Policy on prevocational medical training

This document sets out Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand's (Council) Policy on prevocational medical training. It outlines the requirements for each component of prevocational medical training from PGY1 through to the end of PGY2.

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1. Introduction

Prevocational medical training spans the two years following graduation from medical school and includes both postgraduate year 1 (PGY1) and postgraduate year 2 (PGY2). Doctors undertaking this training are referred to as interns. Prevocational medical training is undertaken by all graduates of New Zealand and Australian-accredited medical schools and doctors who have sat and passed the New Zealand Registration Examination (NZREX Clinical).

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, setting and completing goals in their professional development plan (PDP) and attaining the learning outcomes outlined in the 14 learning activities of the curriculum.

Interns must complete their internship in an intern training programme provided by an accredited training provider. Each intern is assigned a prevocational educational supervisor appointed by Council.

Under section 118 of the Health Practitioners Competence Assurance Act 2003 (HPCAA), the Council accredits and monitors each intern training programme provided by a prevocational training provider. Council assesses each provider against its standards, which cover the core components that must be included in an intern training programme.

Council's assessment and ongoing monitoring role ensures that interns are receiving a high-quality educational experience and that the Aotearoa New Zealand public is assured that interns are working in an environment where they are appropriately supervised by senior clinical staff.

2. Requirements for PGY1 doctors

Interns in PGY1 are registered in the Provisional General scope of practice until they meet the requirements for registration in the General scope of practice.

To be eligible to apply for registration within the General scope of practice at the end of PGY1, an intern **must**:

- 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) that meets Council's requirements, set out in the policy *Advanced cardiac life support requirement for PGY1 interns* within the past 18 months.
- Be recommended for registration in a general scope of practice by a Council approved Advisory Panel.

In addition, ahead of the Advisory Panel meeting, interns are required to establish an acceptable PDP that sets out the goals they are aiming to complete during their PGY2 year. Interns intending to join a vocational training programme or to practise overseas should include these as goals in their PDP.

3. Requirements for PGY2 doctors

PGY2 interns must continue to work in accredited clinical attachments and maintain their PDP in ePort.

At the end of PGY2, in order to apply for a general scope of practice without an endorsement, interns must demonstrate through the information in their ePort that they have met the prevocational training requirements listed below.

To be eligible to apply for removal of 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 multisource feedback (MSF)
- have demonstrated progress with completing the goals in their PDP.

4. Components of prevocational medical training

ePort

Interns and their supervisors are required to use ePort to record learning and progress.

Interns use ePort to record self-reflections against the 14 learning activities of the curriculum, indicating areas of strength and areas for further development. Interns are also required to set goals and record their progress, including satisfactory completion of goals, in a PDP.

Supervisors use ePort to monitor and record feedback on interns' overall progress, as well as progress in each clinical attachment. Clinical supervisors record beginning and mid-attachment meetings and end of clinical attachment assessments. Interns and their prevocational educational supervisors comment on the end of clinical attachment assessments and confirm completion of the clinical attachments.

ePort is accessed at https://ePort.nz.

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.

A clinical supervisor is also assigned to each attachment. At the end of each clinical attachment, the clinical supervisor will make an overall summative assessment of the performance. Interns can be assessed as above expectation, meets expectation, conditional, or unsatisfactory.

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. Interns are not permitted to practise medicine outside their allocated clinical attachment unless their supervisor agrees, and the employer approves. Any practise outside the allocated clinical attachment must be within another accredited clinical attachment environment.

Learning activities

Each intern is expected to reflect on their progress and record self-reflections against all 14 learning activities of the curriculum, indicating areas of strength and areas for further development.
By the end of PGY1, interns are expected to have recorded reflections against all 14 learning activities.
Over the two prevocational 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 is a tool to inform an intern's development. It is not a performance assessment. The MSF process involves colleagues completing an anonymous questionnaire seeking their views on an intern's behaviour, communication, and organisational skills, as well as aspects of their professionalism.

Refer to the *MSF Guide* for further information.

Professional Development Plan

A PDP is a short planning document used to structure and focus learning for each individual intern. Interns must record goals in their PDP over the course of PGY1 and PGY2, in collaboration with their prevocational educational supervisor and with input from each of their clinical supervisors.

