



Te Kaunihera Rata  
o Aotearoa

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**Medical Council  
of New Zealand**

# Prevocational Medical Training Clinical Supervisors' Guide

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# Overview of prevocational medical training

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## **Who completes prevocational medical training?**

Prevocational medical training applies to graduates of New Zealand and Australian accredited medical schools and doctors who have sat and passed the New Zealand Registration Examination (NZREX Clinical).

## **Aim of the prevocational medical training programme**

The aim of the prevocational medical training programme is to ensure that interns further develop their clinical and professional skills gained at medical school. This is achieved by interns satisfactorily completing four accredited clinical attachments in each of the two prevocational years, completing multisource feedback (MSF), setting and completing goals in their professional development plan (PDP), and attaining the required skills and competences outlined in the 14 learning activities of the curriculum. For more information about the components of the prevocational medical training programme see pages 9-11 of this guide.

All prevocational medical training providers must be accredited by Council to provide training and education to interns. The aim of this quality assurance process is to ensure that interns are provided with high quality training and a safe working environment as well as protecting the public of New Zealand.

Interns are required to complete a minimum of 12 months in each postgraduate year. An intern remains a PGY1 or PGY2 until the requirements for each year have been met.

## Your role as a clinical supervisor

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Clinical supervisors are nominated by the training provider. Council accredits all clinical attachments and during this review process, it ensures that there is appropriate clinical supervision in place for each accredited attachment. As a Clinical supervisor you must be vocationally-registered in the relevant scope of practice and in good standing with Council<sup>1</sup>.

As a Clinical supervisor, you provide day-to-day supervision during an intern's clinical attachment. You will meet with each of your allocated interns at key points to discuss the intern's progress against the 14 learning activities, and goals in their PDP.

Key times when you will meet your interns are:

- **At the beginning of the clinical attachment** to discuss expectations and the intern's learning requirements. You should cover the learning opportunities available on your attachment and assist the intern to develop goals in their PDP. The goals in the PDP should target areas for improvement identified through the previous *End of Clinical Attachment Assessment*.
- **At the mid-point of the clinical attachment** to provide feedback on the intern's progress and performance and to review the intern's PDP. **This is a crucial meeting**, and any areas for improvement that will impact on the end of clinical attachment assessment must be fed back to the intern at this time. The conversation should be recorded in ePort under the comments for the mid-attachment meeting.
- **At the end of the clinical attachment** to discuss the intern's overall performance, review progress against the intern's PDP goals and towards attaining the learning outcomes outlined in the 14 learning activities, provide feedback to the intern and complete the *End of clinical attachment assessment* in the intern's ePort.

You may delegate day-to-day supervision of the intern to others in the clinical team. You are required to seek feedback on the intern's performance from the clinical team and others to inform your formal feedback to the intern.

When you are on leave, it is your responsibility to nominate a backup specialist to provide supervision, including essential reporting and feedback.

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<sup>1</sup> In assessing good standing, Council staff check for: any fitness to practise issues; a current complaint or concern being investigated (an appointment will not be made until the outcome is known); or any adverse decisions in the Health Practitioners Disciplinary Tribunal. Council recognises that there are situations where the only suitable doctor may not meet the criteria for appointment. In rare cases, Council's Registrar might consider an appointment notwithstanding such a concern or Tribunal finding. In these instances the Registrar will take into consideration whether the:

- situation was an isolated lapse in a usually competent standard
- doctor's name was removed from the register, or had conditions put on his or her practice
- the extent to which the circumstances are relevant to the position the doctor is being considered for.

### Training for clinical supervisors

When you become a clinical supervisor you will be asked to complete relevant training in supervision and assessment. This should be completed as soon as possible and must be completed within 12 months of your appointment as clinical supervisor.

An online supervision skills course (level 1) for clinical supervisors of interns is available on ePort. This is an introductory or refresher course, to supplement training for clinical supervisors provided by DHBs and medical colleges.

The online course includes:

1. An short introductory video
2. Three short interactive videos presented by Connect Communications, each with self-reflective exercises:
  - supervision styles
  - how to give feedback
  - the challenge of low insight and debriefing a critical incident
3. A demonstration on how to give feedback.

[Connect Communications](#) offer a Level 2 Applied Clinical Supervision Course. This can be a face-to-face workshop, hosted by your DHB or your medical college, or an online workshop using ‘teams’ of actors in virtual breakout rooms. These workshops give you the opportunity to ask questions, fine-tune skills in a practical way, and focus on particular areas of concern.

You are encouraged to talk to your DHB about what supervision training is available to you.

Training providers are responsible for monitoring and ensuring all clinical supervisors have had appropriate training (as outlined in the [Accreditation standards for training providers](#)).

## Your relationship with your intern's prevocational educational supervisor

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You are encouraged to have regular contact with the prevocational educational supervisor of each of your interns.

If you identify an intern is underperforming you are expected to engage with the intern's prevocational educational supervisor as soon as possible to ensure the intern receives appropriate support.

Where the outcome of an *End of Clinical Attachment Assessment* is *conditional* or *unsatisfactory* **you must** provide the intern with areas to focus on for further development. The intern's prevocational educational supervisor will work closely with you to ensure all sections of the *End of the Clinical Attachment Assessment* are completed and discussed with the intern before the last day of the clinical attachment.

