

Intern Requirements for Prevocational Medical Training (NZ, Australia and NZREX Graduates)

Medical Council of New Zealand

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Requirements for prevocational medical training

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

The aim of the intern training programme is to ensure that interns continue to build on their undergraduate education. Interns are required to develop and consolidate the attributes outlined in the *New Zealand Curriculum Framework for prevocational medical training* (NZCF). The NZCF focuses on generic training to ensure PGY1 and PGY2 doctors develop and demonstrate a range of essential skills to work in a general scope of practice prior to undertaking vocational training. Interns are expected to build on prior learning, experience, competencies, attitudes and behaviours acquired during medical school. The intern training programme is based on adult learning principles and has at its core a personally developed professional development plan (PDP).

To further develop your clinical and professional skills gained at medical school, you need to complete a series of 13-week accredited clinical attachments that offer a range of clinical experiences under the close supervision of senior doctors and more senior trainees. This will allow you to attain the learning outcomes required in the NZCF. The Medical Council of New Zealand (Council) accredits training providers (District Health Boards – DHBs) to deliver a two-year intern training programme with specific requirements for postgraduate year 1 (PGY1) and postgraduate year 2 (PGY2). You have the ability to complete accredited clinical attachments in a variety of health care settings, including public and private hospitals, primary care, and other community based settings.

You will be required to complete at least 12 months of training in each postgraduate year and will remain an intern (either PGY1 or PGY2) until these requirements have been met. If you take time out during your internship, you must complete the prevocational training requirements on your return in order to progress to a general scope of practice. Please refer to Council's policy on prevocational medical training for further information on this process.

Your record of learning is maintained in an online electronic record of learning (ePort), which tracks your progress and records the skills and knowledge you have acquired during PGY1 and PGY2. Your ePort is owned by you but will be accessible to both your prevocational educational supervisor and your clinical supervisor. ePort is accessed through www.ePort.nz.

New Zealand Curriculum Framework for Prevocational Medical Training (NZCF)

The NZCF outlines the learning outcomes to be substantively completed by the end of PGY1 and PGY2. These outcomes are to be achieved through clinical attachments, formal education programmes and individual learning, in order to promote safe quality healthcare and patient safety.

Purpose of the NZCF

The NZCF aims 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.

A mix of clinical attachments, and other educational support over PGY1 and PGY2 will ensure a breadth of exposure and opportunity to achieve the learning outcomes.

Learning outcomes

You are expected to reflect on your progress and record the attainment of the learning outcomes in the NZCF. You must record at least 75% (279) of the learning outcomes by the end of PGY1 and 95% (354) by the end of PGY2.

The learning outcomes can be attained through clinical attachments, the formal education programme and individual learning. You may record the learning outcomes as complete in any of the following circumstances:

- Demonstrating competence in the learning outcome.
- Participating in the learning outcome.
- Recording knowledge of the learning outcome (either through self-directed learning or through formal or informal teaching).
- Recording attainment during the final year at medical school (prior learning).

Any mix of these options is satisfactory, as long as progression through the intern years is demonstrated.

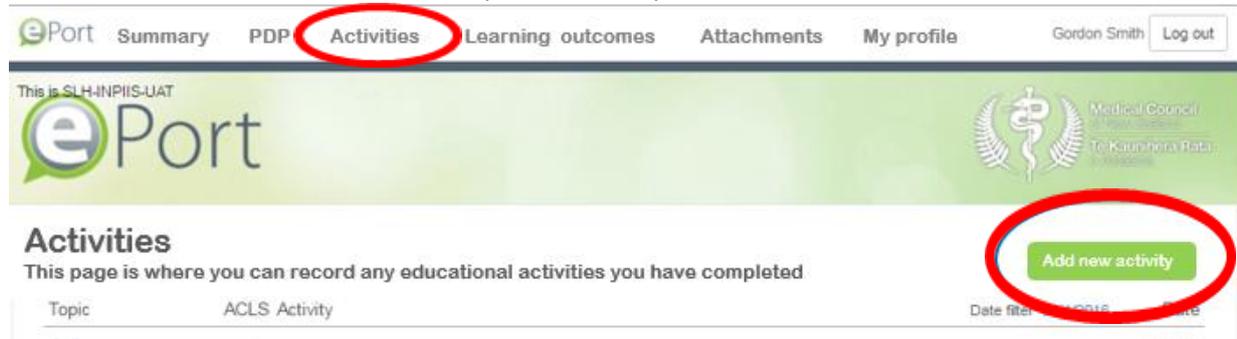
Assessment is based on a high level of trust and while you need to record your attainment of learning outcomes, specific evidence is not required. The conversations between yourself and your prevocational educational supervisor should cover the NZCF Log and reassure your prevocational educational supervisor that you have attained the required skills.