The goals in the PDP should focus on what the intern needs to learn and consolidate. It should include what the intern is seeking to learn on clinical attachments and through the formal education programme. The PDP should support the intern to strengthen existing skills and develop new ones.

Each intern should set at least three, and up to a maximum of eight, goals in advance of each clinical attachment. The goals set should cover at least one and preferably more of the 14 learning activities. Goals should be focused on the current clinical attachment; however, some may be longer term.

Interns should create goals based on the 'areas to focus on for further development' identified during end of clinical attachment assessments.

If an intern receives an end of clinical attachment assessment rated 'Conditional', all the 'areas for further development' that have been identified by the clinical supervisor will need to be addressed on the clinical attachment immediately following. Once satisfied, the goals need to be marked as complete by the intern, and the prevocational educational supervisor must sign these off.

Refer to the *Intern Guide* for further information.

5. Supervision – prevocational educational supervisors

Each intern must be assigned a prevocational educational supervisor. Prevocational educational supervisors are vocationally registered doctors appointed by Council. They provide educational supervision to up to ten interns over the course of a year.

Prevocational educational supervisors must meet with each allocated intern:

- at the beginning of PGY1 to discuss the intern's goals, and
- after each clinical attachment to review progress, and
- towards the end of PGY1 to review progress and discuss the intern's plans for PGY2.

The prevocational educational supervisor should ideally be the same person for the entire internship.

If an intern moves to a different training provider, a prevocational educational supervisor at that provider must be allocated to them. However, interns in the Wellington or Auckland region may have a prevocational educational supervisor located at one of the other training providers within the same region.

In such cases, and if the intern has been identified as needing additional support, then ideally a prevocational educational supervisor should be appointed who is at the same site as the intern. Alternatively, a shared care system including support from a local onsite prevocational educational supervisor should be put in place. The role of the local onsite prevocational educational supervisor is to provide immediate support to the intern and assist in communicating with clinical supervisors if needed. If an additional local onsite prevocational educational supervisor is used, then they should also be involved in review of the intern's progress with the Advisory Panel at the end of PGY1 and at the end of PGY2.

In addition, for Auckland metropolitan providers, quarterly meetings must occur between prevocational educational supervisors and interns (at the beginning of the intern year and at the end of each clinical attachment) and must be held face to face (as opposed to via telephone or email).

If an intern has more than one prevocational educational supervisor over the course of the year:

- A verbal handover should occur between the prevocational educational supervisors to discuss the intern's progress and any concerns.
- A meeting should be held between the intern and new prevocational educational supervisor as soon as the change occurs to form the supervisory relationship.

Prevocational educational supervisors participate as members of the Advisory Panel discussed in section 9.

For further information about Prevocational Educational Supervisors' role and responsibilities refer to the Prevocational Educational Supervisors Guide.

6. Supervision – clinical supervisors

The clinical supervisor is nominated by the training provider and their nomination is considered by Council during its accreditation of clinical attachments. Clinical supervisors must be vocationally registered in the relevant scope of practice and in good standing with Council[1]. A doctor who has a current complaint or concern being investigated by Council or the Health and Disability Commissioner may not be eligible to act as a Council agent (and therefore be appointed as a clinical supervisor) until the outcome of the investigation is known.

Clinical supervisors provide day-to-day supervision of interns on each clinical attachment and meet with each intern to discuss the intern's progress and goals in their PDP at the:

- Beginning of the clinical attachment to discuss expectations and the intern's goals.
- Mid-point of the clinical attachment. Any areas for improvement that will impact on the end of clinical attachment assessment must be fed back to the intern at this time.
- End of the clinical attachment to provide feedback and complete the *end of clinical attachment assessment* in the intern's ePort.

Clinical supervisors need to seek feedback from those who have worked with the intern over the course of the clinical attachment including consultants, registrars and nurses and allied health staff.

Training providers are responsible for monitoring and ensuring all clinical supervisors have had appropriate training (as outlined standard 4.3 of the *Accreditation standards for training providers*). Clinical supervisors should undertake relevant training in supervision and assessment as soon as possible after starting their supervisory role. This must be within 12 months of being appointed as a 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 their employer and medical colleges.

