Te Kaunihera Rata o Aotearoa

Medical Council of New Zealand

Prevocational Medical Training
Prevocational Educational Supervisors Guide

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1. Introduction

The prevocational educational supervisor role can be one of the more challenging but also one of the more rewarding roles in a medical career. Helping new doctors with their education, professional development and assisting them in their medical careers is an essential role.

Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand (Council) is responsible for the appointment of prevocational educational supervisors. Prevocational educational supervisors supervise postgraduate year 1 and 2 interns working at accredited prevocational training providers. Prevocational educational supervisors oversee the delivery of the intern training programme at their training provider, and act as agents of Council.

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).

The prevocational educational supervisor-to-intern ratio, as outlined in the accreditation standards for prevocational medical training, is one prevocational educational supervisor for up to ten interns, 0.1 FTE.

This guide has been written to assist prevocational educational supervisors in fulfilling their role efficiently, effectively and hopefully enjoyably. In addition to information from the Council we have included helpful hints drawn from the experience of other prevocational educational supervisors.

2. Appointment process

To be eligible for appointment as prevocational educational supervisor, applicants are required to:

- satisfy the criteria outlined in Council's policy on the appointment of Council agents, including:
  - be in good standing with Council
  - be perceived by their peers to be clinically competent
  - have credibility within the profession
  - have good interpersonal skills, and
  - have the capacity and willingness to work with others
- be vocationally registered and hold a current practising certificate
- be good role models, display good knowledge of and interest in education, skill in medicine, management and interpersonal relations.

Prevocational educational supervisors are nominated by the chief medical officer (CMO). Normally, the position is advertised internally, and applicants are interviewed. The CMO sends the nomination to Council for consideration in accordance with Council's *Protocol for appointing prevocational educational supervisors*. The term is five years initially, with the opportunity for renewal at the end of each term.

Your contract with Council

Prevocational educational supervisors act as Council agents and sign a contract with Council. Variations to the contract are subject to an agreement being reached between all parties. Two-months' notice in writing of variations or cancellation must be given and a copy provided to the Chair of Council's Te Rōpū Mātauranga | Education Committee (the Committee) and your CMO.

The contract may be cancelled by either party by giving the other party notice in writing. The contract may also be cancelled immediately by either party giving the other party notice if a serious breach of the contract has occurred. Any notice of cancellation must state the reason for cancellation and give the party in breach 20 working days to remedy the breach, if the breach is capable of being remedied.

IMPORTANT NOTE: The contract relates only to the statutory functions of the supervisor that concern the fulfilment of their **education, training and supervision** roles under the Health Practitioners Competence Assurance Act 2003 (HPCAA).

Under the prevocational educational supervisor contract (which is countersigned by your CMO) your employer is expected to:

- continue to pay you for the range of services you provide relating to the support of interns, and
- make provision in the individual employment contracts of prevocational educational supervisors for this additional contractual arrangement required by the Council, and
- ensure resources funded by the Health Workforce Directorate for the education of interns are known and accessible to prevocational educational supervisors.

Your employer is expected to continue to pay you for the range of services you provide relating to the support of interns and make provision in your individual employment contracts for this additional contractual agreement required by Council.

Once appointed as a prevocational educational supervisor

Council will:

- Pay a fee for services per intern to the prevocational educational supervisor in quarterly instalments. This payment is subject to:
  - the prevocational educational supervisor submitting a schedule of names of interns supervised by the prevocational educational supervisor in the preceding quarter; and
  - the satisfactory execution of the duties of prevocational educational supervisor.
- Provide training in the use of ePort to prevocational educational supervisors on an ongoing basis.
- Organise an annual meeting for prevocational educational supervisors.

You will:

- Complete an online claim form for your interns each quarter.
- Attend an annual meeting of prevocational educational supervisors.
- Notify Council when one of your interns receives an unsatisfactory clinical attachment assessment.

Procedures for reappointment of a prevocational educational supervisor

1. Where the contract between Council and the prevocational educational supervisor has expired, Council staff will determine, in consultation with the training provider, whether the supervisor has performed satisfactorily in the role.
2. If there is agreement between Council staff and the training provider, the prevocational educational supervisor will be invited to continue for a further term and a new contract will be issued. The term for reappointment is a maximum of five years, with opportunity for renewal at the end of each term.

