



Policy on prevocational medical training

Policy Statement

Prevocational medical training (the intern training programme) 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).

Section 118 of the Health Practitioners Competence Assurance Act 2003 (HPCAA) sets out the functions of each responsible authority and these include:

- (a) prescribing the qualifications required for scopes of practice, and, for that purpose to accredit and monitor educational institutions and degrees, courses of studies, or programmes
- (e) recognising, accrediting, and setting programmes to ensure the ongoing competence of health practitioners.

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 the relevant postgraduate year are completed. 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.¹

Interns must complete their internship in an intern training programme provided by an accredited training provider. Interns complete a variety of accredited clinical attachments and these take place in a mix of both hospital and community settings². Clinical attachments may only be accredited if they form part of the intern training programme provided by an accredited training provider.

An intern who commences PGY1 (registration in the Provisional General scope of practice) must complete the requirements for PGY1 in New Zealand in order to gain registration in the General scope of practice.

Introduction

This document sets out Council's Policy in regards to prevocational medical training. It outlines the requirements for each component of prevocational medical training from PGY1 through to the end of PGY2.

Purpose of prevocational medical training

The aim of prevocational medical training 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 recording the attainment of the learning outcomes in the *New Zealand Curriculum Framework for Prevocational Medical Training* (NZCF).

¹ 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).

² Doctors who have passed NZREX Clinical prior to 30 November 2014 and who meet the specified criteria, are eligible to complete all of their PGY1 requirements in a primary care setting. Please refer to Appendix 1 for more information.

Contents

<u>1.</u>	<u>Requirements for PGY1 and gaining General scope of practice</u>	<u>3</u>
<u>1a.</u>	<u>Recording learning</u>	<u>3</u>
<u>1b.</u>	<u>Clinical attachments</u>	<u>3</u>
<u>1c.</u>	<u>Supervision</u>	<u>3</u>
<u>1d.</u>	<u>Requirements to gain registration in the General scope of practice</u>	<u>3</u>
<u>2.</u>	<u>New Zealand Curriculum Framework (NZCF) for Prevocational Medical Training</u>	<u>4</u>
<u>3.</u>	<u>Supervision – prevocational educational supervisors</u>	<u>4</u>
<u>4.</u>	<u>Supervision – clinical supervisors</u>	<u>5</u>
<u>5.</u>	<u>ePort</u>	<u>6</u>
<u>6.</u>	<u>PDP</u>	<u>6</u>
<u>7.</u>	<u>End of clinical attachment assessments</u>	<u>7</u>
<u>8.</u>	<u>Advisory Panel</u>	<u>7</u>
<u>9.</u>	<u>PGY2 – interns registered in the General scope of practice</u>	<u>8</u>
<u>9a.</u>	<u>Requirements for PGY2</u>	<u>8</u>
<u>9b.</u>	<u>Vocational training in PGY2</u>	<u>8</u>
<u>9c.</u>	<u>Flexibility in meeting the PGY2 requirements</u>	<u>9</u>
<u>9d.</u>	<u>Working overseas in PGY2</u>	<u>9</u>
<u>9e.</u>	<u>Locum work in PGY2</u>	<u>9</u>
<u>9f.</u>	<u>Registrar positions in PGY2</u>	<u>10</u>
<u>9g.</u>	<u>Australian graduates undertaking PGY2 in New Zealand</u>	<u>10</u>
<u>10.</u>	<u>End of PGY2 – removal of endorsement on practising certificate</u>	<u>10</u>
<u>11.</u>	<u>Community-based attachment</u>	<u>10</u>
<u>12.</u>	<u>Informed consent</u>	<u>10</u>
<u>13.</u>	<u>Night cover</u>	<u>11</u>
<u>14.</u>	<u>Handover</u>	<u>11</u>
<u>15.</u>	<u>Taking time out of practice</u>	<u>11</u>
<u>16.</u>	<u>Accreditation policies for training providers, clinical attachments and community based attachments</u>	<u>12</u>
<u>17.</u>	<u>Related documents</u>	<u>12</u>
<u>18.</u>	<u>Glossary</u>	<u>12</u>
	<u>Appendix 1: Doctors who have passed NZREX Clinical (Prior to 30 November 2014)</u>	<u>16</u>

1. Requirements for PGY1 and gaining General scope of practice

Doctors entering the prevocational training programme (PGY1s) are required to demonstrate their progress towards gaining the necessary skills, knowledge and experience to gain the General scope of practice. 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.