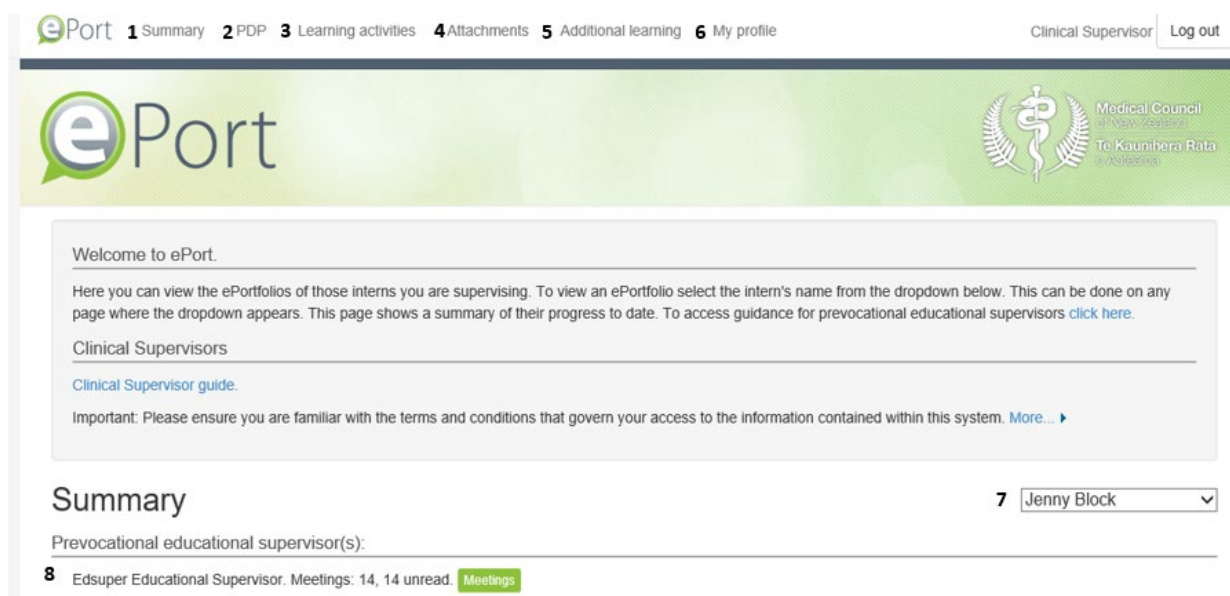
## How to use ePort

Each intern will have a record of learning maintained in an e-portfolio (ePort), which provides a nationally consistent means of tracking their progress and recording their skills and knowledge. ePort is accessed at [www.ePort.nz](http://www.ePort.nz).

Interns use ePort to record self-reflections on the 14 learning activities and to record goals in their Professional Development Plan (PDP). Supervisors use ePort to monitor and record feedback on the intern's overall progress, as well as progress in each clinical attachment.

Each intern owns their ePort record but you and their prevocational educational supervisor will have access to it. You will only have access to an intern's ePort while you are their clinical supervisor and for 1-month before and after for administrative purposes. The Council's *Prevocational training e-portfolio privacy statement* is attached as Appendix 1.

When you login for the first time as a clinical supervisor you will default to the *Summary* page and must select the intern whose ePort you would like to view from the drop-down list on the right-hand side of the page. The diagram below provides an overview of the information on the summary page.



1. **Summary Page** tab. A summary of the intern's progress and performance.
2. **Professional development plan (PDP)** tab. Where the intern records and updates their goals and links suggested areas to focus on for further development to goals. The prevocational educational supervisor can record meetings and comments in this section. The **clinical supervisor can review the intern's goals and make optional comments.**
3. **Learning activities** tab. Where interns record their self-reflection on the 14 learning activities.
4. **Attachments** tab. This is the main area used by clinical supervisors. The beginning, mid and end of attachment meetings are recorded here and you can view previous assessments.
5. **Additional learning** tab. Where the intern records teaching sessions attended, ACLS Advanced completion and other professional development activities.
6. **My profile** tab. Where you can change your password and details.
7. Where the **clinical supervisor** can **select the intern to view.**
8. The name of the selected intern's **prevocational educational supervisor.**

## Summary

Jenny Block

Prevocational educational supervisor(s):

Edsuper Educational Supervisor. Meetings: 14, 14 unread [Meetings](#)

Registration status

Provisional general registration



General registration

Clinical attachments

PGY1

9 [Dummy - Gen Med 1234](#) [Dummy - Gen Sur 1235](#) [Dummy - Rehab 1236](#) [Dummy - Psych 1237](#)

### 10 Professional development plan progress

Goals set	6
Goals complete	5
Improvements set	3
Improvements started	2
Improvements complete	2

### 11 Professional development activity

ACLS	
Professional development activities recorded	1
Your career plans: I want to be a surgeon.	

### 12 Learning progress

Obtain a history from a patient	3
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- The intern's **allocated clinical attachments**. Green indicates the attachment was completed satisfactorily, orange indicates the attachment was a *conditional pass* and must be followed by a satisfactory (green) assessment to be considered satisfactory, red indicates the attachment was unsatisfactory, grey indicates the attachment was less than 10 weeks and white indicates not started or in progress.
- PDP progress**. Shows the number of goals the intern has set and completed and the number of identified areas for improvement, with the number linked to a goal (improvements started) and the number completed.
- Additional learning summary**. Number of professional development activities recorded. This includes ACLS Advanced and any teaching sessions the intern has attended
- Progress of learning activities** – a snapshot of the intern's level of progression recorded as part of their self-reflection.

### Learning progress

Obtain a history from a patient	3
Perform a physical examination	1
Formulate a differential diagnosis following a clinical encounter	1
Request and interpret common investigations	0
Prescribing of medication	1
Document a clinical encounter in the patient record	2
Oral presentation of patient presentation	0
Develop evidence-based, patient-centred management plans	0
Give or receive a patient handover to transition care	2
Participate as a member of a multi-disciplinary team	1
Recognise and manage a patient requiring urgent or emergent care	0
Obtain informed consent for tests, treatment and/or procedures	1
Perform basic procedural skills	1
Contribute to a culture of safety and improvement	0



# Components of the prevocational medical training programme

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## Clinical attachments

Interns are required to complete four clinical attachments in each of their two prevocational years, under the overall supervision of a prevocational educational supervisor with a clinical supervisor assigned to each attachment.

Attachments are 13 weeks in duration and may take place in a variety of health care settings, including public and private hospitals, primary care, and other community-based settings.

An intern can only be allocated to a clinical attachment that has been accredited by Council.

## Accreditation of clinical attachments

Each training provider (DHB) must submit an application for accreditation for each of their clinical attachments. The application requires the DHB (usually the RMO Unit) to name at least one clinical supervisor (with a maximum of four) responsible for ensuring a quality learning experience for interns. In general, clinical attachments should have at least two clinical supervisors to provide for ongoing support and cover for leave.

When Council receives the application it is assessed and if approved allocated a unique four digit reference. Once 'live' in ePort the RMO Unit can assign interns to the clinical attachment.

At this stage any new clinical supervisors are sent login details. Unless an alternative email address is provided, the login details are sent to the email address held on the medical register. If you have not received login details for ePort please contact your RMO Unit Manager.

Clinical attachments must be reviewed annually by the DHB. For further information see [Accreditation standards for clinical attachments](#).

## Community-based attachments

Completing a clinical attachment in a community setting familiarises interns with the delivery of health care outside a hospital setting.

An intern assigned to a community-based attachment should still be able to access formal education sessions delivered by the training provider.

From November 2021, DHBs are required to ensure that all interns complete a community-based attachment (CBA) as one of their eight clinical attachments during prevocational medical training. DHBs are currently working on developing and allocating their interns to the required number of CBAs. Until this process is in place in all DHBs, Council's policy is that interns will not be disadvantaged if they are unable to be allocated to a CBA.

Refer to the [definition of a community-based attachment](#) and the [Accreditation standards for clinical attachments](#), for further information.

## Learning activities

The range of essential skills and competencies an intern needs to attain by the end of prevocational medical training is described in [14 learning activities](#). An intern is expected to regularly review and record self-reflections against all 14 learning activities, indicating areas of strength and areas for further development. These self-reflections should be a prompt for discussion when you meet with your intern (as you will not have access to the individual self-reflections in ePort).

