is important as it gives an IMG a feel for the culture of your service.

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## Time to adjust

Give the IMG a few days to adjust to New Zealand time and to settle the family. Remember that many New Zealanders are used to long flights, but most people from overseas have not experienced 12-hour flights. Try to organise a gradual introduction to the workplace and work routines, to ensure that the IMG has time to help their family settle, organise housing, and make all other necessary arrangements.



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**Orientation and Induction leader** Try to ensure that one person is in charge of coordinating the orientation and induction process. This person must ensure the IMG has all the information they need and an overview of:

- the organisation
- the relevant department and specialty
- orientation and induction processes.

Having one person coordinating the process should also help to ensure that the IMG does not get overloaded with information in the first few days, or get duplicate or conflicting information.

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**Observation** Most new IMGs to New Zealand will appreciate some time to observe or 'shadow' another doctor. This is often an effective way to demonstrate common workplace practices. It is best if this takes place during the orientation and induction period, before the IMG takes on any clinical responsibilities (that is, as supernumerary to the clinical roster).

In discussions with IMGs, it was noted that differences in approach to medical practice can be addressed by good orientation and induction, good supervision, and buddying.

### Check what is already available

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**Introduction** Before you develop a recruitment or orientation resource, review what others are using. Too often new resources are produced without considering what else is already available, both in the health sector and from other agencies such as Immigration New Zealand.

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**Checklist** The Council has developed an *Orientation topic checklist*, which highlights what your orientation programme should cover and identifies good ideas and information that you could use.

### Provide practical resources

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**Introduction** The more relevant the information is to an IMG's actual work the better it will be received, so concentrate on providing practical resources.

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**Supervisor's aim** The supervisor's initial aim should be to ensure that the IMG can access information and materials as they need it. The supervisor should also provide the IMG with an overview of the whole service and the department, and outline where the IMG fits in. The supervisor should then concentrate on helping the IMG settle in to their work within the service.

### Put the IMG in charge of the orientation and induction process

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**Introduction** The Council's *Orientation topic checklist* may help you to ensure that all the IMGs needs are met, but it can also help the IMG identify what they need to know so they can drive their own orientation and induction.

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**MCNZ website** The Council's web portal ([www.mcnz.org.nz](http://www.mcnz.org.nz)) provides a wide range of links to internal and external resources, to ensure that IMGs can access information themselves.

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**Documentation** It is important to give the IMG a copy of the orientation and induction plan you have agreed with the Council, and a copy of any supervision agreement, so they are aware of the employer's and the Council's requirements.

Make sure the IMG has a copy of their job description and terms and conditions of employment (including any collective agreements that may apply), and check whether they have any questions about them.

### Help the IMG prioritise when starting work

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**Introduction** Identify the key information that the IMG needs to know straight away. While it is important to have an orientation and induction programme and manual, it is also likely that in the first few days the IMG will be overloaded with information.

You can make your orientation and induction manual web-based, but IMGs might find it easier to look through a folder. A hard copy can also be taken home to read and refer back to.

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**Organisation of the manual** Large volumes of text can be off-putting. It can be more useful to simply summarise information in the manual, with guidance on where to go to find the detail. Put resources in the orientation and induction manual in order of importance – what must be read, what should be read, and what is background information for future reference. Include a clear and easy-to-follow table of contents.

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**Orientation and induction processes** If you are using a recruitment agency, make sure that you coordinate your orientation and induction processes with theirs – so that the IMG does not get overloaded, or have gaps where vital information is missed.

If you are running an orientation and induction programme, invite any IMGs who did not attend last time. Often people learn more from these sessions after they have been working on the job for a while.

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**Additional responsibilities** Make sure that both you and the IMG are confident before assigning any after-hours, on-call, or sole-practice responsibilities.

### Keep in touch

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**Introduction** Stay in touch with the IMG over the next few months. Ensure that any issues with settling in or the required standard of practice are brought to your attention, and act on these concerns before they become a problem.

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### Buddies and mentors

The best strategies to promote ongoing communication have the added benefit of encouraging doctors to stay in your service. Consider introducing a ‘buddy’ or ‘mentor’ for each new IMG.

- For a more senior IMG, a ‘buddy’ should be able to give collegial support in the first days and months, and introduce the IMG to social networks – such as community groups or sports clubs.
- For a more junior IMG, a ‘mentor’ should be a senior doctor who makes contact in the first week, and then at the third and sixth months. The mentor’s role is to help the IMG identify any concerns, review training options, and develop their career pathway.