Recording of learning activities in ePort

There is functionality available in ePort that allows you to record a 'learning activity' and assign numerous learning outcomes to that learning activity.

Below are the steps which you will need to complete in ePort in order to successfully do this:

1. Login to your ePort.
2. Click on the 'Activities' tab at the top left hand of your screen.



3. Click 'Add new activity'.
4. Record the learning activity you participated in and click 'save'.
5. You can now select 'Open NZCF' next to the 'Save activity'.



6. Select the learning outcomes relevant to the CPD record that you have created. Once complete, click the red cross in the right hand corner.

NZCF select



To log an achievement against the CPD record below just click the relevant learning outcome. When finished, click the "red X" in the top right corner.

Found 266	Show all
1 Professionalism ?	Show all
2 Communication ?	Show all
3 Clinical management ?	Show all
4 Clinical problems and conditions ?	Show all
5 Procedures and interventions ?	Show all

Close NZCF

Clinical attachments

You can complete accredited clinical attachments in a variety of health care settings, including public and private hospitals, primary care, and other community based settings.

Requirements for PGY1 to gain a general scope of practice

During PGY1, you will record your learning in your ePort. This includes maintaining a PDP and recording the learning outcomes attained from the NZCF (including prior learning).

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

- The (satisfactory) completion of four accredited clinical attachments.
- The substantive¹ 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 old.
- A recommendation for registration in a general scope of practice by a Council approved Advisory Panel.

In addition, you are required to establish an acceptable PDP for PGY2, to be completed during PGY2. You must create goals for PGY2 ahead of the Advisory Panel meeting. If you wish to join a vocational training programme or to practise overseas you must add information about your intentions as goals in your PDP.

Advisory Panel members will endorse goals set in your PDP as appropriate. If you decide to join a vocational training programme or plan to practise overseas you must add information about these intentions as goals in your PDP.

Please refer to the [Guide for the Advisory Panel](#) for further information.

Your relationship with your prevocational educational supervisor

Each intern must be assigned a prevocational educational supervisor. Prevocational educational supervisors are vocationally registered doctors appointed by Council and they usually provide educational supervision to a group of up to ten interns over the course of a year. They are recognised as your overarching supervisor who will provide supervision across the two years of the prevocational training programme. They are also there to provide pastoral care throughout this time.

Your assigned prevocational educational supervisors must meet with you:

- At the beginning of PGY1 to discuss your goals.
- After each clinical attachment to review your progress (in both PGY1 and PGY2).
- Towards the end of PGY1 to review progress and discuss your plans for PGY2.

Your prevocational educational supervisor will work closely with your clinical supervisor to ensure all sections of the *End of Clinical Attachment Assessments* are completed and discussed with you before the last day of the clinical attachment. They should provide timely feedback to you if you are experiencing difficulties in the clinical attachment.

They also ensure that your clinical supervisor is reviewing your ePort and having discussions with you about your personalised PDP and progress attaining the learning outcomes.

¹ Each intern is expected to make progress in attaining the learning outcomes in the NZCF. To be considered sufficient, interns should record the attainment of at least 75% (279) of the learning outcomes by the end of PGY1.

