



Implementation of a new framework for supervision of international medical graduates

Consultation (Stage 2)

Protecting the public, promoting good medical practice.

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

Overview

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

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

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

Background

Council's requirements for induction and supervision of IMGs are provided in the publication *Induction and supervision for newly registered doctors*. Council wishes to build upon the information provided in this publication.

In December 2008 Council consulted with doctors and stakeholders on a new framework for supervision of IMGs. This second consultation paper sets out the principles and steps proposed for implementing a new framework. It represents a different approach and is based on formal submissions and wide ranging discussions of the proposals raised in stage one - *Consultation on a new framework for supervision of international medical graduates*.

Supervision requirements – key principles

In amending the framework for supervision proposed in the stage one consultation document, Council has taken into account the following key principles. The framework must:

- Provide a mechanism for protection of public safety.
- Recognise that for supervision to be effective, appropriate time and resources must be specifically allocated to it.
- Be flexible, taking into account the individual merits of a particular case, both in terms of the training, qualifications and experience of an IMG, and also the practice environment in which he or she will practise.
- Include requirements for supervision that are clearly defined and practical to implement.
- Recognise that orientation, induction and credentialling processes are important steps and, combined with supervision, ensures the safe integration of an IMG into medical practice in New Zealand and into that particular practice setting.
- Be based around a team approach which would provide better support and assessment mechanisms for the IMG.
- Address concerns of isolation.
- Help to avoid conflicts of interest for those in smaller DHBs and general practices.
- Include mechanisms to fully inform supervisors about the training, qualifications and experience of the IMG.

- Ensure the IMG works at the same site as a doctor registered within the same vocational scope of practice in which the IMG is being employed during the first three months.
- Recognise that IMGs registered down the assessment pathway for a vocational scope of practice must have periods of time working with a doctor registered within the same vocational scope, in order for real assessment to take place.
- Recognise that IMGs registered down the competent authority pathway or with postgraduate training and qualifications from the UK may not require the same intensity of supervision as other IMGs. Council is familiar with their training and considers it to be similar to that in New Zealand.
- Include the ability for supervisors to use a range of electronic communications, including video conferencing, to meet with IMGs.

Factors Council took into account when considering a way forward

Many DHBs and general practice organisations, such as PHOs, have existing processes to ensure the safe induction and supervision of IMGs into medical practice in New Zealand. Council wishes to recognise this and find ways to avoid duplication, when satisfied that appropriate systems are in place.

Council recognises that the proposals outlined in this consultation document may lead to DHB services or general practice organisations working together to establish joint services or network arrangements for the supervision of IMGs. Benefits of such an approach may include more robust support and supervision is provided to IMGs and more effective service delivery.

Council has taken into account a number of factors when considering a proposed way forward. These include:

- The formal submissions to stage one *Consultation on a new framework for supervision of international medical graduates*
- Wide ranging discussions with the profession and stakeholders
- An intention to decrease bureaucracy and avoid duplication of processes
- Council's assessment and understanding of the environment
- Council's key principles for supervision.

Changes to the framework for stage two of the consultation

Changes reflected in the stage two consultation document include:

1. A proposal to accredit institutions and general practice organisations as an approved practice setting (APS) authorised to provide supervision to IMGs. This is based upon the General Medical Council (GMC) model that is working effectively in the United Kingdom. Institutions that may be recognised as an APS include:
 - DHBs
 - Joint services or network arrangements across more than one DHB
 - General practice organisations.
2. Recognising the role of the Chief Medical Officer (CMO) as being integral to supervision plans in the DHB setting. Although there is no such role available in the general practice setting, Council is exploring potential solutions to ensure a coordinated approach.
3. Placing more emphasis on the individual circumstances of a case when considering proposed supervision plans.
4. Being more flexible about the time required for an IMG to work at the same site as their primary supervisor, who is registered within the same vocational scope as the IMG. In some instances the period of time may not need to occur at the beginning of employment, but sometime during the first three months. The amount of time required will depend on the individual circumstances of the case.
5. Relaxing the requirement for an onsite/offsite supervision plan to only include times when there is one or no doctor registered with the same vocational scope as the IMG working in the service.

6. Developing mechanisms to recognise joint services or network arrangements between DHBs or “organised general practice”.