Learning activities can be attained through clinical attachments, the formal education programme and individual learning. You should discuss with your intern the best ways to achieve proficiency in each of the learning activities as they relate to your clinical attachment.

## Attainment of learning activities

Interns record their learning through self-reflection on the following levels of proficiency against each activity:

Level 1: I know about this activity and have watched others undertake it

Level 2: I have undertaken this activity with support and guidance from a supervisor or other senior colleague.

Level 3: I feel confident to undertake this activity without assistance from a supervisor or other senior colleague over a range of patients.

Level 4: I can undertake this activity independently and can assist other learners.

By the end of PGY1, interns are expected to have recorded reflections against all 14 learning activities. Throughout the course of the two years, interns should regularly revisit each activity and record further reflections that demonstrate progress and attainment of the required skills and competencies.

## Multisource feedback (MSF)

MSF is a tool to inform an intern's development (it is not a performance assessment). Once the process begins, colleagues and the intern will have six weeks to complete it. You may receive an invitation to provide feedback on an intern you have supervised.

The MSF process involves colleagues completing an anonymous questionnaire seeking their views on the intern's behaviour, communication and organisational skills, as well as aspects of their professionalism. The intern completes a self-assessment at the same time.

An intern must complete a MSF process in order to have their endorsement removed at the end of PGY2.

### Professional Development Plan (PDP)

Every intern is required to develop and maintain a PDP in ePort throughout PGY1 and PGY2. The PDP is a short planning document used to structure and focus learning for each individual intern. The PDP process encourages ongoing improvement, with each clinical attachment building on the learning and identified gaps from the last attachment.

Both you and the intern's prevocational educational supervisor have a role in developing the intern's PDP.

At the beginning of each clinical attachment you should review the intern's ePort paying particular attention to the areas to focus on for further development and the outcome of any previous clinical attachments (you will have access to any previous *End of Clinical Attachment Assessments*).

You will then be able to help the intern develop goals specific to the attachment taking into consideration their development needs and the learning opportunities available. If the attachment has generic learning objectives these can be used as a start point for developing individual goals. An intern should create at least three goals for each clinical attachment.

The PDP should focus on what the intern needs to learn, what they need to consolidate, and what they want to learn which may relate to future vocational aspirations.

At the mid-attachment and end of attachment meeting you should revisit the goals set at the beginning of the attachment and discuss the intern's progress in achieving the goal. You may comment on these goals in ePort.

## Key meetings with the intern

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As mentioned above you are required to meet with your intern formally on three occasions:

1. At the beginning of each clinical attachment (within 21 days).
2. Mid-attachment (45 days into the quarter).
3. At the end of a clinical attachment (91 days into the quarter).

Where there is more than one named clinical supervisor on an attachment only one clinical supervisor needs to meet with the intern. Having more than one clinical supervisor assigned to each attachment allows flexibility for taking leave.

### What you need to do before the beginning of clinical attachment meeting

You are expected to meet with each of your interns formally within the first three weeks of the attachment. Before the first meeting you should login to ePort to make sure you have access to the intern's ePortfolio. If not you will need to contact the RMO Unit.

Before you meet the intern you might find it useful to review their summary page in ePort. This will give you an idea of how the intern is progressing. You can also view any previous *End of Clinical Attachment Assessments* by clicking on the clinical attachment from the summary page or through the *Attachments* tab. Where there has been a *conditional* or *unsatisfactory* outcome you will find it particularly useful to read the comments in the assessment and any identified areas for improvement.

### What to do at the beginning of clinical attachment meeting

At the beginning of a clinical attachment meeting you should review the intern's ePort, including their PDP, outline your expectations and discuss the learning opportunities available on the clinical attachment, particularly as they relate to the 14 learning activities.

During this meeting you should discuss the intern's current progress, self-reflections on the learning activities and their prior learning. This discussion will help the intern to develop and record goals in their PDP specific to your clinical attachment.

### Useful steps to follow

Log into ePort and select the correct intern on the summary page.

#### 1. 'Summary' tab

This page provides an overview of the intern's progress and performance so far. It allows you to view the intern's progress with their PDP, the intern's personal statement, and the level of proficiency the intern believes they have reached against the 14 learning activities.

The summary page also tells you the name of the intern's prevocational educational supervisor, and what vocational scope they hold.

## 2. 'PDP' tab


The prevocational educational supervisor should have already helped the intern enter long term goals for the year.

As the clinical supervisor, you should help the intern identify some goals that are specific to the clinical attachment. The goals in the PDP must target any areas for improvement identified through the previous *End of clinical attachment assessment*, particularly where there has been a *conditional* or *unsatisfactory* outcome.

Your DHB may have identified example learning objectives and goals for particular clinical attachments that you could use as a starting point for developing goals.

Only the intern can input the goals, however you can comment on these goals from your ePort login while you are their clinical supervisor.

Useful tip – Ask the intern to use a prefix when adding the goal name, for example: Gen Med1 – [name of goal]. This will group all the goals that relate to your attachment.

An exemplar list of appropriate goals can be accessed within ePort by clicking on the  icon which can be used as a resource by interns, clinical supervisors and prevocational educational supervisors.

Interns are expected set at least three goals for each clinical attachment, with a maximum of eight. The goals should be focused on the current attachment; however some may be longer term. It is part of your role to ensure appropriate goals are set at the beginning of each clinical attachment.

Useful tip – once an intern has completed a goal, it will disappear from their list of goals. You can find completed goals by clicking on the 'Completed' tick box at the top of the list of goals.

My goals	PGY2	Description	Check to include completed goals	Completed	Created
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### 3. 'Learning activities' tab

This page is where the intern logs their progress in each of the 14 learning activities. As a clinical supervisor you will be able to see the level of proficiency that interns believe they have reached as recorded.

### 4. 'Attachments' tab

This page is where you will spend most of your time as a clinical supervisor. This is where you record your meetings with the intern, view the learning outcomes recorded by the intern, access the intern's PDP and complete the *End of Clinical Attachment Assessment*.

Once you have completed your meeting with the intern and have assisted them with developing goals for the attachment you should record your comments and feedback under section 2 (shown in the screenshot below). Please note you must be logged in to your login for ePort to do this. Please check the tick box and save record to show that you have met with the intern and reviewed their PDP and learning activity progress.

2. Beginning of clinical attachment meeting

[Review the PDP](#)

Comments to be completed by the clinical supervisor

Good start

☒ Clinical Supervisor (pgysupervisor) met with Gordon and reviewed their PDP and learning activities

Save record

### What to do at the mid-attachment meeting

Council recommends you schedule the mid-attachment meeting to take place between weeks 5 – 7.