The online course includes:

1. A 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.

For further information about Clinical Supervisor's role and responsibilities refer to the *Clinical Supervisors Guide*.

[1] 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

7. End of clinical attachment assessments

An intern satisfactorily completes a clinical attachment if the assessment is rated as 'Meets expectation' or 'Above expectation or exceptional'.

If the outcome of the end of clinical attachment assessment is 'Conditional' or 'Unsatisfactory', the clinical supervisor must discuss with the intern the areas of practice that have been identified and that need to be improved, and must record these in ePort. The intern must create goals for their next clinical attachment (in collaboration with their prevocational educational supervisor) 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 the 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, if the second clinical attachment rated as 'Conditional' 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 the prevocational educational supervisor then it may be counted as satisfactory.

Interns who receive an 'Unsatisfactory' assessment will need to complete an additional clinical attachment. The prevocational educational supervisor will provide Council with copies of all assessments related to interns who have received a rating of 'unsatisfactory'.

Training providers must seek feedback from interns about their educational experience on each clinical attachment.

Refer to the *Clinical Supervisors Guide* for further information about *End of clinical attachment assessments* and ratings.

8. Time requirements

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

If an intern takes time out during their internship, they must complete additional clinical attachments to ensure they have satisfactorily completed four clinical attachments in each year of the two-year programme.[2]

There is flexibility in the amount of time an intern needs to complete in each clinical attachment, depending on the intern's individual circumstances. It is the intention that interns should complete at least 10 weeks in an attachment, however the prevocational educational supervisor has the discretion and responsibility for determining whether an intern has satisfactorily met the learning requirements of the attachment.

Factors to be considered 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.

[2] Interns (PGY1 and PGY2) with flexible working arrangements (undertaking part-time work) need to work at least 0.5 FTE for it to count towards meeting the prevocational requirements. Where an intern is working part-time they will be required to complete additional time (if the intern is working 0.5 FTE they will need to complete a further attachment of 0.5 FTE for it to count towards the prevocational requirements).

For example, if an intern has demonstrated good progress across all the aspects of the prevocational medical education programme, it is possible that as few as 8 weeks in an attachment could allow an intern to achieve the necessary learning outcomes. In addition, if an intern is, for example, undertaking study, research, or other medical education activities or duties outside of the formal attachment, and this still contributes to their overall prevocational learning, then this should count towards meeting clinical attachment time considerations.

Prevocational educational supervisors are advised to discuss cases involving time requirements with their Chief Medical Officer (CMO) or Director of Clinical Training (DCT). It may also be part of Advisory Panel discussions.

9. Advisory Panel

The role of the Advisory Panel is to assess the overall performance of each PGY1 and form a view on whether they have met the required standard to be registered in the General scope of practice and proceed to the next stage of training.

The Advisory Panel comprises:

- a CMO or CMO delegate who will Chair the panel
- the intern's own prevocational educational supervisor
- a second prevocational educational supervisor
- a layperson (the layperson must not be a registered health practitioner or an employee of a provider).

The Advisory Panel must review and use all available relevant information from ePort when making its recommendation to Council.

This assessment takes place at the end of PGY1. For the majority of interns, the Advisory Panel will meet halfway through the fourth quarter (between weeks 6 and 9). Assessing progress halfway through the fourth quarter will ensure that there are no delays for the majority of interns with processing the applications for registration in the General scope of practice made at the end of the intern year. However, any recommendation made by the Advisory Panel will be subject to the end of clinical attachment assessment at the end of the fourth clinical attachment being rated satisfactory by the clinical supervisor. Clinical supervisors will therefore need to ensure that the end of clinical attachment assessments are completed before the end of the fourth quarter.

The Advisory Panel will need to convene at the end of the fourth quarter to consider the progress of any intern who has received a 'Conditional' rating at the end of the third quarter. This allows the Advisory Panel to access all relevant information about the intern, including their fourth quarter end of clinical attachment assessment.

The Advisory Panel may also need to meet part way through the year to review progress of any:

- NZREX doctors or interns who had a delayed start
- interns who have taken time off during the year
- interns who have had an unsatisfactory clinical attachment.