1a. Recording learning

Interns record their learning in an online electronic portfolio (ePort):

- Interns set goals and record their progress with completion of these in a professional development plan (PDP).
- Interns record the learning outcomes attained from the *New Zealand Curriculum Framework for Prevocational Medical Training* (NZCF).
- Clinical supervisors record beginning and mid-attachment meetings and end of clinical attachment assessments.
- Interns and prevocational educational supervisors comment on the end of clinical attachment assessment and confirm completion of the clinical attachment.

1b. Clinical attachments

Each clinical attachment is 13 weeks (or 14 weeks maximum) duration. Clinical attachments are accredited against the Medical Council of New Zealand's (Council) prevocational medical training for doctors in New Zealand [Accreditation standards for clinical attachments](#).

1c. Supervision

Interns meet with their prevocational educational supervisor at the beginning of the year and after each clinical attachment. Interns meet with their clinical supervisor (Council-approved supervisor of the individual clinical attachment) at the beginning, mid-way through and at the end of each clinical attachment. Clinical supervisors provide feedback to interns about their performance and discuss the intern's goals for the clinical attachment.

1d. Requirements to gain 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 meet all** of the following requirements:

- The (satisfactory) completion of four accredited clinical attachments.
- The substantive³ attainment of the learning outcomes outlined in the NZCF (prior learning from the final year at medical school 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 week⁴.
- 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, interns are required to establish an acceptable PDP for PGY2, to be completed during PGY2. Interns must create goals for PGY2 ahead of the Advisory Panel meeting. Interns wishing to

³ 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.

⁴ The wording "... is equivalent to a minimum of 40 hours a week..." allows the time to be calculated over a 2 week period. Key points:

- Hours may be averaged over 2 weeks.
- If the hours worked over 2 weeks fall slightly short of 80 hours by 3 or 4 hours because of a public holiday falling in that fortnight, then some flexibility may be applied by the educational supervisor as a one-off circumstance. However, usually weekend work will make up the shortfall.

join a vocational training programme or to practise overseas must add information about these intentions as goals in the PDP.

2. New Zealand Curriculum Framework (NZCF) for Prevocational Medical Training

Each intern is expected to reflect on their progress and record the attainment of the learning outcomes in the NZCF. Interns 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. Interns may record the learning outcomes as complete in any of the following circumstances:

- The intern has demonstrated competence in the learning outcome.
- The intern has participated in the learning outcome.
- The intern has knowledge of the learning outcome (either through self-directed learning or through formal or informal teaching).
- Covered 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.

3. Supervision – prevocational educational supervisors

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

Prevocational educational supervisors must meet with their interns:

- 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 whenever possible should be the same person for the entire year. If an intern moves to a different training provider they must have a prevocational educational supervisor at that provider. However interns in the Wellington or Auckland region may have a prevocational educational supervisor located in one of the other training provider's within the same region. In these cases, the following conditions apply:

- 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 in person (as opposed to via telephone or email). Council resolved that this condition is specific to the Auckland metropolitan DHBs (acknowledging that this is not relevant to the Wellington-region DHBs at this point in time).
- 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 assistance with communication 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.

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

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- 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 an Advisory Panel. 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](#).

4. Supervision – clinical supervisors

The clinical supervisor is nominated by the training provider and considered by Council as part of the application for [accreditation of clinical attachments](#). Clinical supervisors must be vocationally registered in the relevant scope of practice and in good standing with Council⁵. A doctor who has a current complaint or concern being investigated by Council or the Health and Disability Commissioner is not 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 of the clinical attachments 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 amongst others.

