



International medical graduate and locum orientation checklist

A resource for supporting general practice

Orientation is the term used to describe the processes and programmes needed to enable an international medical graduate (IMG) or locum to familiarise themselves with working and settling in New Zealand. It is a process that goes beyond an initial induction to the workplace and may take several weeks or months.

Pinnacle's focus is on supporting sustainable general practice. Based on resources available through the Medical Council of New Zealand, this resource is designed to help you cover the bases and reduce the workload of forming your own processes.

General principles

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

The orientation for a GP has various stages.

- At a personal level.
- At a practice level.
- At a professional level.

This checklist, if you wish to use it, intends to give practices ideas on what could be provided in orientation sessions and manuals. The process you choose to use to orientate a doctor joining your practice for 1 month is likely to differ from that of a doctor joining you for 3 months or 12 months. Not all ideas will be relevant to every GP locum's situation, so we encourage you to adapt this checklist for your own purposes. That might include offering a modified copy for the new doctor so they can drive their own orientation and induction programme and tailor it to their needs.

You might like to consider evaluating your orientation process every 2-3 years so you can improve it.

Useful references

- New Zealand slang words in health: [Good Medical Practice](http://www.mcnz.org.nz/news-and-publications/cole-s-medical-practice-in-new-zealand/) has a list in the appendix. (www.mcnz.org.nz/news-and-publications/cole-s-medical-practice-in-new-zealand/)
- Commonly used Māori words: The NZ History website has a list of the [100 Māori words every New Zealander should know](http://www.nzhistory.net.nz/culture/tereo-100words). (www.nzhistory.net.nz/culture/tereo-100words)
- Medical terms in New Zealand: [The Canterbury DHB glossary](http://www.cdhb.health.nz/About-CDHB/Pages/Glossary.aspx?index=A) is a good start. (www.cdhb.health.nz/About-CDHB/Pages/Glossary.aspx?index=A)

The personal level

At a personal level, ensuring the doctor and any family they bring are welcomed into the community is an essential part of ensuring the locum experience is enjoyable for you, your practice and the locum.

Locums often stay or go based on the success of their significant other/partner's orientation to and happiness within a community. Some practices across the country even interview the locum's partner before an appointment is made and try to help them find work / valued volunteer roles / support groups.

Personal and community related information	Completed
Make sure the doctor has comfortable accommodation that it is warm, dry and clean. A personal touch such as filling a fridge with basic commodities and fresh flowers in a vase can go a long way.	
Before the doctor starts, understand their family situation and ensure an appropriate level of support is in place for their significant other.	
Identify any special characteristics and needs of the doctor/family. Do they need a playgroup or local school connections? Do they want to know more about the local LGBTQI community? Do they have a strong religious connection? Would they appreciate advice about local mountain bike tracks?	
If language may be an issue for a partner or children, provide information on language services. ESOL home tutors have a programme to assist overseas settlers improve their English, free to those with permanent residency or NZ citizenship. (www.englishlanguage.org.nz/esol-home-tutoring)	
Discuss the doctor with your practice kaumatua. Arrange a pōwhiri and if possible, a marae stay. Ask the local iwi or hapu to give the locum and their family a grounding in local history, geography and iwi based social and health services.	
Arrange an introduction to key members of your community such as the mayor, principals of local schools, Lions and Rotary clubs etc.	
Tour the community so the doctor and their family get a sense of the community and where the practice fits. Provide a map of the area.	
Link the doctor to local peers for personal and professional support.	

The practice level

At a practice level ensuring the doctor is orientated to your service, to your culture of work and the regulations and expectations of a doctor in New Zealand is a big job, but essential for the safety of the locum, the practice and your patients.

Locums are vulnerable to complaints, people appear to have a lower threshold to raise issues about care provided by people they don't know, especially if they are from another culture. Good communication skills and demonstrating patient-centred practice underpin many of these recommendations.

Process related information	Completed
Ensure the doctor is aware of any requirements for health screening before they start. Some practices ask for MRSA, HIV and hepatitis status to be known before employment begins to ensure illness acquired during work can be associated with this period of employment, of course this needs to be done sensitively.	
Provide information on security and advice on personal protection.	
Explain the procedures to be followed during an emergency or natural disaster such as a fire or earthquake.	
Outline the processes to be followed and legal obligations when a patient presents with a notifiable disease.	
Outline any local or New Zealand specific disease patterns which might be relevant. Such as the prevalence of illnesses including meningitis, diabetes, heart disease, or asthma, and responding to suspected child abuse.	
Discuss the requirements relating to adverse events and incident reporting.	
<p>Introduce the practice: a welcome and orientation to the practice as a whole, the services it delivers and how it delivers them, the management structure and ways decisions are made is a useful start. Consider a pōwhiri led by the practice kaumatua.</p> <p>Consider including in an orientation pack the names and photos of staff in the building and people the doctor may need to contact, potentially along with brief notes on the backgrounds of staff/roles. Many practices have social media pages and websites which include this information.</p> <p>It might also be helpful to provide names, photos and brief notes about the wider team (district nurses, physios etc.) Many people can initially feel overwhelmed by information and find it easier to remember faces.</p>	
For large practices, have an organisational chart with brief information on the organisational structure such as the board, committees and management team.	
Provide a 'must know' contacts list with both phone and email details.	
Make sure the doctor knows how to reach a colleague, where to go for advice after hours, and how the on-call system works.	