In addition to reviewing progress the intern has made in PGY1, the Advisory Panel must review the intern's goals set in their PDP to be completed during PGY2. The Advisory Panel is responsible for endorsing the PDP as appropriate for PGY2 when they make the overall assessment of the intern's performance and whether to recommend registration in the General scope of practice.

If an intern disagrees with the recommendation from the Advisory Panel they have the right to seek review by Council.

Please refer to the *Advisory Panel Guide & ePort guide for Advisory Panel members* for further information.

10. Flexibility in PGY2

Vocational training in PGY2

Interns can enter a vocational training programme during PGY2. They are still required to complete accredited clinical attachments, record their learning in ePort, and maintain their PDP. The requirements of the vocational training programme would be in addition to the requirements of prevocational medical training.

Working overseas in PGY2

It may be possible for an intern who wishes to practise overseas during PGY2 to have the time overseas counted towards their PGY2 requirements. Interns wishing to do so must provide information about their intentions and a proposed PDP to either the Advisory Panel for consideration at the end of PGY1, or their prevocational educational supervisor in PGY2.

The Advisory Panel may approve all or part of PGY2 requirements to be completed in Australia, the 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 General Medical Council (GMC) for prevocational training in the UK.
- Within Ireland – a supervised position approved by Irish Medical Council (IMC) for prevocational training.

Any PGY2 who wishes to practise overseas outside of the above specified criteria must submit an individual application for approval to Council **prior to going overseas**, which will be considered on a case-by-case basis. Refer to *Application for pre-approval of all or part of the PGY2 year to be completed overseas*.

Locum work in PGY2

A PGY2 intern can work in a locum position if it is a complete Council-accredited clinical attachment. This is to ensure that the locum position provides sufficient supervision, support and learning. This does not stop an intern from providing cover outside their allocated clinical attachment as long as the cover is also in an accredited clinical attachment and providing such cover does not compromise the intern's ability to perform their usual duties. The placement of an intern into a locum position must be approved by the Advisory Panel or prevocational educational supervisor[3].

11. Australian graduates undertaking PGY2 in New Zealand

PGY2 prevocational training requirements must also be completed by graduates of Australian medical schools who apply to undertake all or part of their PGY2 year in New Zealand.

12. Requirements for transitioning into PGY3

An intern must complete their PGY2 year before being appointed to a more senior position. This includes a non-vocational training registrar position.

At the end of PGY2, to have the endorsement on their practising certificate removed, interns must demonstrate from their ePort information that they have met the prevocational training requirements for PGY2. The prevocational educational supervisor may make this decision. However, if the prevocational educational supervisor has concerns about whether the intern has met the programme requirements the

[3] In addition a PGY2 intern may complete voluntary work for up to a week without seeking approval by the Advisory Panel or prevocational educational supervisor. For any work longer than this, it would need to be considered by the Advisory Panel or prevocational educational supervisor.

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.

On satisfying the requirements, as evidenced by the removal of the endorsement, the doctor will be required to either:

- enrol and participate in the Council approved recertification programme *Inpractice* with bpac^{nz}, OR
- enrol and participate in an accredited vocational training programme.

If an intern returns to practise in New Zealand after completing PGY2 overseas and is not employed by an accredited training provider, their 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.

13. Community-based attachment

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

Every intern is required to complete one clinical attachment in a community-based setting over the course of the intern training programme. It is up to the training provider to arrange placements for interns on community-based attachments. Interns will not be disadvantaged if their training provider does not provide an opportunity to complete a community-based attachment.

Refer to the definition and the *Accreditation standards for clinical attachments*, for further information.

14. Informed consent

Doctors are responsible for ensuring a patient makes an informed choice and gives appropriate consent 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 interns observing consultants and experienced registrars in the clinical setting.

Informed consent is a process and the signing of a consent form is the end point to an ongoing discussion between the treating doctor and patient. Interns should never be placed in the position of having to manage the entire process and should refuse to take informed consent when they 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 *Informed Consent: Helping patients make informed decisions about their care* and *Accreditation standards for training providers* (Standard 3.1.10 and the related note (vi).

15. Night cover

Interns must not be rostered on nights during the first six weeks of PGY1. After the first six weeks, interns may be rostered on nights if a doctor registered in a vocational scope of practice is available onsite for assistance.