Clinical supervisors undertake relevant training in supervision and assessment as soon as practicable after commencing their supervisory role. This must be within 12 months of appointment as a clinical supervisor.

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

The online course includes:

1. A series of three short interactive videos presented by Connect Communications, that each include self-reflective exercises:
 - Supervision styles.
 - How to give feedback.

⁵ 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.

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- The challenge of low insight and debriefing a critical incident.
2. A demonstration on how to give feedback.
 3. A web-based tutorial on ePort functionality (presented by Council staff).

In addition to the level 1 online course, Connect Communications are offering DHBs and medical colleges the opportunity to provide a level 2 course. It is encouraged that clinical supervisors liaise with their DHB to find out what supervision training is available to them.

Training for supervisors can be provided by medical colleges for their vocational training programmes, or training provided by medical schools for supervision of medical students in clinical settings. Training providers are responsible for monitoring and ensuring all clinical supervisors have had appropriate training (please refer to the [Accreditation standards for training providers](#)).

Refer to the [Guide for clinical supervisors](#) for further information about the clinical supervisor's role and responsibilities.

5. ePort

Interns and their supervisors are required to use ePort to record learning and progress. Interns use ePort to record attainment of learning outcomes and goals in their PDPs. Supervisors use ePort to monitor and record feedback on the intern's overall progress, as well as progress in each clinical attachment.

ePort is accessed through www.ePort.nz.

6. PDP

The PDP is a short planning document. Interns must record goals in the 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 will focus on what the intern needs to learn, needs to consolidate and wants to learn on clinical attachments and through the formal education programme. It helps structure and focus learning, strengthen existing skills, and develop new ones.

Each intern should set at least three, and up to a maximum of eight, goals for each clinical attachment. The goals set should cover more than one domain⁶ from the NZCF. Goals should be set that are 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', then all of 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 requirements for Prevocational Medical Training](#) for further information.

⁶ The NZCF is split into five domains:

- Professionalism
- Communication
- Clinical management
- Clinical problems and conditions
- Procedures and interventions.

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 focused on for improvement, 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. Please refer to the PDP section.

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 [Guide for clinical supervisors](#) for further information about *End of clinical attachment assessments* and ratings.

8. Advisory Panel

The role of the Advisory Panel is to assess the overall performance of each PGY1 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.

The Advisory Panel must comprise the following four members:

- a Chief Medical Officer (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 DHB).

The Advisory Panel must review and use all available relevant information from ePort when making their recommendation to Council, who as regulator is the decision maker.

This assessment takes place at the end of PGY1. For the majority of interns the Advisory Panel will meet half way 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 a General scope of practice 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 have access to all of the 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 a 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.

9. PGY2 – interns registered in the General scope of practice

9a. Requirements for PGY2

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

- Interns must complete four Council-accredited clinical attachments. All accredited clinical attachments will span for 13-weeks⁷.
- Interns must continue to set goals in the PDP and work towards achieving these goals.

During PGY2, interns must continue to record and show progress in attaining the remaining learning outcomes in the NZCF. To be considered sufficient, interns should record the attainment of at least 95% (354) of the learning outcomes by the end of PGY2.

There is flexibility in the amount of time an intern needs to complete in each clinical attachment, depending on the intern's individual circumstances. While ideally the PGY2 should complete 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. Prevocational educational supervisors can also contact Council for advice. 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.

9b. Vocational training in PGY2

⁷ Six month placements, for example a paediatrics placement, can be completed by PGY2 interns. However, the six month placement will comprise two prevocational medical training accredited clinical attachments. The clinical supervisor will need to complete the beginning, middle and end of clinical attachment meetings for both quarters.

Interns may join a vocational training programme in PGY2. From 27 November 2017, interns participating in a vocational training programme will need to undertake their training in prevocational medical training accredited clinical attachments, maintain their PDP and continue to record attainment of the remaining learning outcomes from the NZCF in ePort.

