International clinician orientation checklist

A resource to support general practice

Updated November 2025

Name *Date*

Pinnacle Midlands Health Network

Orientation is an introduction and overview to medical practice and health systems in Aotearoa New Zealand, including cultural competence, an understanding of Te Tiriti o Waitangi / The Treaty of Waitangi, relevant organisations, and impact of legislation such as the Accident Compensation Corporation.

This orientation checklist seeks to describe the processes and programmes used to help an international medical graduate (IMG) or locum familiarise themselves with working and living in Aotearoa New Zealand. It is a process that goes beyond an initial induction to the workplace and may take several weeks or months.

Pinnacle is focused on supporting sustainable general practice. Based on resources available through the Medical Council of New Zealand, this document is designed to help you cover the bases and reduce the need to form 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 clinician.

The orientation for a GP / clinician has various levels:

- personal
- practice
- professional.

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

Like all business processes, you might like to consider evaluating your orientation programme every 2-3 years in the interest of continuous improvement.

We consider this a 'working document' and would love to hear from you if you have other valuable feedback, or experiences, you think will help us improve this resource. Contact our Health Workforce Development Manager veronique.gibbons@pinnacle.health.nz.

Useful references

- Cole's Medical Practice: Reference for all doctors new to practice developed by the Medical Council of New Zealand.
- New Zealand slang words including in health: Kiwi words and phrases (www.aucklanddoctors.co.nz/media/50118/kiwi_words_and_phrases.pdf)
- Commonly used Māori words: The NZ history website has 100 words every New Zealander should know. (https://nzhistory.govt.nz/culture/maori-language-week/100-maori-words).

The personal level

At a personal level, ensuring the clinician and any whānau/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 even interview the locum's partner before an appointment is made and try to help them find work or valued volunteer roles and/or support groups.

Personal and community related information	Completed
Make sure the clinician has comfortable accommodation that 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 clinician starts, understand their family situation (school/uni/job requirements for family, sports/music, hobbies, transport/driver's licence) and ensure an appropriate level of support is in place for their accompanying family.	
Identify any special characteristics and needs of the clinician/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 New Zealand citizenship. (www.englishlanguage.org.nz/landing-pages/esol-intensive)	
Discuss the clinician 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 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, Police, FENZ, St John, Rural women, Farmstrong, Rural Support Trust.	
Tour the community so the clinician and their family get a sense of the community and where the practice fits in. Provide a map of the area.	
Link the clinician to local peers for personal and professional support. For IMG and NZREX doctors: www.facebook.com/groups/nzrex/ Pinnacle GP Liaison can advise of local groups that may be available.	

The practice level

At a practice level ensuring the clinician is orientated to your service, to your culture of work and the regulations and expectations of a clinician in Aotearoa 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. Your mentor/supervisor may suggest a semi-formal review at Week 1, Week 3, Week 6 and Week 8 to help with "settling in" and getting use to the culture of the practice.

Good communication skills and demonstrating patient-centred practice underpin many of these recommendations.

Process related information	Completed
Ensure the clinician 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, provide a copy of the practice business continuity plan as identified in Foundation Standard: https://www.rnzcgp.org.nz/running-a-practice/the-foundation-standard/whare-haumanu-the-practice/142-emergency-and-business-planning/	
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.	
Discuss the requirements relating to adverse events and incident reporting.	
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.	
Consider including in an orientation pack the names and photos of staff in the building and people the clinician 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.	
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.	
For large practices, have an organisational chart with brief information	

on the organisational structure such as the board, committees and management team.	
Provide a practice profile, with information about the area in which the practice is located, including indigenous history, demographics across the region, deprivation indices, economic outlook – income level, employment status, sources of employment in the town and occupation, home ownership, schools and tertiary education, and practice information – demographics, enrolled vs unenrolled, priorities for the practice. Talk about how the practice focuses on special needs of the population.	
Provide a 'must know' contacts list with both phone and email details.	
Make sure the clinician 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 / clinician etc communication and your practice's team culture – gently explore their attitude with them.	
Outline your expectations and any limits to a clinician'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 roles and responsibilities for non-medical prescribers – nurse practitioners, nurse prescribers, practitioners using standing orders.	
Discuss practice triage systems.	
Discuss how to refer patients to secondary services.	
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. Learn about Midland Region Community HealthPathways and how to log in. (https://midland.communityhealthpathways.org/LoginFiles/Logon.aspx?ReturnUrl=%2f) (www.pinnaclepractices.co.nz/resources/healthpathways-midland-region/)	
Talk about "handover" 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 or child 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/de-escalation.	
Discuss alternatives to admission – primary options for acute care	

(POAC) and other extended services.	
Discuss issues around claiming, patient fees, patient discounts, ACC, POAC, maternity services, immunisation, breast screening, sexual health – there is a lot to cover.	
Consider "buddying" the clinician with an admin staff member for a few weeks to ensure all claims are made.	
Cover death certification and the Death Documents platform (https://deathdocs.services.govt.nz/welcome)	
Discuss recalls: how, when, who and what.	