Prevocational educational supervisors participate as members of Advisory Panels. The Advisory Panel reviews the overall performance of each intern and makes a recommendation to Council about whether the intern has met the required standard to be registered in a general scope of practice and proceed to the next stage of training.

For further information about the role and responsibilities refer to the [Guide for prevocational educational supervisors](#).

Your relationship with your clinical supervisor

Your relationship with your clinical supervisor is of primary importance. They are regarded as your professional mentor and support person for the duration of the clinical attachment. Your clinical supervisor is a vocationally registered senior medical officer named as a supervisor of interns as part of the accreditation of a clinical attachment. The role of the clinical supervisor is to supervise and guide you in your learning on a particular clinical attachment and to provide formal feedback on performance and progress.

Your clinical supervisor will contribute to your general learning as well as conduct formal meetings with you to discuss learning opportunities and provide feedback. Your clinical supervisor may delegate day-to-day supervision to others in the clinical team, will seek feedback on your performance from the clinical team and other healthcare staff and use this to inform their meetings with you.

Each clinical supervisor will have access to your ePort during your 13-week accredited clinical attachment. They are also granted access to your ePort one month prior to the clinical attachment and one month following the end of the clinical attachment for administrative purposes.

If your clinical supervisor identifies that you are struggling to reach the required standard of competence, they should engage with your prevocational educational supervisor at the earliest stage to ensure that you receive appropriate support.

Where the outcome of an *End of Clinical Attachment Assessment* is 'conditional' or 'unsatisfactory', the clinical supervisor will work with you to identify areas you will need to focus on for further development. These will be noted in your PDP so you can work on them during your next attachment. The clinical supervisor should also engage with your prevocational educational supervisor to discuss these so the clinical supervisor on the next attachment can focus your learning and provide more support so you can attain the required learning outcomes.

Your PDP

Every PGY1 and PGY2 intern is required to develop and maintain a PDP. Your PDP is a short planning document, which sits in your ePort, and is compiled by yourself in collaboration with your prevocational educational supervisor, with input from each of your clinical supervisors (supervisor of the individual clinical attachment).

The PDP is not intended to be onerous to complete and is designed to help you to reflect on your achievements to date and identify what you want and need to learn on future attachments or through the formal education programme. It will help structure and focus learning, strengthen existing skills, and develop new ones.

Goals entered in your PDP should be targeted around attaining the learning outcomes in the NZCF. Some goals may fall outside of the NZCF; this is most likely to occur in PGY2 when you start to consider your vocational aspirations. Your PDP should be developed taking into account your prior learning during medical school and your mix of clinical attachments. When updating the goals in your PDP, these 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 PDP will form the centrepiece of learning through both PGY1 and PGY2. The process focuses on encouraging on-going improvement over the course of the year, with each clinical attachment building on the learning and addressing identified gaps from the previous attachment.

Only you as the intern are able to input goals into your own ePort – however your clinical supervisor and prevocational educational supervisor can comment on your goals.

Some RMO Units have identified example learning objectives and goals for particular clinical attachments (previously used as part of the RP1 form) that you could use as a starting point for developing goals.

How to develop your PDP

At the start of PGY1, your prevocational educational supervisor will meet with you to assist in developing some overarching goals in your PDP.

At the beginning of each clinical attachment your clinical supervisor should review your ePort paying particular attention to the areas to focus on for further development and the outcome of any previous clinical attachments, as noted in the *End of Clinical Attachment Assessment*.

Your clinical supervisor should then assist you in developing some goals specific to the current attachment, taking into consideration the learning opportunities available. If the attachment has generic learning objectives identified, these can be used as a start point for developing individual goals.

At the mid attachment and end of attachment meeting, your clinical supervisor should revisit the goals set at the beginning of the attachment and discuss your progress in achieving these. Throughout the year (after each clinical attachment), your prevocational educational supervisor will review your PDP to monitor your progress and address any issues if concerns are raised.