9c. Flexibility in meeting the PGY2 requirements

An intern may take time out from practice in New Zealand during PGY2 and their training will pause. On return to practice the intern will need to continue working towards the prevocational medical training requirements for PGY2. For example if an intern takes leave for a full clinical attachment they will need to complete an additional clinical attachment to meet the time requirements for PGY2.

Please refer to [Prevocational Medical Training Requirements for PGY2](#).

9d. Working overseas in PGY2

It may be possible for an intern who wishes to practise overseas during PGY2 to have the time practised overseas counted towards their PGY2 requirements. Interns wishing to do so must create a goal outlining their intentions, with information about the position overseas and a proposed PDP. This information is considered either by:

- the Advisory Panel when they are reviewing their PGY1 progress OR
- their prevocational educational supervisor if applying part way through their PGY2 year.

The Advisory Panel at the end of PGY1, or prevocational educational supervisor during PGY2, may approve all or part of PGY2 requirements to be completed in Australia, the 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 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](#).

9e. Locum work in PGY2

A PGY2 intern can work in a locum position if it is a complete accredited clinical attachment. This is to ensure that the locum position provides sufficient supervision, support and learning. This does not preclude an intern from providing cover outside their allocated clinical attachment as long as the cover being providing is in an accredited clinical attachment and, providing such cover does not compromise the intern's ability to perform their usual duties and it is approved by the Advisory Panel or prevocational educational supervisor⁸.

Overseas locum positions will only be pre-approved as appropriate if they comprise of a complete clinical attachment and in positions described below:

⁸ 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.

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

9f. Registrar positions in PGY2

An intern must complete their PGY2 year prior to being appointed to a more senior position. This includes a registrar position that is not undertaking vocational training.

9g. 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.

10. End of PGY2 – removal of endorsement on practising certificate

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

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

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 for doctors registered in a general scope of practice, administered by 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, the 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.

11. Community-based attachment

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.

12. 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. The signing of a consent form is simply an end-point to an ongoing discussion.

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 [Information, choice of treatment and informed consent](#) and [Accreditation standards for training providers](#) standard 3.1.10)

13. Night cover

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

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.

14. 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](#).

15. 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 progress to a General scope of practice.

If an intern has gained registration in a 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 3 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.

16. Accreditation policies for training providers, clinical attachments and community based attachments.

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

17. Related documents

- [Accreditation standards for training providers](#)
- [Accreditation standards for clinical attachments](#)
- [Advisory Panel Guide & ePort guide for Advisory Panel members](#)
- [Application for PGY2 endorsement to be removed](#) and related memo
- [Application for pre-approval of all or part of the PGY2 year to be completed overseas](#) and related memo
- [Cole's Medical Practice in New Zealand](#)
- [Definition of a community based attachment](#)
- [Good Medical Practice](#)
- [Guide for clinical supervisors of prevocational medical training](#)
- [Guide for prevocational educational supervisors](#)
- [Information, choice of treatment and informed consent](#)
- [Intern requirements for Prevocational Medical Training \(NZ, Australia and NZREX Graduates\)](#)
- [New Zealand Curriculum Framework for Prevocational Medical Training](#)
- [New Zealand Gazette – Scope of practice and prescribed qualifications for the practice of medicine in New Zealand](#)
- [New Zealand Medical Associations Code of Ethics for the New Zealand Medical Profession](#)
- [Policy on doctors returning to medical practice in New Zealand after an absence of 3 or more years working overseas](#)
- [Policy on registration within a general scope of practice](#)
- [Prevocational medical training requirements for PGY2](#)

