

General information

Scopes of practice

All practising doctors in New Zealand are registered in a “scope of practice” under the Health Practitioners Competence Assurance Act 2003 (HPCAA).

A scope of practice is defined in the HPCAA as “the health service a doctor is permitted to perform”. Interns are first registered in a “provisional general scope of practice” and must work under supervision for at least 12 months, during which they must satisfy certain requirements to qualify for registration in a “general scope of practice”.

To reach the standard for registration within a general scope, interns must:

- work in a New Zealand hospital or general practice accredited for intern training by the Council, and
- be supervised by a doctor approved by the Council.

As long as interns work within their scope of practice, which is printed on their annual practising certificates, they may write prescriptions and sign medical and death certificates.

Interns can apply to change from a “provisional general” to a “general” scope of practice after they have completed a minimum of 12 months’ supervised practice, provided they have completed all the requirements. Under a general scope they will no longer have to work under supervision, but they will have to comply with other requirements to ensure they maintain their competence.

Goals for interns in their first year after graduation or after passing NZREX

The goals for interns in their first year after graduation or after passing NZREX are to:

- apply the theoretical knowledge they have learned as an undergraduate
- develop sound clinical skills
- take increasing responsibility for patient care, including support for patients, their families and sometimes colleagues

- start to develop professional judgement in the appropriate care of patients and use of diagnostic and specialist services
- work within ethical and legal boundaries developed for the medical profession
- contribute to a multidisciplinary health-care team
- explore personal career development
- learn about dealing with the professional and personal pressures of being a doctor.

The Council's philosophy on early postgraduate years

The Council's philosophy on early postgraduate years is based on:

- the doctor being an apprentice on a team, receiving frequent real-time feedback with a level of support and responsibility that is stimulating but safe
- defining objectives at the start of the run, with formal review in the middle and at the end of the run.

New Zealand and Australian graduates

The intern year is about growth as a doctor and about developing the attitudes, knowledge and skills learned at medical school into clinical practice. This includes the ability to manage time effectively, to ask for help appropriately and to increase responsibility in the team for patient care.

The second postgraduate year builds on the intern year. It allows the doctor to:

- broaden their medical experience and master new skills
- consolidate those skills and develop greater independence and responsibility for patient care
- prepare for vocational training.

To achieve the Council's goals, the early postgraduate years must include:

- formal learning on the job
- attending teaching sessions
- receiving informal tuition in clinical situations – eg, on ward rounds, in theatre or in the outpatient clinic
- self-directed learning, including reading medical journals.

Run requirements for New Zealand and Australian graduates

To move from a provisional general scope to a general scope of practice, New Zealand and Australian graduates must satisfactorily complete:

- at least four three-month runs, including
 - one category A medical run
 - one category A surgical run
 - two other runs, which may be category A or B runs
- three consecutive runs where the doctor's performance is assessed to be of a satisfactory standard; at least two of these three consecutive runs must be in different disciplines.

The intern must also:

- work for no less than 10 weeks (or 10 weeks full time equivalent) in each of the four runs (interns completing less than 10 weeks per run would have to be assessed by the intern supervisor as having satisfactorily completed that run)
- be certified in advanced cardiac life support (ACLS) in accordance with Council policy
- be recommended for registration in a general scope by the intern supervisor.

The intern may work:

- in rotating or relieving A or B runs
- in Council-accredited general practice runs.

NZREX graduates

NZREX graduates are a diverse group – some are early in their careers, whereas others have many years' experience and may have done specialised medical work before immigrating to New Zealand. Some may have lived in New Zealand for many years before passing NZREX and may not have practised during that time. They come from different ethnic, cultural, language and medical backgrounds, and successful integration often requires a high level of support.

By passing NZREX the doctors demonstrate to the Council that their knowledge is at the same level as students graduating from a New Zealand medical school. They are registered in a provisional scope and required to work under supervision for at least 12 months during which time their competence is further assessed. They become registered in the general scope when the intern supervisor considers they have reached and maintained the required standard.

Some overseas medical degree programmes have earlier specialisation and offer less clinical experience; some doctors may never have worked in an English speaking health system; most have never worked in the New Zealand health system and have limited experience of New Zealand culture or diseases common in New Zealand. For these reasons close supervision is needed to identify the doctors' strengths and weaknesses, to ensure public safety and to give the doctor a supportive start to a career in New Zealand.

Employers and supervisors have reported that some NZREX graduates have difficulties in two distinct areas:

- New Zealand culture – eg, communication in the broadest sense, understanding cultural issues, patient expectations and rights, informed consent, ethical principles and the medico-legal framework, and working in a multidisciplinary team, especially with female team members
- clinical and practical skills – eg, clinical judgement, application of medical knowledge, management and assessment of common problems, problem-solving and decision-making skills, dealing with emergencies and acute work, clinical record-keeping, documentation, prescription writing, completion of certificates, and insertion and removal of intravenous lines.

Employers must provide an appropriate supervision and orientation environment to address these issues, including:

- induction to New Zealand culture and clinical practice
- support and close supervision by the clinical team
- assessment and feedback by the supervising specialist
- overall monitoring by the intern supervisor.

Further information is available in the Council's pamphlet *Guidance for doctors working in supervised practice and their supervisors*.