Key meetings to be recorded in ePort

Your clinical supervisor is required to meet with you formally on three separate occasions:

1. Beginning of clinical attachment.
2. Mid-attachment.
3. End of clinical attachment.

Before the beginning of clinical attachment meeting

You should meet formally with your clinical supervisor sometime in the first two weeks of the attachment. Prior to the first meeting your clinical supervisor should login to ePort to make sure that they can view your ePort. If they cannot view your ePort please contact the RMO Unit manager.

Recording of a meeting in ePort

The clinical supervisor on each clinical attachment accesses your ePort and records your meetings. Where there is more than one named clinical supervisor, only one needs to meet with you. Having more than one assigned to each clinical attachment allows flexibility for taking leave.

Beginning of clinical attachment meeting

At the beginning of each clinical attachment when you meet with your clinical supervisor, they should review your ePort – including the PDP, outline their expectations and discuss the learning opportunities available on the clinical attachment (including the learning outcomes outlined in the NZCF).

Mid-attachment meeting

Midway through the clinical attachment (i.e. 7-8 weeks into the attachment), your clinical supervisor will meet with you to discuss your progress and performance on the clinical attachment. Your clinical supervisor should review your ePort – looking specifically at the learning outcomes recorded on the attachment and in your PDP.

This meeting provides your clinical supervisor with an opportunity to identify areas for you to focus on for improvement for the remainder of the attachment. You should then update your PDP in ePort, including recording the areas for improvement. Your clinical supervisor will record their comments and feedback in *Section 3. Mid clinical attachment meeting* under the *Attachments* tab.

End of clinical attachment meeting

At the end of the clinical attachment (i.e. weeks 12 or 13 of the attachment), your clinical supervisor will meet with you to discuss your overall performance on the clinical attachment, review and update your PDP, and complete the *End of Clinical Attachment Assessment*. Prior to the meeting, your clinical supervisor should consult with members of the healthcare team for feedback on your performance.

The first part of the assessment is formative. The clinical supervisor considers your performance in the five key competencies of the NZCF (professionalism, communication, clinical management, clinical problems, procedures and interventions). You will notice a coloured bar appears, which shows the rating given by the clinical supervisor. 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.

Following this, the clinical supervisor makes an overall summative assessment of your performance on the attachment. The attachment is graded either unsatisfactory, conditional, meets expectation or above expectation. If the outcome of your assessment is 'conditional' or 'unsatisfactory', your clinical supervisor must discuss with you the 'areas to focus on for further development' and record these in the assessment so they can be worked on during the following attachment. This should also be discussed with your prevocational educational supervisor.

Finally, as part of the *End of Clinical Attachment Assessment* your clinical supervisor is asked to identify three 'strengths' and three 'areas to focus on for further development'.

If the outcome of your assessment is 'conditional' or 'unsatisfactory', you must create goals for their next clinical attachment that reflect the identified areas to focus on for improvement.

A clinical attachment that has been rated as 'conditional' may be counted as satisfactory if it is followed by a clinical attachment rated as 'meets expectation' or above AND the areas identified to focus on for improvement have been satisfactorily addressed and signed off by your prevocational educational supervisor.

If a clinical attachment with a 'conditional' rating is followed by a further clinical attachment rated as 'conditional', then the first clinical attachment with a 'conditional' rating may not be counted as satisfactory. However the second 'conditional' clinical attachment may be counted, as long as improvement is demonstrated on the attachment immediately following, as described in the process above.

The Advisory Panel

At the end of your PGY1 year, if you have satisfactorily completed four clinical attachments, an approved Advisory Panel (within your training provider) will meet to discuss your overall performance. They will assess whether you have met the required standard to be registered in a general scope of practise and proceed to the next stage of training. 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.

The Advisory Panel makes a recommendation to Council, who as regulator is the decision maker. A [Guide for the Advisory Panel](#) is available on Council's website and in ePort. The document provides further information about the purpose of the Advisory Panel and a step-by-step ePort guide.

