Medical Council of New Zealand

Framework for supervision of international medical graduates

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Supervision – why?

- Supervision is a condition of registration for all new IMGs
- Enables safe and supported integration into medical practice and performance to be assessed over time while the IMG becomes familiar with:
    - the NZ health system, and
    - the required standard of practice.
- Comprehensive orientation and induction also essential
- Ensures the health and safety of the public

Supervision framework

- All IMGs beginning practice in NZ require a period working with onsite supervision
- Helps to determine what clinical responsibilities that IMG should have – credentialing is an important step
- Some smaller centres may be unable to meet requirements for all scopes
- Requires greater collaboration between DHBs

Consultation feedback

- A team approach would provide better support and assessment
- Time and resources need to be specifically allocated for supervision
- The framework needs to be flexible, taking into account merits of each situation – balanced with clearly defined requirements
- Needs to address issues of isolation and to avoid conflicts of interest
- Supervisors need training and support

Factors taken into consideration for way forward

- Formal submissions from the first stage of consultation
- Discussions with the profession and stakeholders
- An intention to decrease bureaucracy and avoid duplication of processes
- Council's assessment and understanding of the environment

Changes to the framework (1)

Approved practice settings:

- A proposal to accredit institutions and general practice organisations as an approved practice setting (APS) authorised to provide supervision to IMGs
- Based upon the General Medical Council model working effectively in the United Kingdom

Changes to the framework (2)

- Recognising the Chief Medical Officer (CMO) as being integral to supervision plans in DHB settings. Exploring potential solutions in general practice.
- Placing more emphasis on the individual circumstances of a case.
- Being more flexible about when an IMG should work together with an offsite supervisor
- Only requiring onsite/offsite plan when there is one or no doctor registered in same vocational scope.
- Recognising joint services or network arrangements.

Council's proposal

A tandem framework to allow an employer or institution to choose to:

1. Meet the standards Council sets for a service to become an APS. Once recognised, it will not be necessary for individual supervision plans to be submitted.
2. Submit a proposal for supervision for each IMG application for registration.

Approved practice settings (APS)

An APS will satisfy Council that appropriate support and supervision will be provided to IMGs and will have systems for:

- The effective management of doctors
- Orientation, induction and credentialing of doctors
- Identifying and acting on concerns about doctors' fitness to practise
- Supporting the provision of relevant training and CPD
- Providing regulatory assurance

Approved practice settings (2)

- Would need clear standards and measures – to be developed in consultation with stakeholders
- Criteria need to be robust, workable and fit with the mechanisms of ensuring core standards
- Self assessment of compliance – would be reviewed by Council
- The APS may not be confined to one institution only – recognition of joint services or network arrangements.

Individual supervision plans

Onsite/offsite plans would be required when there is:

1. No doctor registered within the same vocational scope working where the IMG is employed.
2. Only one doctor registered within the same vocational scope working where the IMG is employed.

CMO would have overall responsibility for the implementation of the plan and to ensure appropriate input from wider team.

Onsite/offsite plans

When the doctor working in the same vocational scope is not onsite with the IMG, they will need to spend time together to:

- Establish the supervisory relationship
- Undertake induction and supervision to the NZ practice environment and the particular scope of practice
- Determine suitability for the clinical placement
- Expose the IMG to the referral hospital or larger primary care site.

Onsite/offsite plans

When only one doctor registered in the same vocational scope as the IMG at the IMG's worksite, it may not be necessary for them to go offsite.

The role of the offsite supervisor may include:

- Carrying out peer review or audit (or reviewing activities)
- Monitoring and reviewing the CPD programme
- Providing advice on training or learning opportunities
- Discussing difficult or unusual cases
- Discussing cultural issue

Supervision framework - discussion

Are you comfortable in principle with the two proposed options of:

- approved practice settings
- individual supervision plans.

What practical issues may affect the implementation of either of the options? What are the potential solutions to these issues?