3. Key requirements for prevocational educational supervisors

	The prevocational educational supervisor must:
Prevocational educational supervisor role	• have an interest in education • be able to form good working relationships with senior management, clinical supervisors and human resources personnel • be a role model, and display a high level of professionalism • display good skills in clinical medicine and management, and in interpersonal relations • attend meetings or seminars arranged by Council and, if required, participate in accreditation assessments of other training providers as part of Council's accreditation team • report to Council quarterly on the number of interns being supervised.
Interns	• be approachable and easily accessible to the interns • be an advocate for interns • make sure they are known to all the interns and that interns are aware of their role • provide pastoral care to interns and take an active interest in ensuring their health and wellbeing • meet with their allocated interns (individually and as a group) regularly to provide support, review the overall programme and address any concerns • facilitate counselling if necessary, particularly to those having problems in clinical work or integration into the New Zealand workforce.
Intern training programme	• not be too involved in a management role that may conflict with your advocacy role, particularly where there is a potential conflict of interest) • have an active involvement in orientation, formal education programmes and facilities to ensure quality training and learning for interns • be able to influence decisions on clinical attachment choices for interns • make sure the interns' clinical experience and clinical attachment mix provide a broad experience of medical practice • participate on advisory panels to consider each intern's progress and make recommendations to Council regarding the intern's appropriateness for general registration at the end of PGY1 • consider the progress of PGY2 interns and make recommendations to Council about removing their endorsement from their practising certificates • have an active involvement in the accreditation process for new clinical attachments being offered by your training provider • have an active involvement in the accreditation process for your training provider, and a sound understanding of the *Accreditation standards for training providers* and *Accreditation standards for clinical attachments.*

Clinical supervisors	• ensure clinical supervisors discuss all *end of clinical attachment assessments* with interns and provide timely feedback to any interns experiencing difficulties in the clinical attachment • ensure clinical supervisors are accessing the intern's ePort and having discussions with the intern about their professional development plan (PDP) • be able to deal effectively and assertively with clinical supervisors when Council's requirements are not being met.
Senior management	• liaise closely with their Chief Executive (CE), CMO and Clinical Director on the education, training and supervision of interns • highlight to the CMO (or delegate) any clinical supervisors who are not completing the assessment process for interns adequately • highlight to the CMO (or delegate) and to Council any intern who has received an unsatisfactory end of clinical attachment assessment

4. Responsibilities of the prevocational educational supervisor

Overseeing your interns will require a significant commitment of time and energy. You will need to be easily contactable and readily available for the more pastoral aspects of the role.

The following are the key responsibilities of the prevocational educational supervisor.

Intern orientation and the formal education programme

The training provider is responsible for ensuring an adequate orientation (at the beginning of PGY1 and on each clinical attachment) and the formal education programme for interns. Your role is to help ensure that these meet Council's *Accreditation standards for training providers*.

See pages 34-35 of this guide for more information about what should be covered in an orientation and the formal education programme.

Key times when you will meet your interns

You will meet your interns:

- **At the start of PGY1** to discuss:
  - their ePort, specifically self-reflections on the 14 learning activities
  - their upcoming clinical attachments
  - how to set goals in their PDP.

- **At the end of each clinical attachment** to offer support and discuss:
  - their *end of clinical attachment assessment*
  - their self-reflections and learning progress against the 14 learning activities
  - progress towards their PDP goals and any new goals.

  Where there are performance issues you are expected to work with the intern and clinical supervisor to develop PDP goals to be addressed on the next clinical attachment, and to communicate this with the clinical supervisor for the following attachment.

  As part of your role, you will need to record comments on the intern's *end of clinical attachment assessment* and mark whether the intern has met the time requirements or not.

- **Towards the end of PGY1** to review their progress and assist the intern in developing an appropriate PDP for PGY2.

  Goals in the PDP for PGY2 should be targeted around learning progress against the 14 learning activities; areas for improvement identified on previous clinical attachments; community-based experience; and vocational aspirations.