### Use other agencies

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#### Introduction

Organisations such as ACC, the HDC, and the Privacy Commissioner provide information and services to help introduce IMGs to their systems.

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#### Building contacts and knowledge

Invite them to come and speak to your staff, or advise IMGs how they can obtain information directly from them. This can also help IMGs to build up contacts and experience.

Encourage and assist IMGs to travel to nearby hospitals, general practices, or other facilities so they can become familiar with all services in the region.

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### Addressing problems

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#### Introduction

There are numerous problems that face IMGs when they first start work in New Zealand.

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#### Language

IMGs have advised that a list of New Zealand slang words, translations and pronunciations of common Māori words, and explanations of acronyms would have been useful when they started work. The Council’s *Orientation and induction topic checklist* and website provide links to New Zealand language resources that you might find useful, and *Cole’s Medical practice in New Zealand* includes a list of common slang words.

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#### Communication

Most IMGs have a high standard of English before they enter New Zealand, but if accent or communication still causes problems after the first 1–3 months, the IMG should be encouraged to attend a communication course. Remember that communication often involves more than just language – different cultures use different non-verbal cues and may have different mores about touch and body space.

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**Communication** New Zealanders tend to speak very rapidly compared to other English speakers, so make sure that everyone who provides orientation and induction is aware of this and understands how to communicate effectively with someone from a different culture. It is particularly important to discuss cross-cultural differences when communicating with nursing staff: some IMGs have reported that they were surprised at the informality of interactions between nurses and doctors in New Zealand, and found it difficult to adjust to.

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**Consulting styles** An honest and open discussion with a senior colleague may help if the new IMG's consulting style is different to local practice, and it can be helpful for a new IMG to 'shadow' an experienced colleague for a while. Discussing cases with this colleague may assist the IMG to appreciate the 'New Zealand way', the approach to patient-centred care, the importance of informed consent, and how and when to involve a patient's whānau/family in a consultation.

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**New Zealand cultural issues** IMGs often come from multicultural societies and most IMGs are used to considering cultural issues in their practice. However, they are unlikely to have encountered Māori culture before. They will need practical information about Māori tikanga, cultural mores, and Māori health disparities, and also understand how to deliver effective healthcare to Māori patients. Understanding the Treaty of Waitangi may be easier after the IMG has spent some time in New Zealand.

IMGs from very different societies can also struggle to adapt to some New Zealand attitudes (towards women, for example), and some of our ethical practices, such as the treatment of patients near the end of life. IMGs from other jurisdictions may take time to adapt to new ethical expectations. You need to discuss these issues clearly and openly.

The General Medical Council's website has a helpful video for IMGs that outlines ethical expectations in the United Kingdom. This video is based on the British version of *Good medical practice*, and outlines similar expectations to those published by the Medical Council of New Zealand. **[www.gmc.uk.org/guidance/good\\_medical\\_practice.asp](http://www.gmc.uk.org/guidance/good_medical_practice.asp)**

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**New Zealand medical practice expectations** The Council's own resources are sometimes not used or known about. *Good medical practice*, Council statements, and *Cole's Medical practice in New Zealand* all contain excellent information and are available in hard copy or on the Council's website. [www.mcnz.org.nz](http://www.mcnz.org.nz).

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**The organisation of health systems in New Zealand** Even IMGs from comparable health systems can find the organisation of our health systems confusing. Such IMGs often assume that things here will be similar to their home country. The mix of public and private funding in health, the division of services between DHBs and PHOs, waiting lists, access to diagnostic tests, and referral timelines are often very different. Organisations such as ACC and PHARMAC are unique. You need to explain these organisational issues if they affect the doctor's area of work

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**Support for IMGs** If the IMG is having real difficulty adapting to New Zealand practice, provide support earlier rather than later. The Clinical Education and Training Unit (CETU) runs *Ready for work programmes* for doctors who are struggling with adapting to practice in New Zealand, however this is mostly for IMGs who have sat and passed NZREX.

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**Personal and social support at work and in the community** IMGs have noted that New Zealanders are usually friendly and the lifestyle here is more relaxed. For those from more formal societies, this may take some getting used to. Some IMGs have difficulty entering smaller, more closed New Zealand communities and may need help to make contacts and develop a social network.