Outline your expectations on nurse / doctor etc communication and your practice's team culture – gently explore their attitude with them.	
Outline your expectations and any limits to a doctor's clinical responsibility and the lines of accountability.	
Discuss prescribing and how to write a script, access to medicines, special authorities, and access and prescribing for controlled drugs.	
Discuss practice triage systems.	
Use the e-referral process to outline the services to which patients can be referred and the detail required in referrals. Have a list of 'preferred providers' for private referrals and information on known waiting lists.	
Detail referral guidelines / pathways of care.	
Discuss how to admit a patient to secondary services.	
Talk about "handovers" of complex patients at the end of the day / week and what to do if called after hours.	
Discuss expectations relating to requests for contraception or abortion, responding to suspected drug and alcohol abuse, immunisation, child health, and cervical screening.	
Discuss how to access allied health services – such as physiotherapy, occupational therapists and dietitians.	
Provide information on when and how to access interpreters.	
Detail expectations regarding patient notes, records and confidentiality.	
Discuss how to manage challenging behaviour.	
Discuss alternatives to admission – primary options for acute care and other extended services.	
Discuss issues around claiming, patient fees, patient discounts, ACC, primary options, maternity services, immunisation, breast screening, sexual health – there is a lot to cover.	
Consider "buddying" the doctor with an admin staff member for a few weeks to ensure all claims are made.	
Cover death certification.	
Discuss recalls: how, when, who and what.	
Human resource related information	Completed
Provide a copy of the employment agreement or contract for service and ensure a copy is in their HR file.	
Give details on how credentialing works in your practice, if appropriate. Make sure a copy of their CV, an application form (if the practice has one), interview notes and references are in their HR file.	

Make sure the doctor understands the Medical Council's registration processes and how to apply for an annual practicing certificate (APC). Ensure the APC is in their HR file.	
Document any supervision requirements, ensure the supervision plan has been lodged with the Medical Council and give the doctor a copy. Make sure the orientation plan is in their HR file.	
Cover medical indemnity issues. Make sure proof of medical indemnity insurance is in their HR file.	
Discuss the protection of children and other vulnerable people. Make sure a worker safety check is completed, including a police check, and evidence of the checks are in their HR file.	
Give roster information and expectations for on call, including how to swap with someone else, how to get cross cover, and how doctors will be reimbursed in the case of a call-out.	
Policy and guidelines related information	Completed
Make sure it's easy for the doctor to find practice policies and guidelines when needed.	
Discuss clinical governance.	
Make sure the doctor is aware of any "house rules" and where to find them.	
Provide an overview of in-house meetings for administration, significant events, and clinical education.	
Discuss your practices strategic plan, and business plan if appropriate.	
Provide information about your pandemic plan.	
Discuss any smoking cessation policies and expectations of staff in relation to your smokefree policy.	
Quality assurance related information	Completed
Discuss how quality assurance works in the practice – Foundation / Cornerstone process.	
Provide information on your risk management programme.	
Make sure the doctor understands the complaints policy.	
Health system and IT related information	Completed
Demonstrate how to access and use the IT system.	
Make sure the doctor knows how to use the practice management system safely – they can find a patient, check past medical records, view test results and letters, check medication lists and allergies, input a record and make a referral.	
Detail coding and statistics collection.	

Service programme related information	Completed
Discuss any immunisation protocols.	
Discuss any available screening programmes.	

The professional level

At a professional level, ensuring the doctor has a clear understanding of what good practice means in a New Zealand context is important to them and their happiness. We all like to do a good job.

Taking the opportunity to connect explicitly on this level with a new colleague should open the door for future professional conversations that can be held if issues arise. Take the time to make this a mutually beneficial conversation – there is a lot we can learn from each other and seeing the world through the eyes of others is always useful.