Composition of an Advisory Panel

The panel will comprise the following four members:

- a 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 may be from a different training provider
- a lay person (the lay person must not be a registered health professional, nor should they be an employee of any DHB).

Information that the Advisory Panel reviews

The Advisory Panel will review and use all available relevant information from your ePort, which could include:

- End of clinical attachment assessments.
- Progression in substantively attaining the learning outcomes in the NZCF.
- A summary of areas for improvement that have been identified throughout the year and have not been achieved.
- Your PDP and progress with goals.
- Evidence of ongoing learning and responding to feedback.
- CPD and learning modules completed.
- Amount of community based experience completed.
- Advanced cardiac life support (ACLS) certification at the standard of New Zealand Resuscitation Council CORE Advanced less than 12 months old.

- Your proposed PDP for PGY2.

Factors the Advisory Panel will take into account

The recommendation of the Advisory Panel will take account of the following factors that you have successfully completed:

- Active engagement in ongoing learning and response to feedback.
- Sufficiently addressed all issues arising from the 'areas for improvement' sections of the *End of Clinical Attachment Assessment*, particularly those that have any implications on safety to practice.
- A substantive attainment of the learning outcomes in the NZCF have been obtained.
- Progression towards meeting all the learning outcomes in the NZCF.

Endorsement of the PDP for PGY2

Towards the end of PGY1 your prevocational educational supervisor will meet with you to discuss your PDP for PGY2 and assist you with developing goals for the year ahead.

Your PDP should be reviewed by the Advisory Panel at the time it considers your progress in relation to recommending registration in a general scope of practice.

The goals in your PDP at this time should be targeted around the following:

- Outstanding learning outcomes from the NZCF that have 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 Advisory Panel will hold the responsibility for endorsing your PDP as appropriate for PGY2, when they make the overall assessment of your performance and whether to recommend a general scope of practice.

When you are approved registration in a general scope of practice, an endorsement related to completing a PDP will be included on your practising certificate for your PGY2 year, under the competence provision of the HPCA.

Requirements for completing PGY2

PGY2 requirements

As a PGY2 intern, you must continue to work in accredited clinical attachments, and maintain your PDP in ePort.

At the end of your PGY2 year, in order to apply for a general scope of practice without an endorsement, you must demonstrate through the information in your ePort that you have met the prevocational medical training requirements and achieved your PDP goals. Your prevocational educational supervisor will then recommend the endorsement on your practising certificate is removed.

If the requirements have not been satisfactorily completed at that time, then the endorsement will remain on your practising certificate.

Flexibility in meeting the PGY2 requirements

There is flexibility in the prevocational medical training programme that allows you to take leave, have flexible working arrangements, and enter vocational training or practice overseas during PGY2.

If you decide to take time out from practice in New Zealand during PGY2, your training will pause. On return to practice, you will need to continue working towards the prevocational medical training requirements for PGY2. If you take leave for a full clinical attachment, you will need to complete an additional clinical attachment to meet the time requirements for PGY2.

While ideally all PGY2 interns should complete a minimum of 10 weeks, the prevocational educational supervisor has the discretion and responsibility for determining whether an intern has satisfactorily met the learning of the attachment and where concerns exist, may escalate and discuss this with the Advisory Panel, Director of Clinical Training or the CMO. Factors to be taken into consideration are the duration of, and reasons for leave, the intern's progress in meeting the prevocational requirements, previous end of clinical attachment assessments and feedback from supervisors. For example if leave taken was in relation to medical education then this might be appropriate.

If you have flexible working arrangements (undertaking part-time work) you will need to work at least 0.5 FTE for it to count towards meeting the prevocational medical training requirements. If you are planning to work part-time during PGY2 you will be required to complete additional time. For example, if you are working 0.5 FTE you will need to complete a further attachment of 0.5 FTE for it to count towards the prevocational requirements. Your prevocational educational supervisor will consider what is appropriate and discuss with the CMO, CMO Delegate or Director of Clinical Training.