**Celebrate diversity in the workplace so all staff value the perspectives IMGs from other countries bring to New Zealand.**

The Medical Council of New Zealand has constructed a one-stop web portal for all information to assist a doctor to enter and practise in New Zealand. [www.mcnz.org.nz](http://www.mcnz.org.nz)

# Part B: Supervision

## Overview

**Introduction** 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 IMGs beginning practice in New Zealand.

**Purpose of supervision** Supervision enables an IMG's performance to be assessed over time, while they become familiar with:

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

**When is supervision required?** All IMGs beginning medical practice in New Zealand (except 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, and
- special purpose scope of practice.

**What are the Council's requirements?**

An employer or service may choose one of two options.

- 1) Approved practice setting:** they may choose to meet the standards to become recognised as an approved practice setting (APS) for the purposes of employing and supervising IMGs. Once a service has been recognised as an APS it will not need to submit individual supervision plans to the Council for approval.
- 2) Individual supervision plans:** they may choose to submit a proposal for supervision that meets the requirements outlined here for each IMG application for registration, or when changing any employment circumstances or supervision arrangements. This applies while an IMG is registered within a provisional general, provisional vocational, or special purpose scope of practice. The Council will consider the proposed supervision plan as part of the application process.

**Excluded from these guidelines**

These guidelines do not apply to:

- house officers and senior house officers<sup>1</sup>
- interns or intern supervisors (a separate book, *Education and supervision for interns*, is available for this group)

<sup>1</sup> House officers and senior house officers must complete supervision requirements, but are not required to submit supervision plans. Supervisors will need to complete section 2 of the Reg 3 form.

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Excluded from these guidelines

- 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.

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The role of the Chief Medical Officer

In the hospital environment, the role of the Chief Medical Officer (CMO) is integral to the supervision plan.

The CMO must agree to the proposed plan and is responsible for implementing the plan. The CMO must also ensure that supervision reports are submitted to the Council, and that the wider team provides appropriate input into the supervision report.

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

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Responsibility in general practice

In the general practice environment, the practice principal or practice manager and the supervisor(s) are jointly responsible for implementing the plan.

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## Outline of the supervision process for individual supervision plans

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### Introduction

The individual supervision process is outlined below, as well as details to be included in an IMG's supervision plan.<sup>2</sup>

If the service is recognised as an approved practice setting (APS) for the purposes of supervision, please refer to page 39 for more information.

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### 1. Proposed primary supervisor

- a) There should be a primary supervisor who is registered in the same vocational scope of practice and works at the same site as the IMG.
- b) If there is no doctor registered in the same vocational scope available to provide this supervision on site, then a primary supervisor working 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).

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### 2. Additional supervisor

- a) If the primary supervisor is on site and the service or primary care practice has only one doctor registered in the same vocational scope on site, then an additional supervisor must be proposed from a neighbouring site (or a site where referrals are sent). This supervisor must be registered within the same vocational scope.

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<sup>2</sup> Vocational pathway applications for approval of position and supervisor for the vocational pathway are referred to the branch advisory body (BAB) for advice. Additional supervised assessment may be required.

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2. Additional supervisor
- b) If the primary supervisor is off site, then an additional supervisor must be proposed from the home site. They may be registered within a different vocational scope of practice.
  - c) If there are no other doctors on site, applications for registration and proposed supervision plans will be reviewed individually.

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3. Induction and orientation

The proposed plan must include details of how induction and orientation will take place.

Orientation is an introduction and overview to medical practice in New Zealand.

Induction is the familiarisation of systems and processes of the worksite and the individual service of departments. (See Part A for best-practice guidelines.)

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4. Initial assessment (where no supervisor is available)

When there is no doctor registered in the same vocational scope of practice working on site, the IMG is required to work with their supervisor for a minimum period of 2–4 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 3 months.

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## 5. Credentialling *What is credentialling?*

The Ministry of Health’s credentialling framework for New Zealand health professionals defines credentialling as:

‘A process used by health and disability service providers to assign specific clinical responsibilities to health practitioners on the basis of their education and training, qualifications, experience, and fitness to practise within a defined context. This context includes the particular service provided, and the facilities and support available within the organisation.’

