

Overview of changes to prevocational medical training

November 2016



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Background

Council commenced a review of prevocational medical training in late 2010, focusing on the issues relating to the education and training of doctors during the first 2 years following graduation from medical school. Following extensive consultation, decisions made in 2013 led to a number of key changes to prevocational medical training. A transitional implementation plan was developed to manage the change programme, with the first changes taking effect in November 2014 and further changes in November 2015.

Prevocational medical training applies to graduates of New Zealand and Australian accredited medical schools and doctors who have sat and passed NZREX (interns). Interns must work at a Council accredited training provider (DHB) in accredited clinical attachments under the supervision of a prevocational educational supervisor. Prevocational medical training requires each training provider to deliver a 2-year intern training programme with specific requirements for postgraduate year 1 (PGY1) and postgraduate year 2 (PGY2).

The aim of the intern training programme is to ensure that interns further develop their clinical and professional skills gained at medical school. The intern training programme is based on adult learning principles and has at its core a personally developed professional development plan (PDP).

During PGY1 interns will record their learning in their ePort. This includes maintaining a PDP and recording the learning outcomes attained from the NZCF (including prior learning). Interns will meet with their prevocational educational supervisor at the beginning of the year and after each clinical attachment and will meet with their clinical supervisor on the clinical attachment at the beginning, mid-way through and at the end of each clinical attachment.

To apply for registration within a general scope of practice an intern must meet the following requirements:

- The (satisfactory) completion of four accredited clinical attachments.
- The substantive attainment of the learning outcomes outlined in the NZCF (prior learning will be taken into account).
- Completion of a minimum of 10 weeks full-time equivalent in each clinical attachment. Full time is equivalent to a minimum of 40 hours per week.
- Advanced cardiac life support (ACLS) certification at the standard of New Zealand Resuscitation Council CORE Advanced less than 12 months old¹.
- A recommendation for registration in a general scope of practice by a Council approved advisory panel.

In addition, interns are required to establish an acceptable PDP for PGY2, to be completed during PGY2.

Once an intern is approved registration in a general scope of practice they will begin working towards meeting the requirements for PGY2 which are as follows:

1. Interns must complete four Council-accredited clinical attachments. All accredited clinical attachments are for 13-weeks.
2. Interns need to continue to work towards achieving the goals in their professional development plan (PDP) for PGY2.

¹ ACLS CORE Level 7 less than 12 months old will also be accepted until 31 December 2017.

When an intern is approved registration in a general scope of practice an endorsement related to completing a PDP will be included on their practising certificate for the PGY2 year, under the competence provision of the Health Practitioners Competency Assurance Act 2003 (HPCAA).

New Zealand Curriculum Framework for prevocational medical training (NZCF)

The NZCF was developed with the aim to:

- build on undergraduate education by guiding recently graduated doctors to develop and consolidate the attributes needed for professionalism, communication and patient care
- guide generic training that ensures PGY1 and PGY2 doctors develop and demonstrate a range of essential interpersonal and clinical skills for managing patients with both acute and long-term conditions, regardless of the specialty
- guide the seeking of opportunities to develop leadership, team working and supervisory skills in order to deliver care in the setting of a contemporary multidisciplinary team and to begin to make independent clinical decisions with appropriate support
- guide decisions on career choice and vocational aspirations.

The NZCF incorporates a total of 373 learning outcomes that an intern is expected to achieve during their two postgraduate years as a PGY1 & PGY2. These learning outcomes are to be achieved through clinical attachments, formal educational programmes and individual learning, in order to promote safe quality healthcare.

The learning outcomes in the NZCF are underpinned by two central concepts:

1. Patient safety

Patient safety must be at the centre of healthcare and depends on both individual practice and also effective multidisciplinary team work.

2. Personal development

Throughout their careers, doctors must strive to improve their performance to ensure their progression from competent through proficient to expert practitioner, with the aspiration always to provide the highest possible quality of healthcare.