Entering a vocational training programme during PGY2

You are able to enter vocational training in PGY2, however you will still be required to undertake your training in prevocational medical training **accredited clinical attachments**, record your learning in ePort, including clinical supervisor *End of clinical attachment assessments*, prevocational educational supervisor meetings, NZCF learning outcomes and goals in your PDP. The requirements for the vocational training programme would be in addition to Council's requirements.

Working overseas in PGY2

If you practice overseas in PGY2, you must provide the Advisory Panel with information about your intentions and a proposed PDP at the end of PGY1.

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 conditions:

- 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.

If you wish to practise overseas outside of the above specified criteria, you must submit an individual application for approval to Council **prior to going overseas**, which will be considered on a case by case basis.

If you work overseas during all or part of your PGY2 year, you must also upload supervision reports for the period that you work overseas and must complete a full year in PGY2. Your placements should be approved prior to you going overseas.

Refer to [Application for pre-approval of all or part of the PGY2 year to be completed overseas](#) for further information.

Removal of the endorsement criteria

At the end of PGY2, you must demonstrate through the information in your ePort that you have met the prevocational training requirements for PGY2. If your prevocational educational supervisor has any concerns or issues regarding the removal of your endorsement then this decision must to be escalated to the CMO or delegate.

You must meet the following criteria in order to apply:

1. Satisfactorily completed four Council accredited clinical attachments.
2. Recorded attainment of the learning outcomes in the NZCF – 95% (354) by the end of PGY2.
3. Demonstrated progress with completing your goals in your PDP.

If you have not met the PGY2 requirements at that time, then the endorsement will remain on your practising certificate.

If you disagree with the final recommendation from the prevocational educational supervisor and CMO, you have the right to appeal to Council, as Council is the decision maker. Council's Education Committee Chair and Medical Adviser would review the recommendation in the first instance.

On removal of the endorsement, you will be required to enrol and participate in the Council approved recertification programme for doctors registered in a general scope of practice, administered by bpac^{NZ}, unless entering an accredited vocational training programme.

If you return to practise in New Zealand and are not employed by an accredited training provider, your supervision reports and progress in ePort will be reviewed by Council's Education Committee Chair or Medical Adviser. Refer to [Application for PGY2 endorsement to be removed](#) for further information.

Transitioning into PGY3

Before your endorsement can be removed you must either enrol in the recertification programme *Inpractice* with bpac^{nz}, or enrol in a vocational training programme. Evidence of enrolment needs to be provided within one month from the date of application for endorsement removal to pgy3@mcnz.org.nz. Your practising certificate will be updated accordingly. You must complete your PGY2 year prior to being appointed to a more senior position, including a registrar position that is not undertaking vocational training.

Additional information

Community based clinical attachments

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

By 2020 every intern will be required to complete one clinical attachment in a community-based setting over the course of the intern training programme. Council approved a staged transition working towards 100% compliance by November 2020. Training providers will need to demonstrate progress towards this goal during the transition period.

Refer to the [definition](#) and the [Accreditation standards for clinical attachments](#), for further information.

Informed consent

All doctors are responsible for ensuring a patient makes an informed choice and consents before initiating treatment. The patient must have the opportunity to consider and discuss the relevant information, including risks, with the treating doctor.

Obtaining informed consent is a skill best learned by observing consultants and experienced registrars in the clinical setting. The signing of a consent form is simply an end-point to an ongoing discussion.

As an intern, you should never be placed in the position of having to manage the entire process and should refuse to take informed consent when you do not feel competent to do so. **It is the responsibility of the treating doctor to obtain informed consent from a patient.**

Training providers are responsible for ensuring adherence to Council's policy on obtaining informed consent.

For further information refer to [Information, choice of treatment and informed consent](#) and [Accreditation standards for training providers](#) (standard 3.1.10).