### *Hospital environment*

Following induction and orientation and the initial assessment period, the employer should undertake a credentialling process with the IMG. This will 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 resources.<sup>3</sup>

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<sup>3</sup> The credentialling process is likely to include the clinical director or head of department (in the hospital environment), the supervisor/s, and the IMG.



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## 5. Credentialling *General practice environment*

It is envisaged that a similar process will occur in general practice that will reflect the difference between general practice and hospital-based practice. This process may include the practice principal or practice manager, the supervisor, the IMG, and probably the PHO or other responsible organisations.

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

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## 6. Initial report

If the primary supervisor is off site, 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). In a primary care setting, the practice principal or practice manager is required to sign the supervision report in addition to the supervisor. The CMO may delegate authority to the relevant clinical director or head of department.

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## 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 supervisors where required.

In cases where the IMG has an off site 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 that the IMG can contact the supervisor by telephone and/or email.

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## 8. Supervision reports

The Council will require supervision reports to be provided every 3 months (more frequently in some cases). These reports help the Council determine whether the doctor has the requisite knowledge, skills, and attitudes to practise safely in New Zealand. The CMO (or, in the general practice setting, the practice principal or practice manager and supervisor(s)) is required to ensure that the wider team provides appropriate input into the supervision report. The CMO may delegate authority to the relevant clinical director or head of department.

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

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## 9. Completion of provisional period

The IMG may apply for a change to their scope of practice at the end of the period of registration within a provisional general or provisional vocational scope of practice. They must first complete any assessment requirements (such as a vocational practice assessment for the vocational pathway). 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 branch advisory body (BAB)
- other relevant information.

**10. Changes to practising certificates** The Council must have received all supervision reports before it will process any application for a change in supervision, place of employment, or change in position or scope.

**Off site and shared supervision**

**Council approval required** Applications for off site and shared supervision will be considered case-by-case. As a guideline, off site supervision plans are required in two situations.

**1. When there is no doctor registered in the same vocational scope on site** The IMG will be required to spend an initial period of time working at the same site as a doctor registered within the same vocational scope. The time spent will usually be 2–4 weeks. 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 also include the activities outlined below for the off site supervisor.***

**2. When there is only one doctor registered in the same vocational scope on site** The IMG will require an off site supervisor but may not need to work directly with them. The role of the off site 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)
- 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.

**Not for provisional vocational assessment** Registration will not be approved for IMGs 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. This is because on site supervision is necessary to ensure appropriate assessment takes place.

**Notifying the Council of concerns** Where there are ongoing concerns about an IMG's competence, please notify the Council. Details of how the concerns are being addressed will be required. This should also include details of how the problems are being addressed at an employment level, in accordance with employment policies/agreements.

The principal supervisor is responsible for providing reports to the Council. They will be expected to gather feedback from additional supervisors to provide a full report on the IMG's performance.

## Supervision time requirements

**Minimum time requirements** The table below outlines the minimum supervision time requirements.

Scope	Registration pathway
<b>Provisional general scope</b>	Competent authority (UK/Ireland) <i>Minimum supervision time: 6 months</i>
	Comparable health system pathway <sup>4</sup> <i>Minimum supervision time: 12 months</i>
<b>Provisional vocational scope</b>	IMGs eligible for registration in a vocational scope after 12 months supervised practice <i>Minimum supervision time: 12 months</i>
	IMGs who must complete assessment requirements in addition to supervised practice <i>Minimum supervision time: 12–18 months</i>
<b>Special purpose scope</b> (this is not a pathway to permanent registration)	Time limited registration:
	<ul style="list-style-type: none"> <li>■ locum tenens</li> <li>■ postgraduate training</li> <li>■ visiting expert</li> <li>■ research</li> <li>■ teleradiology</li> </ul> <i>Minimum supervision time: Doctors must work under supervision for duration of registration</i>

<sup>4</sup> A pathway for doctors who hold a recognised primary qualification and have worked in a comparable health system for 36 of the last 48 months prior to application. Check [www.mcnz.org.nz](http://www.mcnz.org.nz) for full requirements and a list of comparable health systems.

**Minimum period may be extended** Time spent working under supervision may be extended if the IMG does not satisfy the requirements during the minimum time period.

If, after this time, the IMG's next application for a practising certificate may be referred to the Council for consideration.

**Application for general or vocational scope** An application to move from a provisional general or provisional vocational scope to registration in a general or vocational scope of practice may be made once requirements have been completed. Once a general or vocational scope has been approved, supervision is no longer required.

