
SUPERVISOR REQUIREMENTS FOR NON-SPECIALISTS

POLICY

SUBJECT

Regulated Supervision requirements of Medical Practitioners working in, or transitioning to, Medical Administration by The Royal Australasian College of Medical Administrators.

The role of RACMA Fellows when providing oversight (supervision or a collegial relationship) for doctors who are practising in the scope of medical administration but are not RACMA Fellows or vocationally registered medical practitioners.

PURPOSE

To prescribe the role and requirements of The Royal Australasian College of Medical Administrators (RACMA) where a Fellow of RACMA, using in part the reputation and standing of the College, forms a collegiate relationship with or undertakes supervision of a doctor without vocational/specialist registration in the scope of Medical Administration.

BACKGROUND

The establishment of a scope of practice for medical administration (or management) as part of an evolving regulatory environment to promote best, safe practice for the public has created a need to support and develop those who practice in this scope, but who are not eligible to register as a specialist with the appropriate vocational registration.

The Medical Council of New Zealand, can provide registration to doctors with a general scope of practice to work in a vocational scope of practice, where there is an established collegial relationship with a named practitioner who holds vocational registration in that scope, and agrees to provide supervision. The detail is to be found at the MCNZ website at <https://www.mcnz.org.nz/maintain-registration/supervision-img/>

In Australia the Medical Board of Australia (MBA) sets out in the Registration standard: Recency of practice, the minimum requirements for practicing medical registrants working or transitioning to a new field or scope of practice. The MBA requires medical practitioners to engage with the relevant specialty college for the purposes of training and/or continuing professional development (CPD) in the new field or scope of practice. In New Zealand the doctor is required to be enrolled in the recertification programme for general registrants – In practice, In the case of specialist medical administration trainees, they enter a collegiate or supervisory relationship with RACMA while they undertake studies towards full Fellowship or Associate Fellowship. RACMA Fellows and Associate Fellows participate in RACMA CPD as a requirement of their membership and those with additional fellowships meet their obligations through the RACMA CPD program.

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Version Control:	V 1.0	Page:	1/4

In the past the nature of the collegial relationship/ supervision has to some degree been variable and personalised. The number of medical practitioners engaging in the medical administration field or scope has been under-reported. The College recognises the personal and employment nature of the decision by a specialist medical practitioner to undertake medical administrative responsibilities and for some RACMA Fellows to offer supervision to that medical practitioner.

The College also has a responsibility to ensure that the nature of that collegiate relationship/supervision, occurs under the professional umbrella of the College and that it: Is of an appropriate nature Is supported by the activities of the College in assisting the task of the FRACMA supervisor Advances the practice of the profession in the provision of safe and quality medical management in the interests of patients and the community. To this end the College Board outlines its position on collegiate relationships/supervision.

DEFINITIONS

College: Unless otherwise specified “College” is used to mean The Royal Australasian College of Medical Administrators.

Fellow: Unless otherwise specified the word “Fellow” means a member of The Royal Australasian College of Medical Administrators in the Fellow category.

Supervision for Australia: Any and all activities deemed necessary under this policy, in combination with relevant state, territory and jurisdictional requirements in order to allow one practitioner registered to practice in a particular scope of practice to oversight another practitioner (i.e. vouch that another practitioner is in fact safe and competent in the said scope of practice).

Collegial relationship in the New Zealand context: The colleague will be a role model of good medical practice sounding board for the doctor’s ideas resource in time of difficulty. Their key role is to help develop a CPD plan each year.

They may also facilitate:

- random auditing of a specified number of clinical records/medical administrative documents in any one calendar year,
- giving feedback on areas for improvement observing a specified number of consultations in any one calendar year,
- giving feedback on areas for improvement helping the doctor in any other mutually agreed way to enhance his or her practice skills and personal growth.

Scope of Practice: Areas of medicine, or ‘vocational scopes’ which are recognised areas of specialised medical practice, each defined by an accredited postgraduate training programme and, qualification (i.e. the professional role and services that an individual health practitioner is trained. Qualified and competent to perform (MBA, Registration standard: Recency of practice).

Document Owner:	Education	Approval Date:	May 2018
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Version Control:	V 1.0	Page:	2/4

Medical Administration: [1] Medical administration is administration or management utilising the medical and clinical knowledge, skill and judgement of a registered medical practitioner, and capable of affecting the health and safety of the public or any person.

This may include administering or managing a hospital or other health service, developing health operational policy, or planning or purchasing health services. Medical administration does not involve diagnosing or treating patients.

Medical Management: An alternate and interchangeable term for medical administration in the context of this policy.

Working in Medical Administration (or, Management): A medical practitioner will be held to be working in medical administration or management when:

- More than 40% of a normal full time working week (or approximately 20hrs/week) is spent in medical administration or management.
- The decisions and actions of the practitioner in question would fall outside of the scope of practice of the person requiring supervision[2].

SCOPE/COLLEGE REQUIREMENTS

This policy applies when Fellows of the College, with specialist or vocational registration in the scope of practice of Medical Administration or Management, provide supervision or act as a collegial relationship provider other doctors where the doctor is required by the regulatory authority to establish a collegial relationship or supervision.

In all such circumstances RACMA Fellows will commit to provide supervision or collegiate relationships for the other medical practitioner to allow that person being supervised to practice in the scope of practice of Medical Administration or Management.

The policy does not cover affiliates or Associate Fellows of the College to providing supervision of the nature required by a regulatory authority.

RESPONSIBILITIES

It is often the case that RACMA Fellows are in an employer/employee relationship with another medical practitioner working in medical administration. Fellows of the RACMA providing supervision will be bound by this policy.

The College will provide suitable professional development programs and support for those being supervised to enrol in and engage with, with regard to training and professional development in medical administration. Appropriate training can be achieved through the following RACMA programs: Associate Fellowship RACMA professional development within the Maintenance of Professional and CEP Standards program.

Document Owner:	Education	Approval Date:	May 2018
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Authorised by:	RACMA Board		
Version Control:	V 1.0	Page:	3/4

POLICY/PROCEDURE

The provision of supervision by a Fellow of the College, in order to facilitate another medical practitioner to work in the scope of practice held to be medical administration, will encourage the practitioner seeking supervision:

- To look to enrolling with the College of Medical Administrators as an affiliate or associate member.
- To consider enrolling in, the College continuing professional development program.
- Satisfactory participation by the practitioner being supervised, in any other requirement deemed reasonable by the supervising Fellow
- satisfaction of all particular supervision requirements set out in the of the relevant jurisdiction or regulatory authority stipulations for supervision.

RELATED DOCUMENTS

See state and territory regulatory authorities.

REFERENCES

State or Federal Acts of Parliament, OH&S requirements etc.

EVALUATION

Authorities:

[1] <https://www.mcnz.org.nz/get-registered/scopes-of-practice/vocational-registration/>

[2] For example someone trained in surgery deliberating on the behaviours of a physician, the credentialing of individuals in non-surgical fields, or the design and delivery of non-surgical services.

Document Owner:	Education	Approval Date:	May 2018
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Authorised by:	RACMA Board		
Version Control:	V 1.0	Page:	4/4