Night cover

You will **not** be rostered on nights during the first six weeks of PGY1.

Further information is provided in the [Accreditation standards for training providers](#) (standards 3.1.7 and 3.1.8).

Handover

Appropriate handover is essential for training in a safe and quality clinical care environment. Training providers are responsible for ensuring there are mechanisms in place for appropriate structured handovers between clinical teams and between shifts (morning, evening, nights and weekends) to promote continuity of quality care. Handover procedures should be documented.

For further information please refer to [Good Medical Practice](#) and [Cole's Medical Practice in New Zealand](#)

Consent wording

1. Intern consent

- I agree that any data in the e-portfolio relating to patients must be de-identified. This includes but is not restricted to data recorded as part of assessments, the PDP, or any uploaded documents.
- I give consent for persons described in Table 1 of the Privacy Statement to access my e-portfolio as specified in Table 1.
- I understand my data will be held securely and will only be used for proper use and purpose.
- I agree that the information may be used as pooled data for quality assurance, quality management and quality control purposes.
- I agree not to share my password with any third parties.
- I have a right to change or access my information.

2. Clinical supervisors 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 and 1 month after the clinical attachment for administrative purposes.
- I am accessing the e-portfolio only for proper use and purpose. Proper use and purpose is limited to educational assessment and regulatory requirements.

3. Prevocational educational supervisor consent

- I agree that I am accessing an intern's e-portfolio for the period that I am their prevocational educational supervisor. This period will extend 1 month prior to the first clinical attachment and 1 month after the final clinical attachment for administrative purposes.
- I am accessing the e-portfolio only for proper use and purpose. Proper use and purpose is limited to educational 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.

4. RMO Coordinator (nominated e-portfolio administrator) consent

- I agree that I am accessing the administrative view of the e-portfolio for the period that I am the nominated e-portfolio administrator for the specified interns. This period will extend 3 months prior to the first clinical attachment and 1 month after the final clinical attachment for administrative purposes.

5. CMO/ delegate consent

- I agree only to access an intern's e-portfolio 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.
- I am accessing the e-portfolio only for proper use and purpose. Proper use and purpose is limited to educational assessment and regulatory requirements.

6. Advisory panel consent

- I agree that I am accessing the e-portfolio 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 1 month prior to the first clinical attachment and 1 month after the intern has applied for a general scope for administrative purposes.
- I am accessing the e-portfolio only for proper use and purpose. Proper use and purpose is limited to educational assessment and regulatory requirements.

Glossary

Term	Explanation
6 th year medical student	<p>A medical student in the final year of medical school where students participate in medical teams in a junior capacity.</p> <p>Also known as a trainee intern (TI).</p>
<i>Accreditation standards for clinical attachments</i>	Clinical attachments must meet these standards in order to be accredited by Council. Interns must work in accredited clinical attachments.
<i>Accreditation standards for training providers</i>	Training providers must meet these standards in order to be accredited to train interns. Interns can only work in accredited training providers.
<i>Additional accreditation standards for community based attachments</i>	Clinical attachments which take place in the community must meet the clinical attachments standards as well as these additional standards to be accredited by Council.
Advisory Panel	<p>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.</p> <p>The use of an Advisory Panel adds further robustness to the assessment of interns. Each Advisory Panel comprises:</p> <ul style="list-style-type: none"> • a Chief Medical Officer (CMO) (or their delegate) • two prevocational educational supervisors (the interns own and one other) • a lay person. <p>The Advisory Panel will make a recommendation to Council, who as regulator is the decision maker.</p>
Clinical attachment	<p>A Council accredited 13 week (14 weeks maximum) rotation worked by an intern.</p> <p>Previously referred to as a 'run'.</p>
Clinical supervisor	<p>A vocationally registered senior medical officer named as a supervisor of interns as part of the accreditation of a clinical attachment.</p> <p>Previously referred to as a 'run supervisor'.</p>

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.
Continuing professional development (CPD)	CPD is involvement in clinical audit, peer review and continuing medical education, aimed at ensuring a doctor is competent to practise medicine.
<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 <i>End of Clinical Attachment Assessments</i> 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. Interns must attend two thirds of these.
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	An intern is a PGY1 or PGY2 doctor who has graduated from an accredited New Zealand or Australian medical school or a doctor who has passed the NZREX Clinical. An intern is usually employed as a House Officer and maybe referred to as: <ul style="list-style-type: none"> • an intern • a house surgeon • a house officer • a resident medical officer (RMO).
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.