Clinical practice related information	Completed
Provide information on infection control and sterilization.	
Provide information on advanced life support in your community.	
Provide an overview of laboratory testing, related transfer of care and test result responsibility. www.tewhatuora.govt.nz/assets/Publications/2024-03-Transfer-of-Care-and-Test-Results-Responsibility-Final_signed-JB-RMcJ-RS.pdf	
Discuss POCT testing, if applicable, related quality assurance and POCT post-surveillance incident reporting. (www.pinnaclepractices.co.nz/resources/point-of-care-testing/)	
Outline expectations for minor surgery and procedural interventions the clinician 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: • minimal requirements for legally acceptable prescribing • appropriate use of controlled drug forms • monitoring processes for effectiveness, safety and cost.	

Human resources 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 a 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. Understand and support the process	

for nurses and other clinical staff – ensure a Physician Associate is connected to the New Zealand Physician Associate Society.	
Document any supervision requirements, ensure the supervision plan has been lodged with the Medical Council / professional body and give the clinician a copy. Make sure the orientation plan is in their HR file.	
Discuss indemnity issues. Make sure proof of indemnity insurance is in their HR file.	
Discuss the protection of children and other vulnerable people in relation to the Children's Act 2014 - including police vetting. (www.pinnaclepractices.co.nz/resources/childrens-act-2014/). 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 they will be reimbursed in the case of a call-out.	
Employee Assistance Programme (EAP) Services provides counselling and advice to employees either by face-to-face, phone or virtual e-counselling. Under the Pinnacle agreement with EAP Services, staff in practice are entitled to up to three FREE one-hour sessions per issue with a counsellor. This can be for a work-related issue or a personal situation. (www.eapservices.co.nz/)	

Policy and guidelines related information	Completed
Make sure it's easy for the clinician to find practice policies and guidelines when needed.	
Discuss clinical governance.	
Make sure the clinician is aware of any "house rules" and where to find them as well as the unwritten rules and "sacred cows".	
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 Standard/CORNERSTONE® process. (www.pinnaclepractices.co.nz/resources/foundation-standard/)	
Provide information on your risk management programme.	
Make sure the clinician understands the complaints policy.	

Health system and IT related information	Completed
Demonstrate how to access and use all IT systems.	
Make sure the clinician 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.	
Discuss the role of telehealth within practice. Know where virtual health services are used within the practice - patient portal; AI-tools in general practice, if this is applicable. (www.pinnaclepractices.co.nz/resources/ai-tools-in-general-practice/)	
Detail coding and statistics collection.	
Network performance and other dashboards used within Pinnacle practices. (www.pinnaclepractices.co.nz/resources/network-performance-power-bi-dashboard/) (www.pinnaclepractices.co.nz/resources/power-bi-dashboards/)	

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

The professional level

At a professional level, ensuring the clinician has a clear understanding of what good practice means in an Aotearoa 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 clinician.	
Discuss the role of the patient in determining his or her healthcare.	
Professional development resources are available from the Medical Protection Society (MPS) with regular webinars and podcasts, with topics such as how to avoid complaints, employment law, consent, etc. (www.medicalprotection.org/newzealand/events-e-learning/events)	
Cover the statement on informed consent published by the Medical Council. (www.mcnz.org.nz/assets/standards/55f15c65af/Statement-on-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 clinician-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/standards/e8fb8a0ff4/Sexual-boundaries-in-the-doctor-patient-relationship.pdf)	
Discuss expectations when communicating with children and expectations for consent when working with children. Discuss Fraser guidelines/Gillick Competency Checklist. (www.schoolnurse.org.nz/_files/ugd/2a66b9_ea1008186a2441e4bc56495163a85c6e.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.	