At the beginning of PGY1 interns will be able to identify and take into account learning from their prior years and record this as prior learning in ePort.

The NZCF is split into five sections: *Professionalism, Communication, Clinical management, Clinical problems and conditions, Procedures and interventions*. The learning outcomes within each of the sections are broken into:

- a list of core competencies a doctor must substantively attain by the end of PGY1
- competencies that a doctor should develop and consolidate by the end of PGY2. Competencies should be extended with the acquisition of new skills, including those relevant to future vocational training.

PDP

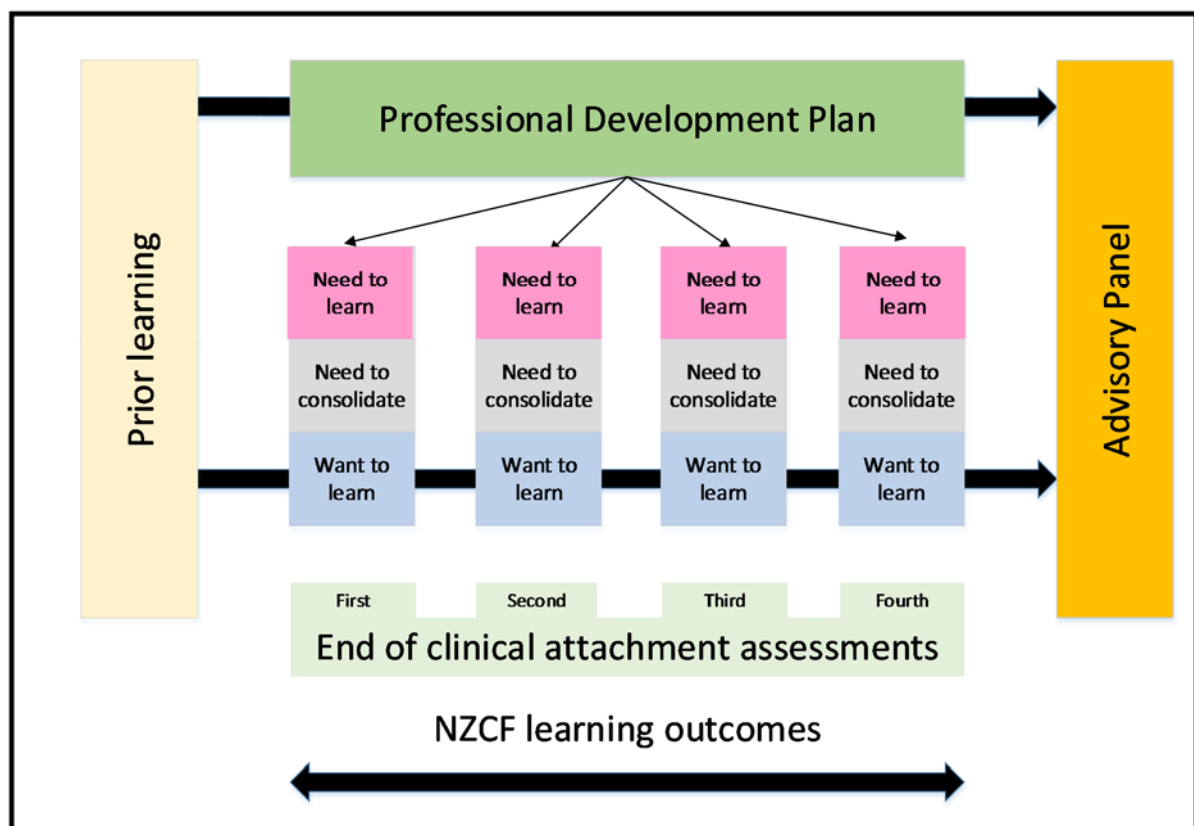
All interns are required to develop and complete a PDP during PGY1 and PGY2. A PDP is a short planning document compiled by the intern, with input from their prevocational educational supervisor and the clinical supervisor on each attachment. The goals should relate to what the intern needs to learn, what the intern needs to consolidate and what the intern wants to learn (for example for career development). The goals in the PDP must target areas for improvement identified through the previous *End of clinical attachment assessment*.