At this meeting you will discuss the intern's progress and performance on the clinical attachment. You should review the intern's ePort, specifically their PDP and their progress in each of the 14 learning activities, and provide formal feedback to the intern on areas they should focus on for improvement for the remainder of the attachment.

These areas for improvement should be recorded by the intern as goals in their PDP. You record your comments and feedback in section 3, Mid-clinical attachment meeting under the *Attachments* tab. If you have any concerns about the intern's performance, you must engage with the interns' prevocational educational supervisor.

## Useful steps to follow

### 1. 'Attachment' tab

Go to section 1, learning outcomes for this attachment.

Select

Reveal

You can view the learning activities and level of proficiency the intern has recorded on this attachment. You do not need to sign off on the level of proficiency (assessment is based on a high level of trust that assumes that nearly all interns will exceed the minimum levels of competence). The record of skills undertaken should be used as part of your discussions with the intern to help plan learning and help fill gaps.

The clinical attachment log contains six parts: ?

1. Learning outcomes for this attachment
2. Beginning of clinical attachment meeting record
3. Mid clinical attachment meeting record
4. End of clinical attachment assessment record
5. Intern statements
6. Prevocational educational supervisor comments / sign off

#### 1. Intern reflections on learning activities ?

Obtain a history from a patient ▼ Add self reflection

Hide

No.	Activity	Activity progress	Date	
1	Obtain a history from a patient	<div><div></div></div>	6/11/2019	Edit
2	Perform a physical examination	<div><div></div></div>	31/10/2019	Edit
8	Develop evidence-based, patient-centred management plans	<div><div></div></div>	8/11/2019	Edit
10	Participate as a member of a multi-disciplinary team	<div><div></div></div>	1/11/2019	Edit

If no learning activities have been recorded by the intern on your attachment, this should be discussed during the meeting and progress should be expected during the remainder of the attachment.

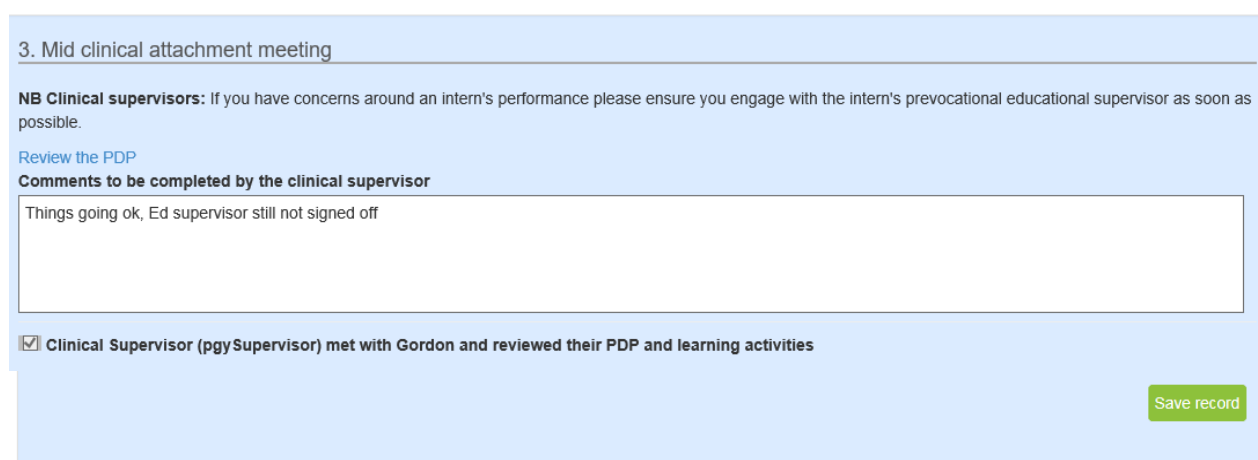
### Review the intern's PDP

You can access the intern's PDP by clicking the link under section 3 *Mid clinical attachment meeting – Review the PDP* (see screenshot below).

At the mid-attachment meeting with the intern you should review and discuss the intern's progress in achieving the goals set at the beginning of the attachment, and discuss areas for the intern to focus on for the remainder of the attachment. The intern should then create further goals in their PDP to target these areas. The intern must be logged in to enter and update their goals.

At the end of the mid-attachment meeting you should go back to the 'Attachment' tab and record comments and feedback under section 3. Please ensure that you check the tickbox and then save the record.

You must be logged in to record comments and save the record.



3. Mid clinical attachment meeting

**NB Clinical supervisors:** If you have concerns around an intern's performance please ensure you engage with the intern's prevocational educational supervisor as soon as possible.

[Review the PDP](#)

**Comments to be completed by the clinical supervisor**

Things going ok, Ed supervisor still not signed off

☒ Clinical Supervisor (pgySupervisor) met with Gordon and reviewed their PDP and learning activities

Save record

### What to do at the end of clinical attachment meeting

The end of attachment meeting should take place between weeks 12 – 13. If you know you are going to be on leave around this time you can either complete the meeting in week 11 or arrange for one of the other named clinical supervisors on the attachment (where there is more than one) to complete the assessment and ensure you pass on feedback to the clinical supervisor who will complete the assessment.

The purpose of this meeting is to discuss the intern's overall performance on the clinical attachment, review and update the PDP and complete the *End of Clinical Attachment Assessment* with the intern. Ideally, there should be 'no surprises' as any ongoing areas for improvement should have been discussed at the mid-attachment meeting or during the remainder of the attachment.

Prior to the meeting you should consult with members of the healthcare team for feedback on the intern's performance.

If the outcome of the assessment is *conditional* or *unsatisfactory* the clinical supervisor must discuss with the intern the areas they need to focus on for improvement and record these in the assessment. They must also discuss these with the intern's prevocational educational supervisor.



## Useful steps to follow

### 1. 'PDP' tab

Review the goals that the intern has set earlier in the clinical attachment and discuss their overall progress and performance. The intern should update their PDP to reflect any goals completed on the attachment.

### 2. 'Attachment' tab

Go to 1. Intern's reflection on learning activities

Review and discuss the level of proficiency the intern believes they have reached, as recorded in their self-reflection.

Go to 4. End of clinical attachment assessment

## Section A – Formative assessment of the intern's performance

As part of your role you need to provide formative feedback by assessing the intern's performance against the key areas of professionalism, communication, clinical management, clinical problems and procedures and interventions.

A rating should be given for each of the key areas. If you did not observe the intern on a particular area there is an option to select 'Not observed'.

### KEY:

1	Substantively below expectation	requires further development targeted through the PDP
2	Below expectation	would benefit from further development in the PDP
3	Meets expectation	performs at a satisfactory level
4	Above expectation	performs at a level better than that which would be expected for the level of experience
5	Exceptional	performs at a level beyond that which would be expected for the level of experience
N/O	Not observed	

You will notice a coloured bar appears as a rating is selected. The colour of the bar is designed to be a visual indicator when scrolling through the assessment to highlight any areas to pay attention to.