- **Following completion of the intern's Multisource Feedback** to discuss their feedback report.

Providing feedback to the intern

Feedback is a valuable tool in the teaching process and has been found to be a powerful way to improve competence. Constructive feedback should increase self-awareness, identify areas for improvement, offer options and encourage skill development. Destructive feedback is given in an unskilled way that leaves the intern simply feeling bad with seemingly nothing on which to build, and should be avoided.

Feedback tips

- Positive feedback can be effective when given in the presence of peers or patients. Constructive feedback should be given in a private and undisturbed setting. Allow adequate time and minimise distractions when giving feedback.
- Feedback on performance should be a frequent feature of a relationship with an intern. The aim should be to give feedback informally every day during interaction with interns.
- Allow the intern to begin with a self-assessment.
- Assess whether there is conscious or unconscious incompetence in areas of concern; this will affect your approach to feedback.
- Seek feedback from other colleagues, which may be helpful with your own observations, particularly the clinical supervisor.
- Feedback should be given promptly unless the intern is not in a receptive frame of mind.
- Be specific and descriptive. Vague and generalised praise or criticism is difficult to act upon. Be specific and the intern will know what to do.
- Begin by emphasising the positive. Interns need encouragement, to be told when they are doing something well. If the positive is registered first, any negative is more likely to be listened to, and acted on.
- Provide constructive feedback as to how something could have been done differently.
- Refer only to behaviour which can be changed. It is not helpful to give an intern feedback about something over which they have no control.
- Interns should be given the chance to comment on the fairness of the feedback and to provide explanations for their performance. A feedback session should be a dialogue.
- Finish by stating your confidence in the intern being able to make the changes you have both agreed to, and reinforce the positive behaviours you have already commented on.
- Discussions should be documented. Send your intern a copy for them to reflect on.

When you log into ePort, there is a link on the 'Welcome to ePort' page that takes you through to the Level 1 Online Clinical Supervision Skills Course. There is a section in this course on providing feedback.

Your role in the Advisory Panel at the end of PGY1

At the end of PGY1 advisory panels meet to discuss the intern's overall performance and assess whether the intern has met the required standard to be registered in a general scope of practise.

You will sit on your interns' Advisory Panel(s) alongside the CMO or their delegate, another prevocational educational supervisor, and a lay person.

Together you will review and discuss information from the intern's ePort such as:

- End of clinical attachment assessments.
- Progress in attaining the required skills and competencies across the 14 learning activities.
- A summary of areas for further development that have been identified throughout the year and have not been achieved.
- The setting and completion of goals in the intern's PDP.
- Evidence of ongoing learning and responding to feedback.
- A summary of additional learning activities completed.
- Community-based experience.
- Advanced cardiac life support (ACLS) certification that meets Council's requirements, set out in the policy Advanced cardiac life support requirement for PGY1 interns within the past 18 months.
- The intern's proposed PDP and intentions for PGY2.

For more information see the Advisory Panel Guide.

Your role at the end of PGY2

In order to have their endorsement removed at the end of PGY2 interns must demonstrate they have met the prevocational training requirements for PGY2. You must assess whether the intern has met the requirements and recommend to Council that the endorsement be removed.

See page 18 of this guide for the requirements for PGY2.

Ongoing responsibilities

Together with your RMO unit, part of your role is to follow up with clinical supervisors to ensure mid-attachment meetings are taking place and end of clinical attachment assessments are completed. It is vital these key processes take place to ensure the intern meets the requirements for registration in a general scope at the end of PGY1 and to have their endorsement removed from their practising certificate.

You (as well as RMO unit managers, CDTs and CMOs) are able to send out reminders to interns and clinical supervisors if they have not recorded these meetings. You can restrict the list to only send to your interns.

5. Time and resource allocation

Protected time for the role of prevocational educational supervisor

The prevocational educational supervisor role requires protected time allocated each week for you to meet with interns and respond to issues as they arise. Attempting the role without protected time will result in dissatisfaction on both sides.

Council's Memorandum of Understanding with all training providers outlines the requirements for intern learning. This includes the requirement that each prevocational educational supervisor is allocated 0.10 FTE protected time for up to 10 interns to carry out the functions of the role.