<i>New Zealand Curriculum Framework for Prevocational Medical Training (NZCF)</i>	The learning outcomes to be substantively attained by an intern during PGY1 and PGY2.
NZCF log	A record of the learning outcomes from the NZCF that an intern has attained. Stored in ePort.
The New Zealand Registration Examination (NZREX) Clinical	The NZREX Clinical assesses IMGs whose primary medical qualifications are not recognised by Council. This examination must be passed before IMGs enter any form of clinical practice to ensure they are competent to practice.
Post graduate 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 completed.
Post graduate 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 completed.
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. Previously referred to as an 'intern supervisor'.
Prevocational medical training	The 2 years* following graduation from an Australian or New Zealand medical school or for doctors that have passed NZREX Clinical, the first 2 years* of registration in New Zealand. *Both PGY1 and PGY2 are a minimum of 12 months, however an intern remains a PGY1 or PGY2 until the requirements for each year are completed. For most interns this will be 2 years.

Intern 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 can also be 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.
District Health Board (DHB)	DHBs are responsible for providing or funding the provision of health services in their district. There are currently 20 DHBs in New Zealand.
International Medical Graduate (IMG)	A doctor who obtained their primary medical qualification in a country other than New Zealand, also sometimes called an overseas trained doctor.
Medical College	Refer to VEAB.
Medical Council of New Zealand (Te Kaunihera Rata o Aotearoa)	<p>The main purpose of the Medical Council of New Zealand (Council or MCNZ) is to promote and protect public health and safety in New Zealand. It is governed by a Council and our funding comes from the registration and practising fees paid by all practising doctors in New Zealand.</p> <p>Is responsible for:</p> <ul style="list-style-type: none"> • registering doctors • setting standards and guidelines • recertifying and promoting lifelong learning for doctors • reviewing practising doctors where there are concerns about their performance, professional conduct or health.
Medical Schools	Council has accredited two medical schools (the University of Otago's Medical School and the School of Medicine at the University of Auckland) to provide undergraduate training.
Recertification	Recertification is the term given to the process by which all doctors demonstrate their competence to practise within the scope of practice in which they are registered, as a condition of holding an annual practising certificate.
Registrar/Senior Registrar	<p>Working at a level of responsibility higher than an intern:</p> <ul style="list-style-type: none"> • 'training' registrar if accepted into a vocational training position • 'service' registrar if not part of a vocational training programme.

Te Ohu Rata o Aotearoa (Te Ora)	Te Ora is the Māori Medical Practitioners Association of Aotearoa. Te Ora represents Māori medical students and Māori medical practitioners working as specialists, clinicians, researchers and teachers.
Vocational scope of practice	<p>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.</p> <p>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.</p> <p>These doctors can also be referred to as:</p> <ul style="list-style-type: none"> • senior medical officers (SMOs) • consultants • specialists • clinical supervisors.
Vocational training programmes	The VEAB is accredited by Council to deliver the vocational training programme. The VEAB sets and supervises the vocational training programme.
Vocational Education Advisory Body (VEAB)	<p>A VEAB is a specialist Medical College, society or association that may be accredited by the Council to carry out one or more of the following functions</p> <ul style="list-style-type: none"> • deliver a postgraduate training programme • deliver a recertification programme • provide advice to the Council about the qualifications, training and experience of individual IMGs applying for registration within a vocational scope of practice.