While the supervising specialist and the intern supervisor may take into account the doctor's previous experience, they must also ensure that the doctor achieves general medical competence to the same standard as a New Zealand graduate working towards registration in a general scope.

The intern supervisor will:

- ensure the intern completes an induction and orientation programme
- ensure the intern participates in regular learning sessions
- support the intern in the learning environment
- advise on future training opportunities
- support the supervising specialist in setting up remedial programmes where there are concerns about the intern's performance.

General practice supervisors are encouraged to form a relationship with the intern supervisor at the nearest hospital, particularly when the intern is working part time in each setting (eg, one day per week) outside the usual three-month run.

Run requirements for NZREX graduates

To move from a provisional general scope to a general scope of practice, NZREX graduates must satisfactorily complete:

- at least four runs, including
 - one category A medical run
 - one category A surgical run
 - two other runs, which may be category A, B or C runs (NZREX graduates must not work in category D runs)
- three consecutive runs where the doctor's performance is assessed to be of a satisfactory standard; at least two of these three consecutive runs must be in different disciplines.

The intern must also:

- work no less than 10 weeks per run, or 10 weeks full-time equivalent for those working part-time (any intern completing less than 10 weeks per run would need to be assessed by the intern supervisor as having satisfactorily completed that run)
- be certified in ACLS in accordance with the Council's policy

- be recommended for registration in a general scope by the intern supervisor.

The intern may work:

- in rotation or relieving A or B runs
- in category C rotating or relieving runs after six months
- in Council-accredited general practice runs if they have previously worked in general practice or family medicine.

Minimum time requirements for the intern year

Mandatory clinical experience for registration within a general scope will usually be completed in 12 months and will include work in an accredited hospital or general practice.

Interns are required to complete a minimum of 10 weeks per run. If an intern is applying for a change from provisional general to general scope and has not completed the 10-week-per-run requirement, the intern supervisor will be expected to exercise their judgement about the intern's level of performance and make a recommendation to the Council. The Council will consider the intern supervisor's report and make its decision on the individual case.

Time limit for registration in a provisional general scope

If an intern fails to satisfy the requirements for general scope within two years, the registrar will refer the doctor's application for an annual practising certificate (APC) to Council.

Council may:

- extend the doctor's provisional general scope for a further period, or
- propose to either place restrictions on, or decline to issue the doctor's APC under section 28 of the HPCAA, and give the doctor an opportunity to make written submissions and be heard by Council, and
- then make a decision whether to issue the APC.

Education Committee

The Education Committee advises Council on ways to promote medical education and training in New Zealand, under section 118(a) and (k) of the HPCAA, in relation to:

- accreditation of medical schools, including the approval of medical schools and universities
- education and supervision of interns, including the appointment of intern supervisors and the re-accreditation of hospitals for the training of interns
- prevocational training
- vocational training
- recognition of recertification programmes for doctors registered in vocational scopes of practice.

Each year Council recruits an intern to be a member of the Education Committee as a “consumer of education”. The term for each consumer of education is two years. Members of the Education Committee are required to attend three meetings per year as well as participate on re-accreditation panels for branch advisory bodies (regarding vocational training and recertification) and hospital visits.

Your intern supervisor or RMO unit will advise you when the recruitment process commences.

Hospital accreditation (see summary, Appendix 1)

The Council visits and reviews all hospitals accredited for intern training, usually every three years. Intern supervisors may ask for a hospital visit at any time. The visit is to make sure the hospital's education, supervision and facilities for interns meet the Council's standards.

Before the visit, the hospital is asked to provide up-to-date information about the hospital facilities for interns. The intern supervisor is asked to advise interns of the upcoming visit and invite them to a private group meeting with the hospital visitors where they can raise issues they want to discuss. Interns are also asked to provide information confidentially about their educational experiences in that hospital.

This information is important, but it is the opportunity to meet with interns and their supervisors, including hospital management, that is most valuable to the visiting team. While some issues are unique to one hospital, many are common to all hospitals.

The visiting team of up to five people will meet with various groups and tour the hospital during the visit. The visitors:

- meet the chief executive officer (CEO) and senior managers
- meet with the intern supervisor
- meet the interns
- meet the supervising specialists and others involved in intern training, including clinical staff, the intern supervisor or supervisors and the RMO coordinator
- have a tour of the hospital
- meet privately to discuss their findings
- meet again with the CEO and senior managers to discuss the visit and findings.

The meeting with the interns is a private meeting to allow open and honest feedback to the visitors. The Council knows that interns may feel uneasy about providing feedback on their supervisors; however, their views and the information learned at these meetings must be passed on for change to happen.

The visitors are careful to make sure that any feedback represents a consensus of views, rather than those of one person. It is the overall systems and processes that are being assessed. While the visitors do their best to avoid identifying individuals during feedback to hospital management, this can be difficult in a small hospital.

The feedback process relies on the professional integrity of management and supervisors to act responsibly when receiving feedback. Emphasis on unidentified written feedback (eg, the run evaluation report and written information collected from interns before a hospital visit) together with more emphasis on educating senior doctors has helped address problems with the feedback process.

External reviewers are often effective in promoting positive change in clinical teams and support services.

General practice accreditation

The Council has in the past accredited a few general practices for intern training and strongly supports general practice runs being available for interns to gain experience in general practice. While there are no accredited general practices available for interns at present, Council is currently working toward establishing a general practice accreditation process for the future.