Allocation to an intern

An intern's prevocational educational supervisor whenever possible should be the same person for the entire year.

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

- 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.

If an intern moves to a different training provider, a new prevocational educational supervisor at that provider must be assigned to the intern.

The exception to this is for interns in the Wellington or Auckland region who are permitted to have a prevocational educational supervisor located at one of the other accredited training providers 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). This condition is specific to the Auckland metropolitan training providers (acknowledging that this is not currently relevant to the Wellington-region).
- 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 communicate 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.

Administrative support

Having adequate administrative support is essential. You will need systems and processes in place for tasks such as arranging meetings between you and your interns, completing registration requirements, maintaining records of meetings, and completing Council forms.

Information technology support is also useful for a range of educational objectives such as assisting with training and assessment plans to be placed on the intranet and the development of websites for interns.

Maintaining contact with senior management and outlining requirements and expectations of support is important.

Annual prevocational educational supervisor meetings

Prevocational educational supervisors are required to attend an annual meeting run by Council. This meeting provides a forum for prevocational educational supervisors from around the country to come together to discuss topical issues. In addition to formal sessions there is usually a workshop covering important aspects of intern supervision.

These meetings are a great opportunity to network with other supervisors from around the country and share ideas. It is also an opportunity to share educational and training resources. One of the most reassuring aspects of these meetings is that many of the problems experienced by prevocational educational supervisors are common to other training providers. By sharing these concerns Council has an opportunity to consider strategies for improvements at a national level. Prevocational educational supervisors generally find these meetings very valuable.

6. Overview of prevocational medical training

Who completes prevocational medical training?

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

Aim of the prevocational medical training programme

The aim of the prevocational medical training programme is to ensure that interns further develop their clinical and professional skills gained at medical school. This is achieved by interns satisfactorily completing four accredited clinical attachments in each of the two prevocational years, completing multisource feedback (MSF), setting and completing goals in their PDP, and attaining the required skills and competences outlined in the 14 learning activities of the curriculum.

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

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

Components of the prevocational medical training programme

ePort

Interns and their supervisors are required to use ePort to record learning and progress. Interns use ePort to record self-reflections on the 14 learning activities and to record goals in their PDP. 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.

Clinical attachments

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

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

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

An application to accredit a clinical attachment can be made by you as the prevocational educational supervisor, or by your RMO unit, CMO, or Clinical Director of training.

Applications for the accreditation of clinical attachments are made via ePort. The application form is based on the *Accreditation standards for clinical attachments*. A prevocational educational supervisor must review the content of the clinical attachment before submitting the application to Council[1].

[1] If the 'creator' is a prevocational educational supervisor, there is no need for an additional prevocational educational supervisor to review the application.

Interns meet with their clinical supervisors at the beginning, mid-way point, and at the end of each attachment. Clinical supervisors are asked to come to you at the earliest stage if one of your interns is not performing at the required standard. When this happens, you are expected to provide timely feedback and support to your intern.

It is part of your role to ensure clinical supervisors are reviewing the intern's ePort, having discussions with them about their PDP, and reviewing their learning progress against the 14 learning activities. You are also expected to work closely with your intern's clinical supervisors to ensure all sections of the *end of Clinical Attachment Assessments* are completed and discussed with the intern before the last day of the clinical attachment. The intern can record comments and signs off the assessment which then goes to you for comments and sign off.

For more information about the role of the clinical supervisor see the *Clinical Supervisors Guide*.

See Appendix 1 for more information about Council accreditation of prevocational medical training.

Learning activities

The range of essential skills and competencies an intern needs to attain by the end of prevocational medical training is described in the 14 learning activities. An intern is expected to regularly review and record self-reflections against all 14 learning activities, indicating areas of strength and areas for further development. These self-reflections should be a prompt for discussion when you meet with your intern.

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

Attainment of learning activities

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

Level 1: I know about this activity and have watched others undertake it.
Level 2: I have undertaken this activity with support and guidance from a supervisor or other senior colleague.
Level 3: I feel confident to undertake this activity without assistance from a supervisor or other senior colleague over a range of patients.
Level 4: I can undertake this activity independently and can assist other learners.