The PDP will assist the intern to reflect on achievements to date and identify what they need to learn, what they want to learn and need to consolidate in order to substantively attain the learning outcomes in the NZCF. It helps to structure and focus learning, strengthen existing skills, and develop new skills. The PDP can also help the intern to focus on their vocational aspirations.

For PGY2, the goals in the PDP should be targeted on:

- Outstanding learning outcomes from the NZCF not been completed in PGY1.
- Learning outcomes from the NZCF that are stipulated for PGY2.
- Areas for improvement identified on previous clinical attachments.
- Community based experience.
- Vocational aspirations.

The PDP is regularly reviewed and updated throughout PGY1 and PGY2. Goals relating to PGY2 are endorsed by the Advisory Panel at the time that it decides whether to recommend registration in a general scope of practice.



Assessment of interns

Each intern has a record of learning maintained in ePort, which provides a nationally consistent means of tracking progress and recording skills and knowledge acquired during PGY1 and PGY2. The ePort is owned by the intern but is accessible to the prevocational educational supervisor and the clinical supervisor.

The assessment framework for PGY1 and PGY2 provides regular, formal and documented feedback to interns on their performance within each clinical attachment. ePort facilitates the recording of meetings between the intern and clinical supervisor at the beginning, middle and end of each clinical attachment and for the prevocational educational supervisor at the beginning of the year and at the

end of each clinical attachment. ePort also allows additional meetings to be recorded when necessary.

Since the middle of 2015, functionality in ePort has allowed RMO unit staff and prevocational educational supervisors to send meeting reminders to both interns and their clinical supervisors about due and overdue meetings and assessments.

The clinical supervisor makes a summative assessment of the performance of each intern they have supervised for each clinical attachment. The clinical supervisor will consult with the healthcare team to inform their assessment. They must also identify three of the intern's strengths and areas for improvement. Using all of the information available to them, they complete an *End of Clinical Attachment Assessment* and must rate the overall performance on each clinical attachment as either:

- Unsatisfactory.
- Marginal (conditional pass).
- Meets expectation.
- Exceeds expectation or exceptional.

Where there has been a marginal performance on the previous clinical attachment improvement must be observed for the marginal to count as a 'satisfactory' clinical attachment. It is considered a conditional pass. An *End of Clinical Attachment Assessment* that is marked as marginal will require identified improvement goals to be detailed in the PDP. The goals in the PDP must be agreed to by the prevocational educational supervisor, clinical supervisor, and the intern. Improvement must be observed on the next clinical attachment, with satisfactory performance in all aspects of performance, to allow the marginal attachment to be considered satisfactory.

If more than one marginal rating is received for consecutive clinical attachments, then the first clinical attachment with a marginal rating may not be counted as satisfactory, however the second marginal clinical attachment may be counted, as long as improvement is demonstrated on the attachment immediate following, as described in the process above.

Where there is uncertainty the clinical supervisor is encouraged to engage with the 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.

Supervision

Prevocational medical training for interns is based on the apprenticeship model of 'learning on the job' as part of a team. Senior doctors supervise and assess each intern's performance, providing ongoing feedback, gradually increasing the interns' responsibilities according to their abilities.

Prevocational educational supervisor role

Interns have a designated prevocational educational supervisor to offer support and provide feedback over the course of PGY1 and PGY2. This could be the same person for PGY1 and PGY2 or a separate one for each. A prevocational educational supervisor is 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.