Further information about each key area is revealed when you click this icon.

Please see screenshot below as an example.

<b>Professionalism:</b> ?	
Doctor and society ?	3 - Meets expectation
Professional behaviours ?	1 - Substantively below expectation
Teaching, Learning and supervision ?	4 - Above expectation
<b>Communication:</b> ?	
Patient interaction ?	Not observed
Team work ?	2 - Below expectation
Managing information ?	3 - Meets expectation
<b>Clinical management:</b> ?	
Safe patient care ?	3 - Meets expectation
Patient assessment ?	3 - Meets expectation
Emergencies ?	3 - Meets expectation
Patient management ?	4 - Above expectation
<b>Clinical problems:</b> ?	
Clinical problems ?	5 - Exceptional
<b>Procedures and interventions:</b> ?	
Procedures and interventions ?	3 - Meets expectation

### Section B – Overall summative assessment of the intern’s performance

As the clinical supervisor you must make an overall summative assessment of the intern’s performance on this clinical attachment using all information available to you.

Section B requires you to rate the overall performance on the clinical attachment as either:

- Unsatisfactory
- Conditional pass – requires development to be demonstrated on the next clinical attachment to be considered satisfactory
- Meets expectation
- Above expectation or exceptional

## Section B

### Overall assessment

As the clinical supervisor you must make an overall summative assessment of the intern's performance on this clinical attachment using all of the information available to you. For further guidance [click here](#)

#### ☐ Unsatisfactory

Does not meet standards required of a registered medical practitioner.

Performs significantly below that generally observed for this level of experience. Requires the prevocational educational supervisor, clinical supervisor and intern to meet to identify goals addressing the competency deficiencies identified above, and update the PDP to reflect these.

#### ☐ Conditional pass

Requires development to be demonstrated on the next clinical attachment to be considered satisfactory.

Conditional pass. Identified development goals need to be described in the PDP which is agreed to by the prevocational educational supervisor, clinical supervisors and intern. Areas for development must be observed on the next clinical attachment in all identified areas and overall performance must be considered satisfactory for the conditional to be considered a satisfactory attachment.

#### ☐ Meets expectation

Achieves standard expected of a registered medical practitioner on this clinical attachment, has performed at a level generally expected for this level of experience.

#### ☒ Above expectation or exceptional

Performs at a level much higher than generally observed.

Further guidance is available through the link shown on the above diagram. A copy is included as appendix 2. *Guide for Clinical Supervisors – Deciding Outcomes of Clinical Attachments.*

To make this assessment you should consider all information within the ePort. Where there has been a *conditional* outcome on the previous *End of clinical attachment assessment* improvement must be observed on this attachment for the *conditional pass* to be considered as a 'satisfactory' clinical attachment.

It is critical that your assessment truly reflects the performance of the intern. It is also important to remember that rating an intern's performance as 'conditional' is not equivalent to an unsatisfactory clinical attachment. Rather, it is a *conditional pass* that signals to the clinical supervisors on the intern's following clinical attachment that there are areas the intern must improve on for that clinical attachment to be considered satisfactory.

As part of the *End of Clinical Attachment Assessment* you are asked to identify three strengths and three areas to focus on for further development.

Where you have given a *conditional* or *unsatisfactory* outcome, areas for improvement **must** be identified and recorded.

Three of Amelia's strengths ?


Three areas that Amelia should focus on for further development ?


### Section C – Clinical supervisor statements

Here you indicate which members of the healthcare team have provided feedback to inform the assessment and tick the statements that apply.

If the intern has not completed 10 weeks, for example they started halfway through the attachment, you should add some comments relating to this in your overall comments.

It is important to record feedback in the comments box. This provides useful information to assist the intern, their prevocational educational supervisor, and the clinical supervisor on the following attachment, to tailor the intern's learning.

### Section D – sign off as complete

Once the end of clinical attachment meeting and assessment is complete, you must tick the checkbox and save the assessment. This marks the clinical supervisor section of the assessment as complete and notifies the intern so they can login and complete their section.

The intern can then record comments and sign off their section of the assessment. This triggers a notification to the prevocational educational supervisor who can add comments and sign off the assessment as complete.

If the prevocational educational supervisor notices there are sections of the assessment incomplete or if they require further information they may go back to you before signing off the assessment.

## Requirements for PGY1 doctors

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Doctors entering PGY1 are registered in the provisional general scope of practice and work towards gaining the necessary skills, knowledge and experience to be granted a general scope of practice with endorsement by the end of PGY1.

To be eligible to apply for registration within a general scope of practice at the end of PGY1 interns must meet the following requirements:

- Satisfactorily complete four accredited clinical attachments.
- Substantively attain the learning outcomes outlined in the 14 learning activities of the curriculum.
- Achieve certification for advanced cardiac life support (ACLS) at the standard of New Zealand Resuscitation Council CORE Advanced (within the past 12 months).
- Be granted a recommendation for registration in a general scope of practice by a Council approved Advisory Panel.

### Overview of the Advisory Panel

At the end of PGY1, when an intern has satisfactorily completed four clinical attachments, an Advisory Panel from the DHB will meet to discuss the overall performance of each PGY1, assessing whether they have met the required standard to be registered in a general scope of practice and proceed to the next stage of training.

Each DHB will have Advisory Panels made up of the following four members:

- the CMO or CMO delegate who will Chair the panel
- the intern's prevocational educational supervisor
- a second prevocational educational supervisor who may be from that training provider, or another training provider
- a lay person (the lay person cannot be a registered health professional or an employee of the DHB).

The Advisory Panel makes a recommendation to Council, who as regulator is the decision maker. The use of an Advisory Panel adds further robustness to the assessment of interns and will ensure that prevocational educational supervisors are better supported, and not placed in the role of advocate and judge.

For more information see the [Advisory Panel Guide](#).

## Requirements for PGY2 doctors

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An endorsement is placed on the practising certificates of PGY2 interns, reflecting programme requirements under section 40 of the HPCAA. These requirements are that:

- Interns must complete four Council-accredited clinical attachments. All accredited clinical attachments will span for 13-weeks<sup>2</sup>.
- Interns must continue to set goals in the PDP and work towards achieving these goals.

In order to apply for a general scope of practice without an endorsement interns must:

- satisfactorily complete eight Council accredited clinical attachments (four in PGY1 and four in PGY2)
- substantively attain the learning outcomes outlined in the 14 learning activities of the curriculum
- have completed MSF
- have demonstrated progress with completing the goals in their PDP.

