

Supervision report

RP10 July 2014

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

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

Name of doctor under supervision:								
Scope of practice:	Special purpose – Locum tenens	Provisional	Provisional vocational					
Area of medicine / vocational	Pathology	☐ Telemedicine	☐ Medical administration					
scope:	☐ Public health medicine ☐ Diagnostic & interventional radiology							
Employer:								
Report covers work for the period:/ to:								
Scheduled employment end date (if applicable):///								
Has the doctor made any changes to their position, supervisor, or area of medicine during this period of supervision? Is the doctor intending to make any changes in future? If yes, please provide an explanation on a separate sheet.								

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

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

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	Below expected standard ¹		expected standard	Exceeds expected standard		Not observed	
	1	2	3	4	5		
be absent from duty)							
Communication and Teamwork							
Ability to communicate with other healthcare							
professionals (ability to work in a multidisciplinary							
team and with all team members irrespective of							
gender, contributes effectively to teamwork)							
Initiative and enthusiasm (gets involved, able to identify needs of the job, follows up without being							
prompted, thinks and plans ahead, shows							
commitment, asks questions of supervisors)							
Takes responsibility for own learning (evidence of							
reading up on cases, attends seminars and teaching							
sessions, asks questions)							
Professional Attitudes and Behaviour							
Reliability and dependability (punctual, carries out							
instructions, fulfils obligations, complies with							
hospital/workplace policies, keep up to date with work							
including letters, arranging meetings) Ability to cope with stress, emotional demands and							
emergency situations (reports when stressed, shows							
coping skills)							
Personal manner (approachability, warmth, openness,							
rapport, etc)							
To be completed by supervisor:							
Please comment on the doctor's strengths, areas for imp	rovement/adv	vancement, ar	nd any credent	aling of the s	upervised doct	tor during	
this reporting period (use a separate sheet if necessary):							
Please discuss this report with the doctor being supervise	sed and includ	de their signat	ture below. If y	ou have not o	done so, please	e explain	
why not:							
Supervisor's name (please print):			Reg	Reg #:			
Supervisor's signature ² :			Date:				
Date.							
To be completed by doctor under supervision: My signa	ture indicates	the superviso	or has discussed	I this report w	ith me. I woul	d like	
Council to consider the following comments (please use	a separate she	et if necessar	y):	·			
Name (please print):			Reg	#:			
Signature:			Date	:			
, and the second							

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