Prevocational educational supervisors are required to meet with their interns at:

- The beginning of PGY1 to discuss the intern's ePort, mix of clinical attachments and the learning outcomes in the NZCF.
- Following each clinical attachment to discuss the intern's performance on the clinical attachment, review and update ePort, and offer support and guidance. They are also required to record comments in the *End of Clinical Attachment Assessment* form and where there are performance issues work with the intern and clinical supervisor to develop a performance management plan to be addressed on the next clinical attachment.
- Towards the end of PGY1 they need to assist the intern in developing an appropriate PDP for PGY2, review their mix of four clinical attachments for the year and discuss their vocational aspirations. The prevocational educational supervisor is also required to be part of the Advisory Panel that 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.
- At the end of PGY2 which is the stage where the interns PDP can be signed-off as complete by the prevocational educational supervisor, enabling the intern to apply to have the endorsement removed from their practicing certificate as part of the practicing certificate renewal process.

To better support the prevocational medical training programme and to ensure that each DHB is within Council's ratio of one prevocational educational supervisor for up to every 10 interns, new prevocational educational supervisors were appointed in all DHBs. There are now 95 prevocational educational supervisors ensuring cover for all PGY1 and PGY2.

Clinical supervisor role

On each 13-week clinical attachment the intern will be under the supervision of one or more clinical supervisors named as part of the accreditation of that particular clinical attachment. Clinical supervisors must be registered in the vocational scope relevant to the clinical attachment and be in good standing with the Council. Clinical supervisors are responsible for ensuring a quality learning experience for interns.

The clinical supervisor meets with the intern at:

- the beginning of the clinical attachment to discuss the learning opportunities available on the attachment and to assist the intern develop goals in their PDP
- mid-attachment to provide feedback on the intern's progress and performance and review and update the PDP. This is a crucial meeting and the intern should receive feedback on areas for improvement which they can focus on for the remainder of the attachment
- the end of clinical attachment to discuss the overall performance on the clinical attachment and review and update the PDP. This will inform the *End of Clinical Attachment Assessment* which the clinical supervisor is responsible for completing.

The clinical supervisor can delegate day-to-day supervision however they are required to seek feedback on the intern's performance from the healthcare team to inform the meetings with the intern.

Training for clinical supervisors

It was recognised that high quality supervision and assessment were crucial to the success of the changes being made to prevocational medical training. Therefore a focus was placed on ensuring those providing supervision have the relevant skills to do so. A framework for training supervisors of interns was developed.

Council contracted Connect Communications to co-facilitate the workshops with senior staff from Council. The objectives of the workshops are to assist supervisors to be able to:

- Confidently identify and appropriately manage situations in which interns require support, including management of those who are struggling or performing poorly.
- Understand and demonstrate different methods of providing feedback.
- Understand and prioritise the supervisory role as strong and primary advocates of patient safety.
- Understand the supervisory relationship, including handling authority and recognising one's own bias.
- Confidently identify and manage the intern who may have health problems balancing the dual requirements of support and boundaries.
- Understand Council's processes and requirements for supervision of interns.

Council has held 10 training workshops for clinical supervisors in 2014, 11 in 2015 and four in 2016. A further four workshops are scheduled early in 2017.

- 668 clinical supervisors have attended training workshops.
- Evaluation forms have been completed by over 80% of attendees.
- Feedback has indicated that clinical supervisors find the training valuable.
- 98% of the attendees who completed evaluation forms said they would recommend the workshops to a colleague.

In addition to training for clinical supervisors, further training and support has been provided to prevocational educational supervisors. Three annual meetings with prevocational educational supervisors are held each year.

Virtual training has also been implemented for prevocational educational supervisors. A total of 6 sessions have been held so far in 2016 with a total of 55 prevocational educational supervisors attending. These sessions have been well received by those who have attended.

ePort

ePort is an electronic portfolio for recording and tracking an intern's progress. It is a system administrated by bpac^{nz} and has been in place since November 2014. ePort is utilised by different user groups in different ways.

For interns ePort provides an individual record of learning that allows them to:

- record the learning outcomes from the NZCF that have been attained
- create and update goals their PDP
- record professional development activities
- view feedback and *End of clinical attachment assessments from supervisors*
- apply for general registration once recommended by the Advisory Panel
- apply for the endorsement to be removed at the successful completion of PGY2.