## Vocational scope applications

**Assessment for vocational scope** 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) or medical college. The BAB will also provide advice on approval of position and supervisor. The Council will consider the BAB's advice and decide whether additional assessment requirements are necessary. These will be communicated to the IMG and employer as part of the registration process.

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**Assessment for vocational scope** When IMGs registered in a provisional vocational scope are being assessed for vocational scope, the level of supervision will depend on a number of factors, such as:

- the IMG's qualifications
- training
- experience and medical practice before coming to New Zealand
- assessment requirements.

The Council expects the supervisor to consult with the BAB and meet with the IMG 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 BAB must approve the supervisor and any subsequent changes of supervisor.

Supervisors' reports must be sent to the Council and copied to the relevant BAB.

#### **What constitutes supervision?**

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**Definition** A useful definition of supervision:

'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.'<sup>5</sup>

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**Definition** 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 IMG will need to agree on the frequency, duration, and content of formal supervision sessions. This should be recorded in a formal written agreement.

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**Timing of formal meetings**

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

At a minimum, the supervisor is expected to meet the doctor:

- daily for the first week
- weekly for the first 3 months, and
- monthly after that.

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<sup>5</sup> Kilminster S, Jolly B, van der Vleuten CPM (2002). 'A framework for effective training for supervisors' Medical Teacher 24(4): 385-389.

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### Purpose of regular meetings

The purpose of 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 – for example, clinical approach and handling of clinical dilemmas, referrals, drug abusers, inappropriate behaviour
- give an opportunity to discuss cultural, management, and health-related political issues
- discuss general topics.

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### Ongoing supervision

Once familiar with the IMG's ability and competence, the supervisor may use their judgement about the level of ongoing supervision required.

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### Factors considered when assessing a supervision proposal

Proposed supervision plans are considered case-by-case. While consistent standards of supervision are important for patient safety, the Council recognises that a flexible approach to assessing supervision proposals is also important. Each IMG and 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 before coming to New Zealand
- the practice environment of the proposed position
- the level and duration of the proposed position
- the proposed induction and orientation programme before the IMG begins clinical practice.

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### Who may supervise new IMGs?

**Specialist in same scope** Supervision is provided by a doctor who is registered in the same vocational scope of practice as the IMG being supervised.<sup>6</sup>

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<sup>6</sup> If there are no available doctors registered in the appropriate scope of practice, please contact the Council for assistance.

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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 IMG 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 IMGs per supervisor, but a number of matters should be considered, including:

- the vocational scope in which the IMGs 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, and
- the level of experience and registration status of the IMGs being supervised.

### 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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**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.

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**Specialists encouraged to supervise** Specialists are encouraged to provide supervision to new IMGs. Specialists may not unreasonably refuse to provide an IMG 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, IMGs are far more likely to contact you for help or advice.

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**Delegation** The Health and Disability Commissioner has set out the basic principle for delegation in New Zealand:

- 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.

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**Supervisors not civilly liable** Supervisors are agents of the Council. They are not civilly liable for the actions of those they supervise unless they act in bad faith or without reasonable care.

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### Reporting deficiencies

Supervisors need to take reasonable steps to fulfil the Council's expectations of them.

If they become aware of deficiencies in an IMGs 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.

### Supervisors' responsibilities

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#### Set-up and management

Supervisors have a range of set-up and management responsibilities, as detailed below.

- Ensure that all new IMGs 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 they must contact their consultant directly if they are not satisfied with the response they get from their registrar.
- Make sure that protected supervision time is scheduled regularly and kept free from interruptions to both the supervisor and the IMG being supervised.
- Be readily available and approachable.

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#### Set-up and management

- Make sure that alternative arrangements are made for ongoing supervision if you cannot fulfil your 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 IMGs.
- Monitor and verify what the IMG is doing. Be sure that the IMG is capable of carrying out their duties competently.
- Maintain close supervision until you are sure relaxing the routines will not put patients at risk.

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#### Raising issues

You are responsible for addressing any problems. For instance:

- Raise performance issues early with the IMG. 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 IMG 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 to regularly review the IMG'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
- other issues relevant to the IMG's practice.

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### Protocols for back-up help

Make sure the IMG knows the protocols for getting back-up help when necessary (for example, on night duty). Make sure that they are competent to work with the level of support available.