Patient related information	Completed
Discuss patient expectations of the doctor.	
Discuss the role of the patient in determining his or her healthcare.	
Cover informed consent: the Council has published a statement . (www.mcnz.org.nz/assets/News-and-Publications/Statements/Information-choice-of-treatment-and-informed-consent.pdf)	
Provide a copy of the Health and Disability Commissioner's Code of Patients' Rights, The Nationwide Health and Disability Advocacy service may be able to supply a speaker to talk to your services about their role.	
Discuss intimate examinations and when and how chaperones should be used.	
Discuss the doctor-patient relationship and boundary issues. The Council publishes a booklet for doctors on sexual boundaries in the doctor-patient relationship. (www.mcnz.org.nz/assets/News-and-Publications/Booklets/sexual-boundaries-a-guide-for-patients.pdf)	
Discuss expectations when communicating with children and expectations for consent when working with children. Discuss Gillick competency and the Fraser guidelines . (www.schoolnurse.org.nz/Attachments/pdf_files/bestpractice/Best_Practice_Fraser_Competency_Checklist_(5)37-91600.pdf)	
Discuss the use of whānau and family support in consultations.	
Offer information about consumer advocates, support workers and local church groups.	
Provide information about patient navigation systems and how to organise them.	
Discuss how patients can give feedback and what they should do if they have a complaint.	

Clinical practice related information	Completed
Provide information on infection control and sterilisation.	
Provide information on advanced life support in your community / practice.	
Provide an overview of laboratory testing.	
Outline expectations for minor surgery and procedural interventions the doctor or practice may provide.	
Health services related information	Completed
Give an overview of health services and funding, including information on ACC and PHARMAC.	
Explain PHO funding and claiming processes.	
Explain the pharmaceutical schedule and prescribing, including: <ul style="list-style-type: none"> • minimal requirements for legally acceptable prescribing • appropriate use of controlled drug forms • monitoring processes for effectiveness, safety and cost. 	
Cultural awareness related information	Completed
Treaty of Waitangi resources <ul style="list-style-type: none"> • The history of the Treaty and its importance is provided by the NZ history website. (https://nzhistory.govt.nz/politics/treaty-of-waitangi) • The Human Rights Commission also has information. (www.hrc.co.nz/resources/) 	

<p>Cultural competency</p> <ul style="list-style-type: none"> • ACC has a booklet: The Māori Patient in your Practice – Guidelines on Māori Competencies for Providers. (www.acc.co.nz/assets/provider/acc1625-maori-cultural-competency.pdf) • The Ministry of Health has an online resource. (www.health.govt.nz/news-media/news-items/cultural-competency-course-added-learnonline) • The Medical Council has guidelines on cultural competency. (www.mcnz.org.nz/assets/News-and-Publications/Statements/Statement-on-cultural-competence.pdf) • The Ministry of Business, Employment and Innovation provides resources. (www.nzte.govt.nz/tools-and-templates/te-kete-tikanga-m%C4%81ori-m%C4%81ori-cultural-kit) • The Royal New Zealand College of General Practice has guidelines on cultural competence for members. • Mauri ora does training in this area. • Māori contacts that work with the practice can be helpful. 	
<p>Professional development related information</p>	<p>Completed</p>
<p>Outline the Medical Council’s expectations for recertification and how continuing professional development (CPD) should be documented. The doctor may have an overseas based process for CPD or be part of the RNZCGP or BestPractice system.</p>	
<p>Outline other meetings doctors can attend.</p>	
<p>Document any useful e-journals.</p>	
<p>Advise of available library resources.</p>	
<p>Advise of journal clubs the doctor can access.</p>	
<p>Provide information about medicine and the law; including the role of the HDC, requirements of the Mental Health Act, and ACC requirements. Cole’s medical practice in New Zealand includes several chapters on the law and medical practice. (www.mcnz.org.nz/news-and-publications/cole-s-medical-practice-in-new-zealand/)</p>	
<p>Discuss the requirements of the Health Information Privacy Code 1994. A copy of the Health Information Privacy Code which incorporates a very helpful plain English commentary can be downloaded from the Privacy Commissioner’s website. (http://privacy.org.nz/the-privacy-act-and-codes/)</p>	

Provide information on available mentoring programmes.	
<p>Discuss the ethical aspects of medical practice in New Zealand and ethical standards doctors are expected to meet. The Council also publishes a range of statements on specific topics, such as sexual boundaries with patients; internet medicine and informed consent. (www.mcnz.org.nz/news-and-publications/statements-standards-for-doctors/)</p>	
<p>The General Medical Council has an online video which outlines ethical expectations in the United Kingdom and the expectations are similar to those outlined in <i>Good Medical Practice</i>. (www.gmc-uk.org/guidance/good_medical_practice.asp)</p>	
Outline support systems the doctor can access if they are finding it hard to adjust to practice in New Zealand.	