All year 6 medical students can now access ePort. They have limited functionality to allow them to record the attainment of the NZCF learning outcomes and to set goals in their PDP. This is being integrated in different ways by each medical school.

Prevocational educational supervisors access the ePort of interns they supervise to record feedback and provide educational support. They also use ePort to access reports about their group of interns and progress of interns overall at their DHB.

Clinical supervisors access ePort to complete the *End of clinical attachment assessment*. Clinical supervisors also use ePort to review each interns PDP goals and learning outcomes. Clinical

supervisors have access to all previous *End of clinical attachment assessments* and all other information recorded in the intern's ePort for the duration of the clinical attachment.

Training provider RMO unit staff use ePort to:

- assign their interns to clinical attachments
- create and modify clinical attachments
- monitor intern's progress
- remind interns and clinical supervisors about meetings that need to be held
- establish and manage Advisory Panels.

The Advisory Panel uses the information stored in the intern's ePort to review each intern's overall progress in PGY1 to inform their recommendation for registration in a general scope practice.

Council use ePort to process and approve accreditation of clinical attachments. Council also uses ePort to access reports about progress being made by training providers. Benchmarking reports are sent to CMOs, CDTs, prevocational educational supervisors and RMO unit staff at the end of each quarter to help inform training providers on the progress of its interns. Live data about progress by interns at each DHB are also accessible to each of these groups directly from ePort should they wish to view individual intern or overall training provider progress at any stage.

Community based experience

A key initiative is the introduction of one three-month community based clinical attachments for all interns in their first two years of practise. This is being implemented in a staged transition over the next few years.

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.

Features of the community attachment would usually include:

- the community management of medical illness and mental health, including early detection of disease, population health surveillance, acute and chronic care management; and
- the role of the vocational scope of general practice within the wider health care network.

Clinical attachments in a community setting should provide opportunity for direct contact with patients.

Completing a clinical attachment in a community setting will familiarise interns with the delivery of health care outside the hospital setting. This will assist interns to understand the interface between primary and secondary care. Community attachments can take place in a wide variety of settings, including but not exclusive to general practice and urgent care. The attachments will not usually include a hospital-based attachment, with the exception of rural hospitals that have been accredited for rural hospital vocational training that are run predominantly by doctors registered in the vocational scope of general practice or the vocational scope of rural hospital medicine.

Community attachments are now established in every DHB, and in 2017, we expect 30 % of interns will complete a community attachment by the time they complete postgraduate year 2. By 2020 it is expected that all interns will complete a community attachment. Council views the community

attachment initiative as a tangible step towards the implementation of the *New Zealand Health Strategy*.

Further information can be found in the [Additional accreditation standards for community based attachments](#) and the [Definition of community based attachments](#).

Advisory Panel

All training providers have established Advisory Panels. The primary role of the Advisory Panel is to review the overall performance of all interns at the end of PGY1 and decide whether to recommend to Council whether they have met the requirements for registration in a general scope of practice. The Advisory Panel also holds the responsibility for endorsing the PDP as acceptable for PGY2. The Advisory Panel will make a recommendation to Council, who as regulator is the decision maker.

Each training provider's Advisory Panel comprises of the following four members:

- a CMO or delegate
- 2 x prevocational educational supervisor (one must be the intern's own)
- a lay person.

The use of an Advisory Panel adds further robustness to the assessment of interns and ensures that prevocational educational supervisors are better supported, and not placed in the role of advocate and judge.

The recommendation of the Advisory Panel takes into account that the intern:

- is actively engaged in ongoing learning and is responding to feedback
- has addressed sufficiently all issues arising from the 'requires development' sections of the *End of Clinical Attachment Assessments*, particularly those that have any implications on safety to practice
- has met a substantive proportion of the learning outcomes in the NZCF
- is making progress to meet all the learning outcomes in the NZCF.

Changes to PGY2 requirements

In November 2015 the changes for PGY2 interns were implemented. PGY2 interns now must satisfactorily complete four accredited clinical attachments, complete the remainder of their learning outcomes and maintain their PDP. Interns will continue to be supervised by a prevocational educational supervisor and will be under the supervision of the named clinical supervisor of the named clinical attachment.