### Flexibility in meeting the PGY2 requirements

There is flexibility in the amount of time an intern needs to complete their prevocational medical training. Interns can:

- take leave
- have flexible working arrangements
- work overseas (in limited positions)
- enter vocational training.

For more information please refer to the [intern guide](#) or our [webpage](#).

### End of PGY2 – removal of endorsement

At the end of PGY2, interns must demonstrate through information in their ePort that they have met the prevocational training requirements for PGY2 in order to have the endorsement on their practising certificate removed. The prevocational educational supervisor may make this decision. If the prevocational educational supervisor has concerns about whether the intern has met the programme requirements the decision must be escalated to the CMO or delegate. If the intern has not met the PGY2 requirements, then the endorsement will remain.

If an intern disagrees with the final recommendation from the prevocational educational supervisor and/or CMO, they have the right to seek review by Council.

Before an intern's endorsement can be removed at the end of PGY2 they must either enrol in the recertification programme *Inpractice* with bpac<sup>n2</sup>, or enrol in a vocational training programme.

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<sup>2</sup> Six month placements, for example a paediatrics placement, can be completed by PGY2 interns. However, the six month placement will comprise two prevocational medical training accredited clinical attachments. The clinical supervisor will need to complete the beginning, middle and end of clinical attachment meetings for both quarters.



Te Kaunihera Rata  
o Aotearoa

**Medical Council  
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## Appendix 1 – Prevocational training e-portfolio privacy statement

Each intern completing postgraduate year 1 (PGY1) and postgraduate year 2 (PGY2) has an e-portfolio (known as ePort) which is their personal record of learning as part of prevocational training. ePort ensures a nationally consistent means of tracking and recording skills and knowledge acquired during the intern years, PGY1 and PGY2.

e-Port stores information that includes:

- a professional development plan (PDP)
- completed *End of Clinical Attachment Assessment* forms
- record of self-reflection on learning activities
- multisource feedback outcomes; and
- additional learning.

At the end of PGY1 each training provider will convene an Advisory Panel that will discuss and assess each intern's overall performance based off the information above, and will make a recommendation to the Medical Council of New Zealand (Council) as to whether the intern has met the standard required to be registered in a general scope of practice and to proceed to the next stage of training.

For these reasons, a number of people will require access to an intern's ePort to undertake assessments, provide feedback and to support the intern to satisfactorily complete the programme.

This statement explains how Council collects, stores, uses and shares personal information through the ePort, in accordance with the *Privacy Act 2020* and the relevant privacy principles. Contact [support@eport.nz](mailto:support@eport.nz) if you have any questions or complaints about your rights under the Act.

### **Section 1 – Patient confidentiality**

#### *Standard*

ePort must not contain any data which could identify an individual patient.

#### *Rationale*

Patient confidentiality must be respected at all times. ePort does not form part of the patient record, it must not include any data that would identify an individual patient.

#### *Requirements*

- ePort displays instructions to users not to upload any data that could identify an individual patient.
- Any data relating to patients must be anonymised by the intern. This includes, but is not restricted to, data recorded as part of assessments, the PDP, or any uploaded documents.

## Section 2 – Intern confidentiality and access to data

### Standard

Levels of access to data must be clearly prescribed. ePort data must only be accessed and used for the purpose for which it was retained.

### Rationale

ePort supports the learning of interns and collates evidence of learning, assessments and other achievements. It is a record of learning belonging to that doctor. Those responsible for training interns must be able to monitor progress and access relevant data to assist decision making.

### Requirements

- ePort must provide information on who has access to what data, for what purpose, and for what period.
- Individual interns must be asked to give consent for their data to be shared with the specified roles set out in the table below, before being given access to ePort.
- Interns must be made aware that they will be unable to use the ePort if they do not give this consent and they will not be able to complete their prevocational medical training.

Job Title	Access level	Purpose	Access duration
<b>Intern</b>	All own data.	To record their progress and self-reflections on the 14 learning activities, complete their PDP and access supervisor feedback. The information recorded in ePort forms a record of learning that belongs to the doctor.	Indefinitely.
<b>Prevocational educational supervisors</b>	Shared ePort content for specified interns in a particular training provider.	Educational feedback and assessment. Prevocational educational supervisors give advice and add comments and information in ePort throughout the period they are assigned to the intern.	During the period of supervision during PGY1 and/or PGY2. Access is granted for administrative purposes from 1 month prior to the first clinical attachment until 1 month after Council has signed the intern off for endorsement removal.
	Access to view the specified interns' self-reflections on their progress against the 14 learning activities.	Educational feedback and discussion on progress. Prevocational educational supervisors give advice and add comments and information in ePort throughout the period they are assigned to the intern.	During the period of supervision during PGY1 and/or PGY2. Access is granted for administrative purposes from 1 month prior to the first clinical attachment until 1 month after Council has signed the intern off for endorsement removal.



<b>Clinical supervisors</b>	Shared ePort content for specified interns in a particular clinical attachment of a particular training provider.	Educational feedback and assessment. Clinical supervisors add comments and information throughout the allocated attachment.	For the 13-week accredited clinical attachment that the clinical supervisor is the named supervisor for the intern. Access is granted for administrative purposes from 1 month prior to the clinical attachment commencing until 1 month after the prevocational educational supervisor signs off the attachment.
<b>Advisory panel</b>	Shared ePort content for specified interns in a particular training provider.	Educational assessment and ensuring the intern has met the regulatory requirements set by Council to meet the requirements for registration in a general scope of practice.	Panel members are granted access from the point of allocation to an intern's advisory panel until the sign off of the advisory panel process.
<b>RMO Coordinator (nominated e-portfolio administrator)</b>	Administrator's view that does not include access to individual intern's ePortfolios.	Administrative.	During the period that the intern is employed and supervised at the training provider during PGY1 and PGY2. Access is granted for administrative purposes from the point the intern is allocated to the DHB as an intern until the intern completes their prevocational medical training.
<b>Clinical Directors of Training</b>	Shared ePort content for specified interns in a particular training provider.	To view intern data at a high level, such as meeting dates and assessment outcomes.	While the intern is working at their assigned DHB until the completion of prevocational medical training.
<b>CMO or delegate</b>	Shared ePort content for a specified intern in a particular training provider on unsatisfactory performance as disclosed by prevocational educational supervisor.	To provide supplementary support and remediation where an intern's performance is unsatisfactory or conditional pass as flagged by the prevocational educational supervisor. The CMO or delegate also comments in ePort during the advisory panel process and makes the final recommendation to Council.	When authorised by the prevocational educational supervisor or when allocated to an intern's Advisory Panel.

<b>Medical school administrators</b>	High level view that does not include access to individual ePortfolios.	To view trainee intern data at a high level, such as progress against learning activities and goals that have been recorded.	Throughout the trainee intern year.
<b>Council staff</b>	Shared ePort content and data relating to interns, training providers, clinical attachments and supervisors.	To support prevocational medical education processes, registration, and to monitor and evaluate training providers and supervisors.	Administrative access as required.