This is particularly necessary when locum IMGs 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 IMG would have to report to you or ask for help.

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

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### Supervision tools

A number of tools may be used for supervision to be effective. The types of tools available include:

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

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### Supervisors' reports to Council

#### Report every 3 months

Supervisors are required to report to the Council on the IMG's performance at least every 3 months, unless advised otherwise. Report forms can be downloaded from [www.mcnz.org.nz](http://www.mcnz.org.nz).



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### Inputs for the reports

To compile the reports, the supervisor will need to monitor the IMG's professional skills, competence, and attitudes through:

- 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 BAB.

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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 IMG who is being supervised.

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

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### Reports

Supervisors are responsible for providing the required reports.

- Provide supervision reports promptly when asked to do so. Usually this will be every 3 months, or each time the IMG 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 IMG is being questioned, ensure that they understand why.
- Check that personality and cultural issues have not interfered with the accuracy of your assessment.
- Discuss the report with the IMG and ensure they sign 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,
- the IMG meets the standard for registration in a general or vocational scope.<sup>7</sup>

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

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<sup>7</sup> Supervision reports must be received before an application for a Practising Certificate or change of scope will be processed.

## Conflicts of interest

**Identify conflicts 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 IMG's performance but no alternative doctor available to provide patient care.

**Declare identified conflict of interest** Where a conflict of interest may be identified, you must declare it to the Council. A secondary supervisor will be appointed to make sure the IMG's performance is monitored independently.

**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.

## Responsibilities of IMGs working under supervision

**Introduction** Induction and supervision are very important parts of the registration process. Done properly, they ensure that IMGs integrate successfully into medical practice in New Zealand. To make the most of this opportunity, IMGs should note their responsibilities in these areas of supervision.

## Set-up and management

IMGs' responsibilities for set-up and management are to:

- make a commitment to take part fully in the supervision process
- arrange to meet their supervisor(s) when they 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, and
- keep a supervision logbook; include participation in continuing professional development activities.

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### During supervision

During supervision IMGs have these responsibilities:

- Communicate clearly with the supervisor. If specific supervision or experience are needed, they should tell the supervisor, asking for clarification when necessary.
- When calling their supervisor, to preface the conversation with a clear reason – for example, to approve a management plan; for advice; or for active assistance.
- Be ready to accept constructive comments, and receptive to changing behaviour if required.
- Take part in audit and peer review or group activities.
- Ask for advice.
- If more support is needed, consider asking for external supervision or mentoring to be arranged.

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### Problems

If there are problems, IMGs' responsibilities are:

- to contact their supervisor early on, rather than leave it until the situation is irretrievable, and
- to tell an appropriate person within the hospital or practice, as well as the Council, if the supervision relationship breaks down or becomes compromised, so that the situation can be reviewed quickly.

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### Reports

Reports are required by the Council at least every 3 months, or each time an IMG applies to change their scope of practice. The IMG is responsible for ensuring reports are completed by their supervisor, signing them, and making sure they are sent to the Council on time.

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### Employers' responsibilities

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#### Duration

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

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#### Written policies

Employers must 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 solution to employment issues that are not directly related to public health and safety.

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#### Independent legal advice

Employers are advised to obtain independent advice when dealing with difficult employment issues.

## Approved practice setting

**What is an approved practice setting?** The Council accredits services as approved practice settings (APSs). Each APS must demonstrate that appropriate support and supervision are available and provided to IMGs to ensure they integrate safely into medical practice in New Zealand and are assessed regularly.

**Accrediting is optional** Becoming an APS is optional and is intended to assist employers by eliminating the need to provide supervision plans each time an IMG is recruited into a service.

**Criteria for recognition as an APS** To be recognised and accredited, an APS must provide evidence that there are systems to support:

- effective clinical management of doctors
- clinical governance; and
- regulatory assurance.

**Effective clinical management of doctors** There are several requirements to ensure the effective clinical management of doctors:

- An annual appraisal or assessment process for individual doctors, based on the principles of *Good medical practice*.
- Processes for credentialing IMGs on appointment (or alternative appropriate process in general practice), with annual review.

## Effective clinical management of doctors

■ Documented induction and orientation processes for IMGs. These should meet the Council's best practice guidelines, with a formal mandatory programme that includes cultural competence, the Treaty of Waitangi, and an understanding of the New Zealand health system.