Cultural awareness related information	Completed
Te Tiriti o Waitangi resources: • New Zealand History Treaty of Waitangi (https://nzhistory.govt.nz/politics/treaty-of-waitangi) • Human Rights Commission What are my whānau, hapu and iwi rights under te Tiriti o Waitangi? (https://tikatangata.org.nz/resources-and-support) • HQSC Māori Hub (www.hqsc.govt.nz/consumer-hub/engaging-consumers-and-whanau/maori-hub/#A1)	

Cultural competency, cultural safety and equity related information	Completed
Cultural competence is the knowledge and skills a practitioner has to work with different cultures. ACC Te Whānau Māori me ō mahi/Guidance on Māori Cultural Competencies for Providers (www.acc.co.nz/assets/provider/acc-te-whanau-maori-me-o-mahi-guidance.pdf)	
Cultural safety goes further by requiring self-reflection on the practitioner's own biases and power dynamics to ensure the patient feels respected and empowered, leading to equitable health outcomes. Healthify provides detail about cultural competency and cultural safety for healthcare providers. (https://healthify.nz/healthcare-providers/c/cultural-safety-hcps)	
Medical Council guidelines on cultural safety and health equity. (www.mcnz.org.nz/our-standards/current-standards/cultural-safety/)	
The Royal New Zealand College of General Practice has CPD resources on health equity and cultural safety for members. This page also links with the Health Quality and Safety Commission (HQSC) cultural safety videos. (www.rnzcgp.org.nz/RNZCGP/Dashboard/Resources/CPD_Resources/Health_equity_and_cultural_safety_.aspx?pg4=1)	
Iwi Māori collaboration within the practice will be helpful particularly around patient and whānau-centred care.	
Application of Māori health models such as Te Whare Tapa Wha and a clinical assessment tool for engaging Māori, The Meihana Model. (www.health.govt.nz/maori-health/maori-health-models/te-whare-tapa-wha) (www.rnzcgp.org.nz/news/equity/the-meihana-model/)	
Equity focused stories from the Royal NZ College of GPs (www.rnzcgp.org.nz/news/equity/)	
Health related information for practitioners working with Pacific communities. Le Va offers resources and training. (www.leva.co.nz/)	
Tikanga (customs) specifically developed for working with kaumatua (older Māori persons) and has wider applicability of cultural concepts.	

(www.hqsc.govt.nz/resources/resource-library/guide-for-health-professionals-caring-for-kaumatua-kupu-arataki-mo-te-manaaki-kaumatua-frailty-care-guides-2023/)	

Professional development related information	Completed
Outline the clinician's requirements for recertification and how continuing professional development (CPD) should be documented. A doctor may have an overseas based process for CPD or be part of the RNZCGP or BestPractice system.	
Outline other meetings clinicians can attend, using sources such as the event calendar on the Pinnacle website and webinars from Goodfellow Unit, Mobile Health and Health Informatics NZ. https://www.pinnaclepractices.co.nz/events https://www.goodfellowunit.org/events-and-webinars https://mobilehealth.co.nz/webinars/ https://www.hinz.org.nz/page/homeWEBINARS	
Document any useful e-journals.	
Advise on available library resources e.g. Te Whatu Ora Health NZ National library portal for primary care and Pinnacle's 'clinical snippets' podcast. (https://health-new-zealand.libguides.com/primarycare) (www.pinnaclepractices.co.nz/resources/?Terms=snippets) (https://creators.spotify.com/pod/profile/opotikigp/)	
Advise on journal clubs the clinician can access.	
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/about-us/publications/coles-medical-practice-in-new-zealand/)	
Discuss the requirements of the Health Information Privacy Code 2020. 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. (www.privacy.org.nz/privacy-principles/)	
Provide information on available mentoring programmes e.g. Wahine Connect for female clinical staff (www.wahineconnect.nz/) and Ka Hono for GPEP registrars in the Waikato. (www.pinnaclepractices.co.nz/pin-points/rnzcgp-ka-hono-collegial-support/).	
Discuss the ethical aspects of clinical practice in Aotearoa New Zealand and ethical standards doctors are expected to meet. The Medical Council also publishes a range of standards on specific topics, such as sexual boundaries with patients; internet medicine and informed consent. (www.mcnz.org.nz/our-standards/current-standards/)	

The General Medical Council has a resource which outlines ethical expectations in the United Kingdom and the expectations are similar to those outlined in *Good Medical Practice.* (www.gmc-uk.org/professional-standards/the-professional-standards/good-medical-practice)	
Outline support systems the clinician can access if they are finding it hard to adjust to practice in Aotearoa New Zealand.	

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