18. Glossary

Term	Explanation/Definition
6 th year medical student	<p>A medical student in the final year of medical school and where students participate in medical teams in a junior capacity.</p> <p>Also known as a trainee intern (TI).</p>
Accreditation standards for clinical attachments	Clinical attachments must meet these standards in order to be accredited by Council. Interns must work in accredited clinical attachments.
Accreditation standards for training providers	Training providers must meet these standards in order to be accredited to train interns. Interns can only work in accredited attachments and for accredited training providers.
Additional accreditation standards for community based attachments	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 intern's own and one other) • a lay person. <p>The Advisory Panel will make a recommendation to Council, who as regulator is the final 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	<p>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.</p>
Continuing professional development (CPD)	<p>Involvement in clinical audit, peer review and continuing medical education, aimed at ensuring a doctor is competent to practise medicine.</p>
End of Clinical Attachment Assessment	<p>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.</p>
ePort	<p>An electronic record of learning for each intern to record and track the skills and knowledge acquired.</p>
Formal education programme	<p>The regular formal teaching sessions organised by the training provider and attended by interns. Interns must attend two thirds of these.</p>
General scope of practice with an endorsement	<p>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.</p>

Intern	<p>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:</p> <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 an intern's colleagues, multidisciplinary team and patients about the intern's communication and professionalism, using a set questionnaire.
New Zealand Curriculum Framework for Prevocational Medical Training (NZCF)	The learning outcomes to be substantively attained by an intern during PGY1 and PGY2.
NZCF log	A record of the learning outcomes from the NZCF that an intern has attained. Stored in ePort.
New Zealand Registration Examination (NZREX Clinical)	An examination approved by Council to assess IMGs whose primary medical qualifications render them ineligible to apply for registration without having passed the examination. This examination must be passed before IMGs enter any form of clinical practice to ensure they are competent to practise.
Postgraduate year 1 (PGY1)	<p>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.</p> <p>PGY1 is a minimum of 12 months, however an intern remains a PGY1 until the requirements for each year are completed.</p>
Postgraduate year 2 (PGY2)	<p>For New Zealand and Australian graduates and NZREX Clinical doctors the year after first gaining registration in a general scope of practice.</p> <p>PGY2 is a minimum of 12 months, however an intern remains a PGY2 until the requirements for each year are completed.</p>
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	<p>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.</p> <p>Previously referred to as an 'intern supervisor'.</p>

Prevocational medical training	<p>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.</p> <p>*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.</p>
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.
Training provider	The organisation (DHB) accredited by the Council to deliver an intern training programme for PGY1 and PGY2 doctors.

19. Approval

- Updated: To include Council's decision in October 2017 regarding prevocational educational supervisors in Auckland region. (Feb 2018)
- Approved: Original version of this policy reflects a series of decisions made by Council regarding prevocational medical training between June 2013 and December 2016.
- Updated: CEO, Registrar and Strategic Programme Manager, June 2017
- Updated: Education Committee Chair, July 2017

Appendix 1: Doctors who have passed NZREX Clinical (prior to 30 November 2014)

Exception:

Any doctor who is eligible for provisional general registration as a result of having passed NZREX Clinical before 30 November 2014, will continue to be eligible to complete their PGY1 year in a primary care setting, for as long as their NZREX pass remains valid (for example until no later than 30 November 2019). This means that an NZREX doctor may be approved by Council to work in a primary care setting, if:

- they apply for provisional general registration on the basis of having a valid NZREX Clinical pass that was achieved before 30 November 2014; and
- they completed a general intern year in their past practising history; and
- they passed NZREX at their first attempt; and
- they have five years or more experience in primary care; and
- they have primary care practice experience similar to primary care practised in the New Zealand health system; and
- the applicant's nominated supervisor is not also his/her employer.

They must complete at least one year working within a provisional general scope of practice and satisfy the following requirements:

1. practised in a primary care setting approved by Council and under the supervision of a medical practitioner approved by the Council, and
2. received satisfactory reports for the nine months worked immediately prior to applying for registration in a general scope, and
3. hold advanced cardiac life support (ACLS) certification at the standard of New Zealand Resuscitation Council CORE Immediate less than 12 months old, and
4. been recommended for registration within the general scope by his or her supervisor.