■ A documented framework for the supervision of IMGs that meets the requirements outlined in Council's booklet *Supervision for international medical graduates*. An APS requires a service to have a minimum of two doctors registered in the same vocational scope as the IMG. If the service spans two or more sites, by either a network or joint service arrangement, then evidence must be provided of the extent to which the IMG will work with other doctors registered in the same vocational scope, and how this will occur.

■ Portfolios for each IMG should include:

- a logbook of procedures performed (for procedural specialties)
- evidence of clinical audit and peer review activities
- documentation of training and educational activities
- supervision reports
- information about complaints or incidents relevant to fitness to practise, including any concerns raised by colleagues, and
- other relevant papers or correspondence.

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Effective  
clinical  
management  
of doctors

- Relevant training or continuing professional development, based on identified educational needs, so that doctors have access to and participate in activities to update the knowledge and skills relevant to their professional work.
- A learning environment for the IMG must be provided – for example, access to the internet and relevant literature.

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Clinical  
governance

A system of clinical governance or a quality assurance system must be in place. It must include clear lines of responsibility and accountability for the overall quality of medical practice, as set out below:

- A formal structure must be in place that is supported and used for service or hospital-wide decision making on key clinical issues, including evidence of:
  - an organisational structure that supports clinical governance
  - meetings occurring with content on clinical matters, and
  - structured and regular peer review/ case review processes that focus on learning, with evidence of attendance and submissions to review.
- There must be evidence that quality and patient safety are a priority for the service or organisation.

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Clinical  
governance

- Clear policies aimed at managing risks must be in place and evidenced by:
  - a risk framework in the service or organisation
  - a formal incident management system, using tools such as root cause analysis, and including methods of improving the processes and systems that have contributed to the incident; and
  - evidence of support for staff involved in any incidents or near misses that provide a learning opportunity.
- There must be evidence of acting on and learning from complaints, including:
  - a formal consumer complaints policy, and process, with evidence of feedback to staff; and
  - evidence of full disclosure to patient(s) and family members as appropriate.
- Concerns about doctors' fitness to practise must be identified and acted upon. This should include:
  - procedures to support the individual to improve their performance whenever possible
  - support for doctors in their duty to report any concerns about colleagues' fitness to practise (including conduct, health, or performance); and
  - clear procedures for reporting concerns so that early action can be taken to avoid harm to patients and to remedy problems.

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<b>Regulatory assurance</b>	<p>Each APS must provide regulatory assurance that all employed or contracted doctors:</p> <ul style="list-style-type: none"> <li>■ are registered with the Medical Council of New Zealand</li> <li>■ hold a current practising certificate</li> <li>■ are working within any conditions of their practising certificate; and</li> <li>■ are both required and enabled to abide by <i>Good medical practice</i>.</li> </ul>
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**The Council's actions when there are performance issues**

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<b>Introduction</b>	<p>This topic explains what the Council does if a supervisor's report shows concerns about an IMG's performance.</p>
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<b>Some doctors need more time</b>	<p>Many new IMGs take some time to adapt to working in the New Zealand health system. Most IMGs reach the standard to work unsupervised within the expected timeframe, but some may need a little longer to reach and maintain that standard.</p>
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<b>The Council writes to the doctor</b>	<p>If the report shows that an IMG is underperforming in any area, and the supervisor's comments show that the IMG is addressing these concerns, the Council writes to the IMG.</p>
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The IMG is told:

- that the Council is aware of the concerns
- to pay special attention to this area of their work, and
- that the Council expects the next report to show an improvement.

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

A further report is requested, usually within 3 months, but may be requested earlier.

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<b>Ongoing concerns</b>	<p>Please notify the Council of ongoing concerns about the IMG's competence. Details of how the concerns are being addressed will be required.</p>
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<b>Discussion at Council meeting</b>	<p>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.</p>
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The IMG may be asked for information about their experience and understanding of the situation. If appropriate, the relevant BAB will also be asked for input.

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

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**Competence review** If an IMG's competence is in question it may be appropriate to refer them for a competence review.

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

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**Suspension or cancellation** A doctor's annual practising certificate can only be suspended or their registration cancelled in certain circumstances. Due process must be followed as set down in the Health Practitioners Competence Assurance Act. Employers should not consider this an option for employment problems that should be addressed with appropriate performance improvement plans.

