

MEDICAL COUNCIL OF NEW SOUTH WALES

POLICY

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| TITLE | Supervision (Performance, Conduct, Health) | FILE REF | DD10/10018 |
| NUMBER | PCH 7.5 | HPRNL (NSW) | |
| REVISIONS | April 2002, August 2002, May 2007, October 2008, August 2009, 13 July 2010 | | |
| RELATED RECORDS | 02/103 | | |

A practitioner may be required to have a supervisor for some or all of the following reasons:

- Monitoring compliance with registration conditions.
- Monitoring capacity to practise medicine safely.
- Monitoring performance.
- Providing the Medical Council with regular feedback on these matters.
- Providing peer support for the supervised practitioner.

The following arrangements generally apply:

1. Supervisor

- 1.1 Supervisors should be experienced in the relevant area of medicine, and should, if possible be Fellows of the appropriate College.
- 1.2 Supervisors:
 - Should be registered medical practitioners and be in active clinical practice.
 - Should not be the subject of current conduct, health or performance investigation or proceedings.
 - Should not have conditions imposed on their registration.
 - Should not have been the subject of an adverse finding in previous disciplinary proceedings, regardless of whether his/her registration remains subject to conditions.
- 1.3 Supervisors must consent to undertaking the role of supervisor.
- 1.4 Supervisors must be made aware of the reasons for supervision, generally through provision of the decision of the Medical Tribunal, Council Proceedings, Professional

Standards Committee, Performance Review Panel or Impaired Registrants Panel that imposed the requirement.

- 1.5 Supervisors must be prepared to provide feedback to the Council, in a prescribed format and at a prescribed frequency.
- 1.6 Supervisors must be prepared to notify the Council if they have any immediate concerns in relation to the supervised doctor's compliance with the supervision requirement, conduct, performance or health, or if the supervisory relationship ceases.
- 1.7 The relationship between supervisor and supervised doctor should be at a purely professional level. A supervisor must not be a relative of the supervised doctor.
- 1.8 It is undesirable for there to be social interaction or a treating relationship between the parties.
- 1.9 In view of the commitment required, a supervisor should generally not supervise more than one practitioner at a time.
- 1.10 The Council may withdraw a supervisor's approval where a supervisor ceases to meet the criteria set out in this policy.

2. Supervised doctor

- 2.1 Supervised doctors are responsible for organising their supervision, as required, and must meet the cost of supervision at a rate agreed between the parties.
- 2.2 It is the responsibility of supervised doctors to cooperate fully with their supervisor to enable effective supervision to take place.

Levels of Supervision

| Level | Description | Nature of Supervision |
|---|---|--|
| <p>Level 1 Direct supervision</p> | <ul style="list-style-type: none"> • Supervision of all aspects of practice as would occur with an intern or PGY2 • Supervisor/s must be at the same location as the supervised doctor at all times • Generally only applicable in a public hospital setting | <p>May include</p> <ul style="list-style-type: none"> • Observed practice • Case presentations • Regular, structured meetings • Case reviews • Record reviews • Other activities as specified • Reports to Medical Council as specified in the condition/s requiring supervision. |
| <p>Level 2 Indirect, on-site supervision</p> | <ul style="list-style-type: none"> • Independent practice, with review of cases / records as specified • Supervisor/s must work at the same location and usually be available in person to advise or assist the supervised doctor • Applicable in hospital or group practice settings | |
| <p>Level 3 Indirect supervision</p> | <ul style="list-style-type: none"> • Independent practice, with review of cases / records as specified • Supervisor/s <ul style="list-style-type: none"> – may work at another location, but may attend the supervised doctor's place of work at the supervisor's discretion, for the purpose of supervising, including accessing clinical records and files – should usually be available by telephone to advise the supervised doctor • Applicable in hospital, group or solo practice settings | |