Council’s proposal

Council proposes to implement a twofold framework that would allow an employer or institution to choose one of the following two options:

1. To meet the standards Council sets for a service to become an approved practice setting (APS), for the purposes of employing and supervising IMGs (see appendix one). Once a service has been recognised as an APS, it will **not** be necessary for individual supervision plans to be submitted to the Council for approval. An APS recognises that appropriate support and supervision is available and provided to IMGs. An APS will have systems for:
 - the effective management of doctors
 - orientation, induction and credentialling of doctors
 - identifying and acting upon concerns about doctors’ fitness to practise
 - supporting the provision of relevant training and CPD
 - providing regulatory assurance.
2. To submit a proposal for supervision that meets the requirements of Council’s framework for individual supervision plans (see appendix two) for each IMG application for registration or an application for a change in conditions on an IMG’s scope of practice (during the provisional period). For a DHB environment Council views the Chief Medical Officer (CMO) to be integral to the supervision plan. The CMO will be required to agree to the proposed plan and will have overall responsibility for the implementation of the plan. The CMO will be required to ensure supervision reports are provided to Council every three months and that appropriate input is provided by the wider team into the supervision report.

Timeframes and feedback

We would appreciate any feedback you may have on any aspect of Council’s proposal. In particular we are interested to know:

- If you are comfortable in principle with the two proposed options outlined in this document.
- What practical issues if any, you may have identified for the implementation of either of the options and potential solutions to these issues.

We look forward to receiving your comments. You can provide these to us by:

- Completing the online form at www.mcnz.org.nz.
- Emailing your submission and comments to consultation@mcnz.org.nz.
- Posting a hard copy of your submission and comments to Joan Crawford, Strategic Programme Manager, Medical Council of New Zealand, PO Box 11649, Wellington 6142.

Feedback must be received at Council by **22 June 2009**.

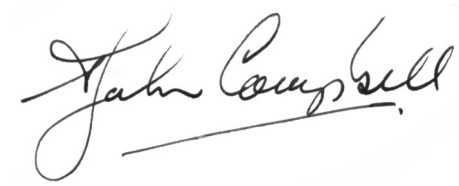
Submissions received by Council will be retained and may be published on its website. If you would prefer your submission to remain confidential, please indicate this clearly on your submission. The [online feedback form](#) has a check box for this purpose at the bottom of the form.

Schedule of meetings

A number of discussion and feedback meetings with stakeholders and the profession are due to be held during the months of May and June 2009. A schedule of meetings can be found at www.mcnz.org.nz. These meetings will provide further opportunity for you to provide us with feedback.

We look forward to meeting with you and/or receiving your written feedback on this important initiative.

Yours sincerely

A handwritten signature in black ink that reads "John Campbell". The signature is written in a cursive style with a horizontal line underneath the name.

Professor John Campbell
CHAIRPERSON

Option one: Approved practice settings (APS)

Council is considering the possibility of accrediting institutions and general practice organisations as approved practice settings, authorised to provide appropriate support and supervision to IMGs. This is based upon the General Medical Council model that is working effectively in the United Kingdom.

Before moving ahead with such a system, Council will need to draft clear standards and measures, in consultation with stakeholders. Therefore, this system would not be available to implement immediately but rather over the next six to twelve months. The information below includes general concepts in regard to APS, rather than detail.

If an institution or service meets the requirements of an APS, this will satisfy Council that appropriate support and supervision will be provided to IMGs to ensure appropriate integration into medical practice and ongoing assessment. This will provide assurance to Council that mechanisms are in place to ensure the health and safety of the public.

Criteria for an APS must be robust, workable and fit with the mechanisms of assuring core standards are in place.

Each institution or service would be required to carry out a self-assessment of its compliance with a number of different standards set by Council. Council will review the results of the self-assessment and information it may have from other sources.

If the institution or service is deemed to comply with the set standards, then Council will accredit it for a twelve month period in the first instance, for the purposes of being recognised as an APS. A self-assessment is required to be carried out by the institution or service after the first twelve months and reviewed by Council.

During the twelve month accreditation period, if circumstances (such as staffing levels) change in the institution or service, then notification needs to be made to Council. Individual supervision plans for IMGs may be submitted (see option one) and would be assessed on their own merits, for any period that an institution is unable to maintain accreditation standards.

Joint services

The APS may not be confined to one institution only. Should a DHB be in a joint service or network arrangement with another service or DHB, then together the joint service or network may apply to become recognised as an APS.

An APS will have systems for:

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

Accreditation standards

Council will assess institutions, services and general practice organisations against set criteria to ensure an APS has systems in place in key areas outlined below. There will be different requirements for hospital services and general practice.