### **Section 3 – Quality management**

#### *Standard*

ePort will include systems to minimise the risk of fraudulent data entry, inappropriate access or modification or misuse.

#### *Rationale*

The data in ePort is used to assess whether the intern has:

- met the required standard for satisfactory completion of PGY1 to gain registration in a general scope of practice and;
- satisfactorily completed the requirements for PGY2.

To ensure patient safety and to preserve trust between the medical profession and the public, it is essential that only doctors who meet the required standard are permitted to progress.

#### *Requirements*

- Only specially designated user accounts approved by Council are able to create new users and to assign access levels.
- ePort will provide clear guidance to all users regarding the security of their login details and the consequences of sharing details.
- ePort will put systems in place to authenticate all users' identities (including the roles in the table above).

### **Section 4 – Pooled data**

#### *Standard*

Any data used for analysis purposes must be pooled and anonymised.

#### *Rationale*

The purpose of ePort is to collect information to record each intern's progress in meeting prevocational training requirements. Establishing data from ePort to benefit patient safety, improve services and to assist with education and development also meets proper use and purpose only when it is pooled and anonymised.

#### *Requirement*

- Data will only be used for quality assurance, quality management and quality control.

## **Section 5 – Other data**

### *Standard*

Data about training providers, clinical attachments and supervisors is accessible to Council.

### *Rationale*

Council requires access to this information to evaluate the performance of clinical attachments, supervisors and training providers for quality assurance.

### *Requirement*

- ePort will allow Council access to information for the purpose of quality assurance.

## Consent wording

### 1. Intern consent

- I agree that any data in ePort relating to patients must be anonymised. This includes but is not restricted to data recorded as part of assessments, the PDP, or any uploaded documents.
- I understand that the information collected and stored on ePort is to be used for the purposes of tracking and recording skills and knowledge acquired during the intern years, PGY1 and PGY2.
- I give consent for persons described in the table above to access my ePort as specified in the table.
- I understand that if I do not consent to this information being collected and stored in ePort I will not be able to complete prevocational medical training.
- I understand my data will be held securely, via password protection and limited access, and will only be used for proper use and purpose. The information contained in ePort will be held indefinitely for my access but will be closed to others once my endorsement is removed.
- I agree that the information may be used as pooled data for quality assurance, quality management and quality control purposes.
- I will ensure my password for ePort is unique and secure. Your password must include a capital letter and a number.
- I agree not to share my password with any third parties.
- I understand I can change my password and email address under the 'My Profile' tab in ePort at any time.
- I understand I have the ability to access my information on ePort at any time, and I have a right to request a correction to my information by emailing [support@eport.nz](mailto:support@eport.nz) for support. Changes to supervisor comments and assessments will be at the discretion of the CMO and/or supervisors.

### 2. Prevocational educational supervisor consent

- I agree that I am accessing an intern's ePort for the period that I am their prevocational educational supervisor. This period will extend 1 month prior to the first clinical attachment until 1 month after Council has signed the intern off for endorsement removal.
- I am accessing ePort only for proper use and purpose. Proper use and purpose is limited to educational feedback and assessment and regulatory requirements.
- I agree only to grant access to limited parties (that is, the CMO or delegate) where the intern's performance has not met the required standard, for the purpose of the CMO or delegate providing support and remediation.
- I will ensure my password for ePort is unique and secure. My password must include a capital letter and a number.
- I agree not to share my password with any third parties.
- I understand I can change my password and email address under the 'My Profile' tab in ePort at any time.

3. **Clinical supervisor consent**

- I agree that I am only able to access an intern's e-portfolio during the 13-week accredited clinical attachment that I am the named supervisor. This period will extend 1 month prior to the clinical attachment commencing until 1 month after the prevocational educational supervisor signs off the attachment.
- I am accessing ePort only for proper use and purpose. Proper use and purpose is limited to educational feedback and assessment and regulatory requirements.
- I will ensure my password for ePort is unique and secure. My password must include a capital letter and a number.
- I agree not to share my password with any third parties.
- I understand I can change my password and email address under the 'My Profile' tab in ePort at any time.

4. **Advisory Panel consent**

- I agree that I am accessing ePort for the period that I am a named member of the approved Advisory Panel for interns registered in a provisional general scope of practice. This period will extend from the point of allocation to an intern's advisory panel until the sign off of the advisory panel process.
- I am accessing ePort only for proper use and purpose. Proper use and purpose is limited to educational assessment and regulatory requirements.
- I will ensure my password for ePort is unique and secure. My password must include a capital letter and a number.
- I agree not to share my password with any third parties.
- I understand I can change my password and email address under the 'My Profile' tab in ePort at any time.

5. **RMO Coordinator (nominated ePort administrator) consent**

- I agree that I am accessing the administrative view of ePort for the period that I am the nominated ePort administrator for the specified interns. This period will extend from the point the intern is allocated to the DHB as an intern until the intern completes their prevocational medical training.
- I am accessing ePort only for proper use and purpose. Proper use and purpose is limited to administrative requirements.
- I will ensure my password for ePort is unique and secure. My password must include a capital letter and a number.
- I agree not to share my password with any third parties.
- I understand I can change my password and email address under the 'My Profile' tab in ePort at any time.

6. **Clinical Director of Training**

- I agree that I am accessing an intern's ePort for the period the intern is working at my assigned DHB until the completion of their prevocational medical training.
- I am accessing ePort only for proper use and purpose. Proper use and purpose is limited to ensuring educational and assessment processes are being followed.
- I will ensure my password for ePort is unique and secure. My password must include a capital letter and a number.
- I agree not to share my password with any third parties.
- I understand I can change my password and email address under the 'My Profile' tab in ePort at any time.

7. **CMO/ delegate consent**

- I agree only to access an intern's ePort where the prevocational education supervisor has indicated that the intern's performance is not meeting the required standard, so to provide the intern with further support and remediation; or when allocated to an intern's Advisory Panel.
- I am accessing ePort only for proper use and purpose. Proper use and purpose is limited to educational assessment, support and regulatory requirements.
- I will ensure my password for ePort is unique and secure. My password must include a capital letter and a number.
- I agree not to share my password with any third parties.
- I understand I can change my password and email address under the 'My Profile' tab in ePort at any time.

8. **Medical school administrators**

- I agree I am accessing the administrative view of ePort for the period that I am the nominated ePort administrator for the specified trainee intern's.
- I am accessing ePort only for proper use and purpose. Proper use and purpose is limited to a high level view of activity.
- I will ensure my password for ePort is unique and secure. My password must include a capital letter and a number.
- I agree not to share my password with any third parties.
- I understand I can change my password and email address under the 'My Profile' tab in ePort at any time.