While evidence is not required, the conversations between you and your intern should reassure you that they have developed the expected level of proficiency in each of the learning activities.

Multisource feedback (MSF)

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 the intern's behaviour, communication and organisational skills, as well as aspects of their professionalism. The intern completes a self-assessment at the same time. Once the process begins, colleagues and the intern will have six weeks to complete it.

The recommended timeframe for completing the six-week process is between the beginning of quarter 4 PGY1 and the end of quarter 2 PGY2. It is recommended you discuss the best timing for beginning the MSF with your interns so they are spread across the recommended timeframe. An intern must complete MSF to have their endorsement removed at the end of PGY2.

There is a monitoring screen in ePort for you to view which interns have started the MSF process and keep track of their progress.

For more information about the MSF process please read the MSF guide for prevocational educational supervisors.

Professional Development Plan (PDP)

Every intern is required to develop and maintain a PDP in ePort throughout PGY1 and PGY2. The PDP is a short planning document used to structure and focus learning for each individual intern.

You are expected to assist the intern to develop and update their PDP throughout their prevocational medical training.

Key times you should discuss the PDP with your intern are:

- At the beginning of PGY1 to assist in developing overarching goals.
- After each clinical attachment following the *end of clinical attachment assessment.*
- Towards the end of PGY1 looking ahead to PGY2 and in advance of the Advisory Panel meeting.
- When discussing the MSF report with your intern.

The PDP should consider the interns prior learning and their mix of clinical attachments. For New Zealand and Australian graduates this prior learning will relate to their experience during medical school, particularly their final year at medical school. For NZREX doctors prior learning may include discussions about their previous medical experience overseas.

Goals in your intern's PDP should be targeted around:

- attaining the required skills and competencies outlined the 14 learning activities
- areas for improvement identified on previous clinical attachments
- community based experience
- vocational aspirations.

Clinical supervisors will also support the intern to develop PDP goals at the beginning and midway through their clinical attachment.

If an intern receives an *end of clinical attachment assessment* rated 'conditional', all areas for further development identified by the clinical supervisor will need to be addressed on the clinical attachment immediately following. Your role includes supporting your interns to identify goals that will address any issues if concerns are raised. **Once satisfied, the goals need to be marked as complete by the intern and signed off by you.**

The discussion you have with your interns on their MSF report should also identify areas to focus on and you should support your intern to use this information to develop new PDP goals.

Only the intern can add goals to their PDP in ePort however you can comment on these goals in ePort.

Examples of goals are available in ePort for your reference.

Formal education programme

The prevocational educational supervisors at your training provider are responsible for ensuring that the formal education programme is in place and that interns attend at least two thirds of the teaching sessions. Attending these sessions can be a useful way to monitor the programme and provide an opportunity to catch up with interns.

Teaching sessions should cover any areas of the curriculum not generally available on clinical attachments.

There may be other people at your organisation responsible for providing the training – in many training providers the educational programme is managed by RMO or medical education unit staff.

See pages 35-36 on this guide for more information on the formal education programme.

7. Requirements for PGY1 doctors

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

To be eligible to apply for registration within a General scope of practice at the end of PGY1 interns must:

- 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 granted a recommendation for registration in a general scope of practice by a Council approved Advisory Panel.

Time requirements for satisfactory completion of attachments

It is the intention that interns should complete at least 10 weeks in an attachment, however the individual circumstances for each intern must be taken into account. 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 CMO or Clinical Director of Training. It may also be part of Advisory Panel discussions.

Anything less than 8 weeks is unlikely to be counted as satisfactory and will need to be considered at the end of the year by the Advisory Panel, who will take into account performance across all the other attachments. Any ongoing issue about not meeting the time requirements on more than one attachment would be of concern. 10 weeks allows for three weeks leave to be taken, so this should not be a regular occurrence.

Overview of the Advisory Panel

At the end of PGY1, if the intern has satisfactorily completed four clinical attachments, an Advisory Panel will meet to assess whether the intern has 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 you are not placed in the role of advocate and judge.