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

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### What if a supervised doctor becomes sick?

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**The 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 them 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, they cannot perform the functions required for the practice of medicine.

They must:

- be able to make safe judgements
- demonstrate the level of skill and knowledge required for safe practice
- not risk infecting patients with whom they come in contact
- behave appropriately; and
- avoid any adverse impact on patients, whether by acting or omitting to act.

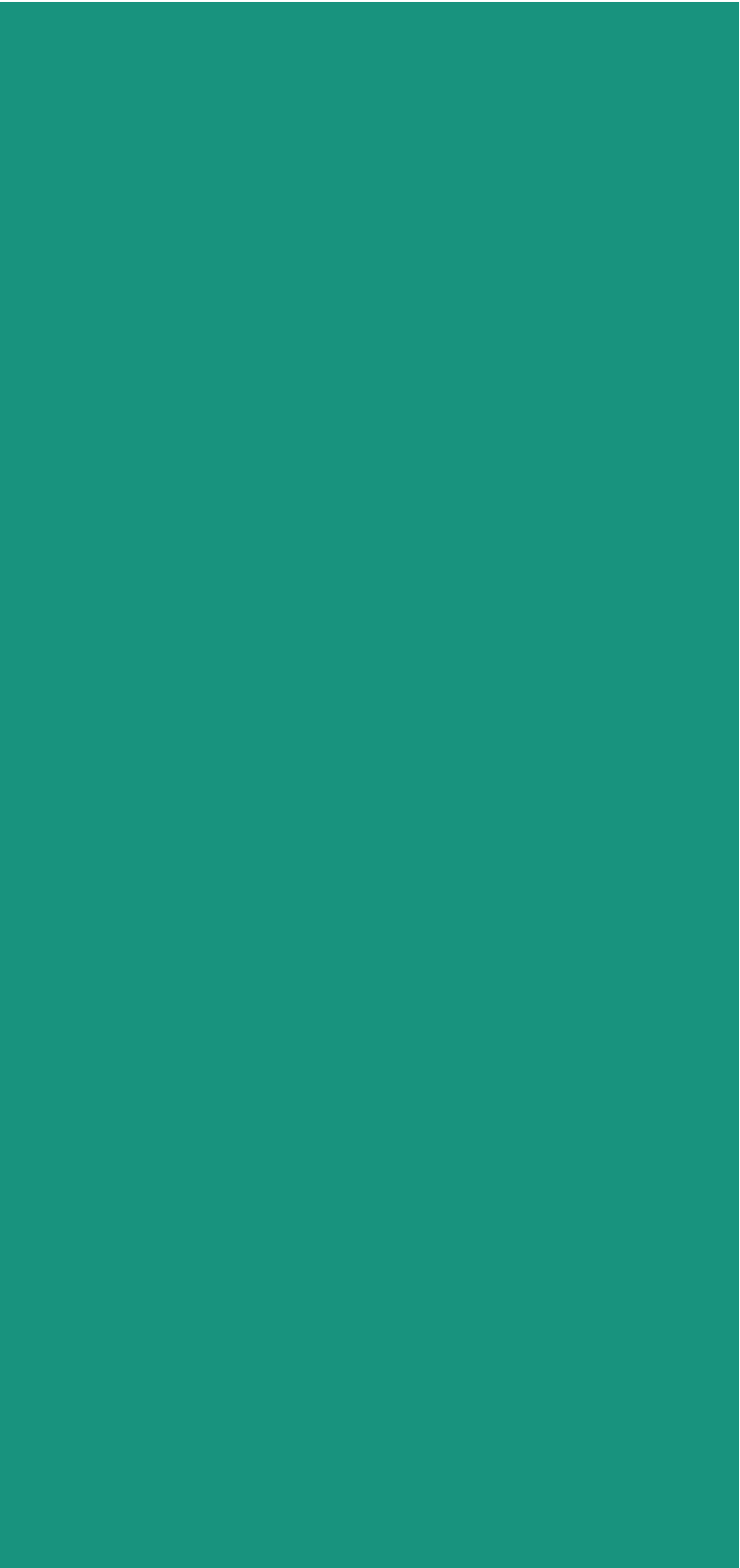
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**The Council has support measures** The Council's Health Committee has a range of measures to support doctors in managing their health. The Committee aims:

- 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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