1 Effective management of doctors that include:

- a) An annual appraisal and annual credentialling process for individual doctors.
Credentialling will determine the specific clinical responsibilities that IMG is considered competent to undertake and appropriate to perform within that specific practice setting, which includes clinical support and available resources.
- b) A system of clinical governance and quality assurance system that includes:
 - Clear lines of responsibility and accountability for the overall quality of medical practice.
 - Clear policies aimed at managing risks.
 - Appropriate supervision arrangements for doctors, including arrangements for induction and orientation.

2. Identifying and acting on concerns about doctors' fitness to practise that include:

- a) Procedures to help the individual to improve their performance whenever possible.
- b) Support for doctors in their duty to report any concerns about colleagues' fitness to practise (including conduct, health and performance).
- c) Clear procedures for reporting concerns so that early action can be taken to avoid harm to patients and remedy problems.

3. Acting on and learning from complaints

4. Supporting the provision of relevant training or continuing professional development to include:

- a) Access to activities that update the knowledge and skills relevant to their professional work.

5. Challenging discrimination, promoting equality and respect for human rights

6. Providing regulatory assurance that:

- a) All employed doctors or contracted doctors are registered with the MCNZ and are both required and enabled to abide by *Good medical practice*.

Option two: Individual supervision plan framework

When an IMG applies for registration the employer will be required to submit a proposed supervision plan to Council.¹ This plan will be considered by Council as part of the registration process. Where the IMG is applying for registration down the vocational pathway, the plan will also be considered by the relevant Branch Advisory Body (BAB).

Factors taken into consideration:

Proposed supervision plans would be considered on a case by case basis, taking into account:

- the training, qualifications and experience of the IMG
- the pathway to registration
- advice of the relevant BAB, if the application is down the vocational pathway
- the environment the IMG has been practising in prior to coming to New Zealand
- the practice environment of the proposed position
- the level of and duration of the proposed position
- the proposed induction and orientation programme prior to the IMG beginning clinical practice
- how much time an offsite supervisor is going to work at the same site as the IMG
- how frequently supervision meetings will take place (including video conference, telephone, or face to face meetings)
- what audit and peer review activities will be taking place for the IMG
- what additional support will be available to the IMG.

The role of the Chief Medical Officer (CMO)

The role of the CMO is integral to the supervision plan. The CMO is required to agree to the proposed plan and would be responsible for the implementation of the plan. The CMO is also required to ensure that supervision reports are submitted to Council every three months and that appropriate input is provided by the wider team into the supervision report. The CMO will be the primary contact point for supervisors, the IMG and Council if any problems arise in the supervision arrangement.

Council recognises that there is not a role similar to that of CMO available in general practice and is exploring other options that will ensure a coordinated approach.

Onsite/offsite models

Supervision plans that include both an onsite supervisor and offsite supervisor would be required in the following two situations:

- 1 When there is no doctor registered in the same vocational scope of practice working where the IMG is employed.
- 2 When there is only one doctor registered in the same vocational scope of practice working where the IMG is employed.

The IMG would be required to spend a period of time (between two and four weeks) working at the same site as a doctor registered within the same vocational scope 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.

¹ All IMGs beginning medical practice in New Zealand (with the exception of Australian graduates) are required to work under supervision.

In cases where there is only one doctor registered in the same vocational scope available onsite, it may not be necessary for the IMG to work directly with the offsite supervisor. In this case, the role of the offsite supervisor is to:

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

What supervision may include

Effective supervision requires a number of activities to take place. These may include:

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

The supervision plan must include the following:

1 Proposed primary supervisor

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

2 Additional supervisor

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

3 Orientation

The proposed plan should include details of how orientation and induction will take place. This includes familiarisation to the New Zealand health system and orientation to the work site.² In cases where there is more than one supervisor, then both supervisors are required to be involved in the orientation programme.

4 Initial assessment

Having completed orientation the IMG must work with the primary supervisor for a period of between two and four weeks. In some circumstances it may not be necessary for this time to be completed at the beginning, but rather sometime during the IMG's first three months. Council will determine the period of time required, taking into account the

² Council is currently developing best practice guidelines for the induction and orientation of IMGs.

individual factors of the application. If the IMG's supervisor is offsite then this period of work may occur at either site, so long as both the IMG and primary supervisor are in the same location.

5 Credentialling

Following orientation and the initial assessment period the employer should credential the IMG to determine the specific clinical responsibilities that IMG is considered competent to undertake and appropriate to perform within that specific practice setting, which includes clinical support and available resources.