9. **Council staff**

- I agree I am accessing ePort for the period that I have a role in prevocational medical education at Council.
- I am accessing ePort only for proper use and purpose. Proper use and purpose is limited to supporting prevocational medical education training processes, registration, and monitoring and evaluating training providers and supervisors.
- I will ensure my password for ePort is unique and secure. My password must include a capital letter and a number.
- I agree not to share my password with any third parties.
- I understand I can change my password and email address under the 'My Profile' tab in ePort at any time.

## Appendix 2 – Guide for clinical supervisors – Deciding outcomes of clinical attachments

KEY	1	Substantively below expectation
	2	Below expectation
	3	Meets expectation
	4	Above expectation
	5	Exceptional
	N/O	Not observed

At the end of each clinical attachment, you will make an overall summative assessment of the performance of each intern you have supervised. Interns can be assessed as above expectation, conditional or unsatisfactory.

### Unsatisfactory clinical attachment

A rating of 1 indicates that in that area of assessment the intern has performed substantively below expectations. Each area of assessment carries equal weighting. If an intern scores more than one score of 1 you should consider an 'unsatisfactory' rating for the intern's performance on the attachment.

If an intern scores multiple 2s across the areas of assessment, this is an indication that they are performing below expectations. Multiple 2s could be considered an unsatisfactory attachment. This may be influenced by the number of 2s scored, and in which of the four clinical attachments the 2s have been scored. You may have a higher expectation of performance for an intern in their third or fourth attachment.

### Conditional attachment

If an intern scores a 1 or a 2 in any area of assessment, it means that their performance in this area is below expectation. This should be a flag to you to consider that the attachment may not have been completed satisfactorily.

You are expected to apply your clinical judgment to determine the degree to which the intern's performance is below the standard, and decide whether this attachment should be considered unsatisfactory, or conditional.

A conditional attachment is considered a *conditional pass*. An *End of Clinical Attachment Assessment* form that is marked as conditional will require identified improvement goals to be detailed in the professional development plan (PDP). The goals in the PDP must be agreed to by you, the intern, and their prevocational educational supervisor. Improvement must be observed on the next clinical attachment, with satisfactory performance in all aspects of performance, to allow the conditional attachment to be considered satisfactory.

If more than one conditional rating is received for consecutive clinical attachments, then the first clinical attachment with a conditional rating may not be counted as satisfactory. The second conditional clinical attachment may be counted, as long as improvement is demonstrated on the attachment immediately following.

Where there is uncertainty, you are encouraged to engage with the intern's prevocational educational supervisor. If an agreement is not reached, then the prevocational educational supervisor can engage with the CMO or delegate. In some circumstances the training provider may wish to convene the Advisory Panel.

## Glossary

Term	Explanation
6 <sup>th</sup> year medical student	A medical student in the final year of medical school where students participate in medical teams in a junior capacity. Also known as a trainee intern (TI).
<a href="#"><u>Accreditation standards for clinical attachments</u></a>	Each clinical attachment must meet these standards in order to be accredited by Council. Interns must work in accredited clinical attachments.
<a href="#"><u>Accreditation standards for training providers</u></a>	Training providers must meet these standards in order to be accredited to train interns. Interns can only work for accredited training providers.
Advisory Panel	Advisory Panel(s) are established at each training provider to assess each PGY1's overall performance and decide whether they have met the required standard to be registered in a general scope of practice and proceed to the next stage of training.
Clinical attachment	A Council accredited 13-week (14 weeks maximum) rotation worked by an intern.
Clinical supervisor	A vocationally registered doctor named as a supervisor of interns as part of the accreditation of a clinical attachment.
Community-based attachment	A community-based attachment is defined as an educational experience in a Council accredited clinical attachment led by a specialist (vocationally-registered doctor) in a community focused service in which the intern is engaged in caring for the patient and managing their illness in the context of their family and community.
<i>End of Clinical Attachment Assessment</i>	The electronic form the clinical supervisor completes at the end of a clinical attachment for each PGY1. This form is stored in ePort. A PGY1 requires four satisfactory end of clinical attachment assessments to be considered by the advisory panel who make a recommendation for registration in a general scope of practice.
ePort	An electronic record of learning for each intern to record and track the skills and knowledge acquired.
Formal education programme	The regular formal teaching sessions organised by the training provider and attended by interns.
General scope of practice with an endorsement	When an intern is approved registration in a general scope of practice an endorsement reflecting the requirements for PGY2 are included on their practising certificate for the PGY2 year.
Intern training programme	The training and education programme for PGY1 and PGY2 doctors at each training provider.
Multisource feedback (MSF)	Feedback collected from the intern's colleagues, multidisciplinary team and patients about the intern's communication and professionalism using a set questionnaire.



New Zealand Curriculum Framework for Prevocational Medical Training (NZCF)	The learning outcomes to be substantively attained by an intern during PGY1 and PGY2. To achieve this interns need to regularly review and record self-reflections against the 14 learning activities.
The New Zealand Registration Examination (NZREX) Clinical	The NZREX Clinical assesses International Medical Graduates (IMGs) who are not eligible for registration through any other Council registration pathways. This examination must be passed before IMGs enter any form of clinical practice to ensure they are competent to practice.
Postgraduate year 1 (PGY1)	For New Zealand and Australian graduates, the year following graduation from medical school and for doctors who have passed NZREX Clinical, in the provisional general year. PGY1 is a minimum of 12 months, however an intern remains a PGY1 until the requirements for each year are complete.
Postgraduate year 2 (PGY2)	For New Zealand and Australian graduates and NZREX doctors the year after first gaining registration in a general scope of practice. PGY2 is a minimum of 12 months, however an intern remains a PGY2 until the requirements for each year are complete.
Provisional general scope of practice	PGY1 interns work in a provisional general scope of practice for the time it takes them to complete the requirements for PGY1.
Prevocational educational supervisor	A Council appointed vocationally registered doctor who has oversight of the overall educational experience of a group of PGY1 and/or PGY2 doctors as part of the intern training programme.
Professional development plan (PDP)	A live electronic document stored in ePort outlining the intern's high-level goals and how they will be achieved. This is also a component of the recertification programmes for vocational training.
Training provider	The organisation (DHB) accredited by the Council to deliver an intern training programme for PGY1 and PGY2 doctors.
Vocational scope of practice	A doctor who has completed his or her vocational training as a consultant and has appropriate qualifications and experience can be registered within a vocational scope of practice. A doctor registered in a vocational scope of practice must participate in approved continuing professional development programme to maintain competence and be recertified each year.
Vocational training programmes	A postgraduate training programme set and supervised by a Council accredited vocational training and recertification provider (usually a medical college, society or association).