The clinical supervisor is responsible for providing formal feedback to the intern and meeting with the intern at the beginning, middle and end of the clinical attachment. It is recognised that the level of day to day supervision required for PGY2 will decrease, as the intern moves to more independent practice. Accredited clinical attachments will ensure an ongoing quality learning environment and an appropriate level of support.

The intention is for PGY2 to provide a greater degree of flexibility in terms of an intern's ability to take leave, have flexible working arrangements, enter vocational training or practise overseas. While the prevocational training framework outlines the competencies that need to be attained, also it is time-based with Council being clear that experience over time is necessary to further develop and consolidate the identified NZCF learning outcomes.

At the end of PGY2, interns must demonstrate through the information in their ePort that they have met the prevocational medical training requirements and achieved their PDP goals. If the requirements have not been satisfactorily completed at that time, then the endorsement will remain on the interns practising certificate.

Taking leave or having flexible working arrangements

When an intern takes time out during PGY2, this effectively pauses their training and on return to practice they will need to continue working towards the prevocational training requirements for PGY2. Therefore, if an intern takes leave for a full clinical attachment they will need to complete an additional clinical attachment in order for their prevocational educational supervisor to consider recommending the endorsement on their practising certificate be removed.

During PGY1 the Council requires interns to complete a minimum of 10-weeks in each clinical attachment in order to meet the requirement for registration in a general scope of practice. Council has not defined a limit on the number of weeks to be completed in each attachment for PGY2 for that clinical attachment to be considered satisfactory. The responsibility for determining what is appropriate sits with the training provider who will need to take into consideration the duration of leave request, the intern's progress in meeting prevocational requirements and the opinion of the prevocational educational supervisor when approving leave requests and determining if the time off is sufficient enough to require the intern to complete additional time in PGY2.

Interns with flexible working arrangements should not be working less than 0.5FTE. Where an intern is working flexibly during PGY2 they may be required to complete additional time. The intern's prevocational educational supervisor will consider what is appropriate and discuss with the appropriate people for example the CMO, CMO Delegate, Director of Clinical Training or RMO manager.

Working overseas in PGY2

There is flexibility for interns to practise overseas during PGY2 and the time practised overseas may be able to be counted towards the PGY2 requirements. Interns would need to provide the Advisory Panel at their DHB with information about their intentions and a proposed PDP at the time the Advisory Panel are reviewing the PGY1 progress.

The advisory panel may approve all or part of PGY2 requirements to be completed in Australia, UK or Ireland subject to one of the following:

- Within Australia – a prevocational training position under the supervision of a vocationally (specialist) registered doctor in a position approved for prevocational training.
- Within the UK – a position in an approved practice setting that has been recognised by the GMC for prevocational training in the UK.
- Within Ireland - a supervised position approved by IMC for prevocational training.

The Advisory Panel will need to consider whether the proposed PDP is appropriate for that intern and will allow for continued structured learning and assessment similar to New Zealand clinical attachments.

Interns will need to continue to maintain their record of learning in their ePort and work towards their goals in their PDP while practising overseas. This will include uploading completed supervision reports for time practised overseas. This is similar to UK graduates completing Foundation Year 2 while practising in New Zealand.

On their return, a review of the completed supervision reports from the time spent overseas and the intern's overall progress as demonstrated in their ePort is required, before a recommendation can be made to remove the endorsement on their practising certificate.

Vocational training in PGY2

There is flexibility for PGY2s to enter a formal vocational training programme early. Interns entering vocational training during PGY2 will have an endorsement on their practising certificate requiring them to satisfactorily participate in the vocational training programme as part of their PDP. They will need to enter a PDP goal that describes their intention to satisfactorily participate in the specific vocational training programme during PGY2. Once the intern has satisfactorily completed 12 months of requirements for their vocational training programme and, has provided verification from their vocational training programme supervisor, they may apply to have the endorsement on their practising certificate removed.