A comprehensive supervision report is to be submitted to Council at this time, completed by both supervisors and signed by the Chief Medical Officer (CMO) if employed at a DHB.

6 Ongoing clinical work

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

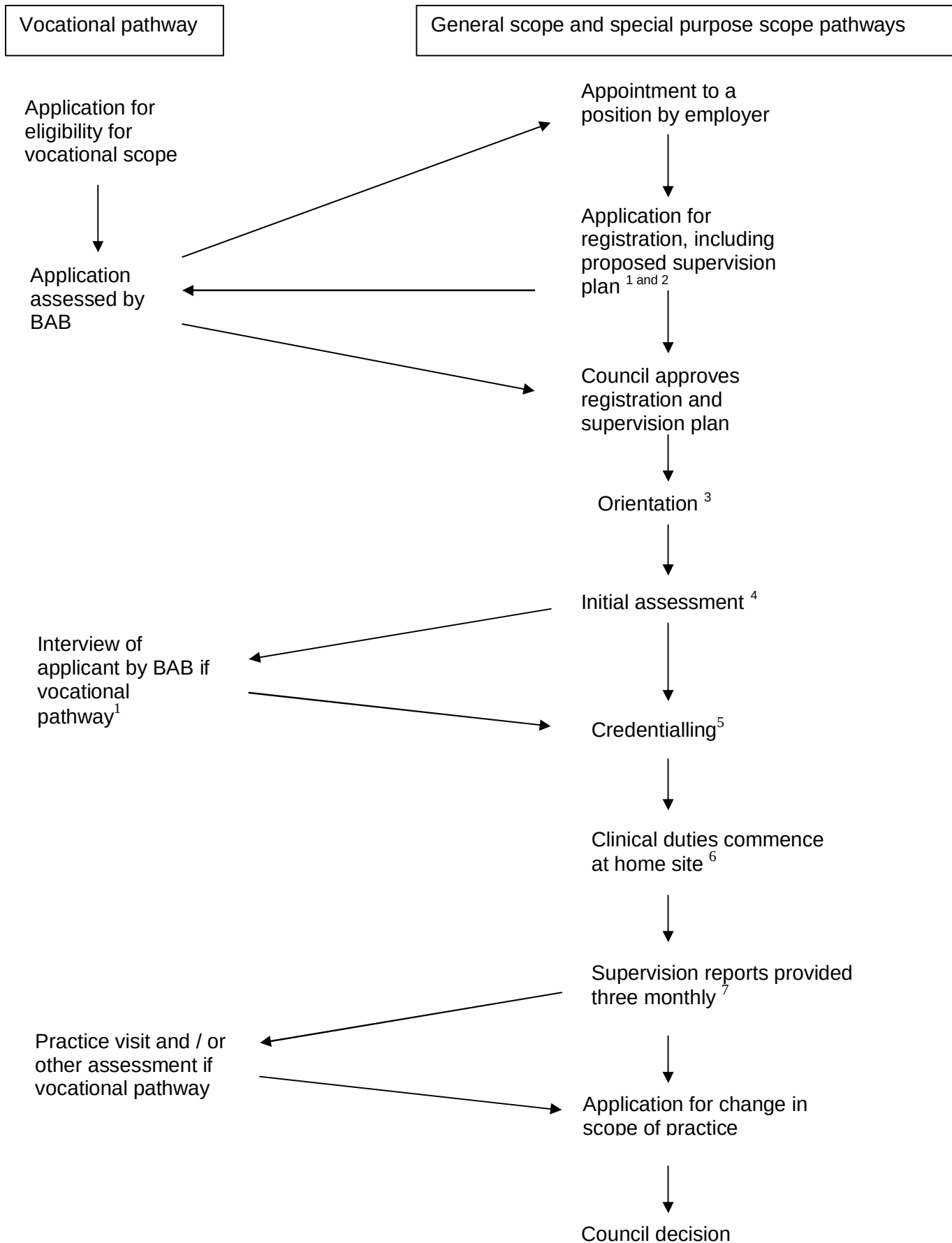
7 Supervision details

The plan needs to include details of the time to be spent working at each site and the programme for meetings between both supervisors and the IMG. Council will require supervision reports to be provided every three months. The CMO is required to ensure that appropriate input to the supervision report is provided by the wider team.

8 Completion of provisional period

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

PROPOSED NEW FRAMEWORK FOR SUPERVISORS OF IMGs



NOTE: The numbers refer to steps, as outlined in Option two: Individual supervision plan framework (appendix 2) , pages 8 & 9