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

For interns working on night cover, training providers should:

- provide effective backup and support
- ensure appropriate orientation and induction are provided before the intern starts providing night cover to ensure the intern has all the necessary skills
- provide written guidelines on when it is appropriate to contact specialists (with the understanding that specialists would rather be called unnecessarily than not at all)
- ensure the intern knows how to get help
- ensure the intern can document adequately the approach they have taken
- ensure that a doctor registered in a vocational scope of practice is available to call when there is no onsite supervision and they are available, approachable and supportive.

16. Handover

Appropriate handover is essential for training in a safe clinical environment and to ensure quality clinical care. 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. Training providers are also responsible for ensuring that the interns' roles and responsibilities in handover are clearly explained. Handover procedures should be documented.

For further information please refer to *Good Medical Practice* and *Cole's Medical Practice in New Zealand*.

17. Taking time out of practice

If an intern who holds registration in a Provisional General scope of practice takes time out of practice, they must complete the prevocational training requirements on their return in order to be eligible for registration in the General scope of practice.

If an intern has gained registration in the General scope of practice and practises overseas for 3 years or more, then Council's *Policy on doctors returning to medical practice in New Zealand after an absence of 3 or more years working overseas* will apply.

If an intern takes time out of practise for three or more years then Council's *Policy on doctors returning to medical practice after an absence from practice for 3 or more years* will apply.

18. Accreditation policies for training providers, clinical attachments, community-based attachments

For information about Council's accreditation policy please refer to Council's *Policy on accreditation for prevocational medical training*.

19. Related documents

Accreditation standards for training providers
Accreditation standards for clinical attachments
Advisory Panel and ePort guide for Advisory Panel members
Application for PGY2 endorsement to be removed
Application for pre-approval of all or part of the PGY2 year to be completed overseas
Cole's Medical Practice in New Zealand
Definition of a community-based attachment
Good Medical Practice
Clinical Supervisors Guide
Prevocational Educational Supervisors Guide
Informed consent: helping patients make informed decisions about their care
Intern Guide
New Zealand Gazette – Scope of practice and prescribed qualifications for the practice of medicine in New Zealand
Policy on registration within a general scope of practice
Prevocational medical training requirements for PGY2

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June 2017	Approved
February 2022	Update approved by Registrar
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Appendix 1: Glossary

Term	Explanation
6th year medical student	A medical student in the final year of medical school. May participate in medical teams in a junior capacity. Also known as a trainee intern (TI).
Accreditation standards for clinical attachments	Interns must only work in accredited clinical attachments. To be accredited by Council, each clinical attachment must meet these standards.
Accreditation standards for training providers	Training providers must attain an overall rating of at least 'substantially met' 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 the General scope of practice and proceed to the next stage of training.
Clinical attachment	A Council accredited 13-week rotation or run worked by an intern.
Clinical supervisor	A vocationally registered doctor responsible for supervising interns during an accredited clinical attachment.
Community-based attachment	An educational experience 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. The attachment must be accredited by Council.
End of Clinical Attachment Assessment	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 may then recommend 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 during the prevocational training programme.
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 the General scope of practice, an endorsement reflecting the requirements for PGY2 is included on their practising certificate for the PGY2 year.
Intern training programme	The training and education programme for PGY1 and PGY2 doctors at each accredited training provider.

Multisource feedback (MSF)	Feedback collected from the intern's supervisors, multidisciplinary team colleagues 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 pathway. This examination must be passed before IMGs enter any form of clinical practice to ensure they are competent to practice. All NZREX doctors must complete the prevocational medical training programme in Aotearoa New Zealand before obtaining other work as a doctor.
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. PYG1 is a minimum of 12 months, however an intern remains a PGY1 until the requirements for that 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 that year are complete.
Provisional general scope of practice	PGY1 interns work in the 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 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 and has appropriate qualifications and experience to be registered within a vocational scope of practice. A doctor registered in a vocational scope of practice must participate in an approved continuing professional development programme.
Vocational training programme	A postgraduate training programme set and supervised by a Council-accredited vocational training and recertification provider (usually a medical college, society or association).