In this case the intern would not be working in Council accredited clinical attachments, but rather within the vocational college training framework.

Accreditation

Accreditation of training providers

The purpose of accreditation of training providers for prevocational medical training is to ensure that standards have been met for the provision of education and training for interns. Under the HPCAA Council is required to accredit and monitor educational institutions that deliver medical training for doctors and to promote medical education and training in New Zealand.

Accreditation is granted to those training providers who have:

- structures and systems in place to enable interns to meet the learning outcomes of the NZCF
- an integrated system of education, support and supervision for interns
- individual clinical attachments to provide a high quality learning experience.

The Council has set [Accreditation standards of training providers](#) which the Council approved Accreditation Team assess each training provider (DHB) against.

The process of assessment for the accreditation of a DHB as a training provider of prevocational medical training involves:

- A self-assessment undertaken by the DHB, with documentation provided to the Council.
- Interns being invited to complete a questionnaire about their educational experience at the training provider.
- A site visit by a Council approved Accreditation Team that includes meetings with key personnel and interns.
- Assessment by the Accreditation Team of the training provider's intern training programme against the Council's Accreditation standards for training providers.

The draft report is considered by training provider and Council, and then it is published on Council's website 30 days after the final report is released to each DHB.

Thirteen training providers have undergone an accreditation process in 2015 and 2016. The remainder will be completed throughout the 2017 year.

Accreditation of clinical attachments

Clinical attachments must meet Council's [Accreditation standards for clinical attachments](#). The standards ensure every clinical attachment provides a quality educational experience with

appropriate supervision and provide interns a breadth of experience with opportunity to achieve the learning outcomes in the NZCF.

A clinical attachment spans 13 weeks (or 14 weeks maximum) and have at least one (and up to four) named clinical supervisors registered in the relevant vocational scope of practice who will be responsible for meeting with the intern (beginning, mid and end of the attachment) to provide formal feedback on the intern's progress and performance.

The remainder of the standards for accreditation of a clinical attachment include explicit requirements regarding:

- The structure of the clinical attachment to ensure there are clear lines of accountability, the intern is well supported and integrated as part of the team, learning outcomes for the attachments are identified and clear, teaching time is provided and protected, and comprehensive orientation is provided to the intern.
- Supervision requirements to ensure that supervisors understand their roles and responsibilities, demonstrate a commitment to intern training, have relevant training in supervision, and are able to provide feedback. Also that supervision arrangements are clear, interns are supervised at an appropriate level, that there are clear lines of reporting, and that procedures are in place to immediately address any patient safety concerns.
- Continuing professional development activities to ensure the intern is aware of work-based teaching and educational opportunities available during the clinical attachment, and that there are systems in place to facilitate an intern's attendance at the intern formal teaching.

2015 was the first year that the clinical attachment accreditation process has been required through ePort.

Support during the implementation

As part of implementing the changes, Council have provided:

- ePort demonstrations and training in 2014 at most DHBs further to the clinical supervisor workshops and the prevocational educational supervisor annual meetings.
- Further ePort demonstrations were held in 2015 with RMO unit and prevocational educational supervisors throughout 2015.
- Ongoing support consisting of one-on-one telephone support plus regular virtual training meetings. bpac^{nz} also provide an 0800 number for technical support.
- Virtual training to RMO and medical education unit staff and prevocational educational supervisors.
- Email updates and reminders to a range of stakeholders regarding ePort and prevocational medical training requirements.
- A number of guides that outline the requirements and provide ePort guidance. The guides available are:
 - *Prevocational educational supervisors guide*
 - *Clinical supervisors guide*
 - *Advisory Panel Guide & ePort guide for Advisory Panel members*
 - *Information for completing the self-assessment – training provider*
 - *Process for assessment and accreditation of training providers and clinical attachments – Prevocational medical training*
 - *Guide for deciding outcomes of clinical attachments*
 - *Help guide – Completing an application for accreditation of a clinical attachment*