The composition of the advisory panel includes you as the intern's prevocational educational supervisor, a CMO or CMO delegate who will Chair the panel, a second prevocational educational supervisor, and a lay person.

The Advisory Panel makes a recommendation to Council, who as regulator is the decision maker.

For more information about the purpose of the Advisory Panel and a step-by-step ePort guide see the Advisory Panel Guide.

Development and endorsement of the PDP for PGY2

Towards the end of PGY1 you should meet with your interns to discuss their PDP for PGY2.

An intern's PDP will be reviewed by the Advisory Panel at the time the intern applies for registration in a general scope of practice.

The goals in the PDP should be targeted around:

- attaining the required skills and competencies outlined in the 14 learning activities
- areas for further development identified on previous clinical attachments
- areas for development identified through the MSF process (if completed)
- community based experience
- vocational aspirations.

The Advisory Panel is responsible for endorsing an intern's PDP as appropriate for PGY2 when they make the overall assessment of the intern's performance and whether to recommend a general scope of practice.

8. 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 MSF
- have demonstrated progress with completing the goals in their PDP.

It is your role to recommend the endorsement on an intern's practising certificate be removed. If you have concerns regarding removal of the endorsement then you should escalate this concern to your CMO or delegate. If the intern disagrees with the final recommendation, they 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.

If the intern has not met the PGY2 requirements the endorsement will remain on their practising certificate. The intern will then need to complete additional attachments until you are satisfied they have meet the requirements.

Flexibility in meeting the PGY2 requirements

There is flexibility in the amount of time an intern needs to complete their prevocational medical training. You are required to use your discretion and take into account an intern's overall progress when considering whether or not an intern has met the requirements of an attachment.

It is the intention that interns should complete at least 10 weeks in an attachment, however the individual circumstances for each intern must be taken into account. 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 CMO or Clinical Director of Training. It may also be part of Advisory Panel discussions.

Taking leave

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 their prevocational medical training requirements for PGY2. 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.

Part-time working arrangements

If an intern is working part-time they will need to work at least 0.5 FTE for it to count towards their prevocational medical training requirements. The intern will also be required to complete additional time, for example, if they work 0.5 FTE they will need to complete a further attachment of 0.5 FTE. It is up to you to consider your flexible training procedure to assess what is appropriate and discuss this with your CMO, CMO Delegate or Director of Clinical Training.

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 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, 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 the Irish Medical Council (IMC) for prevocational medical training.

If the intern wishes to practise overseas outside of the above specified criteria, they must submit an individual application for approval to Council **before going overseas.**

Refer to *Application for pre-approval of all or part of the PGY2 year to be completed overseas* for further information.

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.

Interns wishing to enter vocational training during PGY2 need to enter a PDP goal that describes their intention to participate in the specified vocational training programme. Interns should engage with their employer if they wish to complete specific accredited clinical attachments in PGY2 to ensure it meets the employer's policies for allocation.

The Advisory Panel considers the intern's intention to enter vocational training in PGY2 when they endorse the intern's PDP for PGY2.

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 stop an intern from providing cover outside their allocated clinical attachment as long as the cover being provided is 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 you or the advisory panel[2].

[2] 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.

Requirements for transitioning into PGY3

Before an intern's endorsement can be removed, they must either:

- enrol and participate in the 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.

9. Identifying and supporting the underperforming intern

Managing an underperforming intern is a challenging and important part of your role.

The purpose of this part of the guide is to explore factors leading to underperformance, how underperformance can be identified, and once identified, how it can be dealt with effectively to help the intern improve their performance. This guide should be used in conjunction with your local policies.

Underperformance can be caused by many factors. There is a strong association with underperformance in the early years and ongoing poor performance in the later years of the doctor's career; a good reason to detect underperformance in interns and attempt to remediate it as early as possible to protect the doctor as well as their patients.

Symptoms of the intern in difficulty

Symptoms are varied and may include:

- anger
- rigidity
- absenteeism
- increased sick leave
- failure to answer pager
- poor time keeping
- poor personal organisation
- change of physical appearance
- lack of insight, clinical mistakes
- failing assessments
- rudeness, bullying
- poor teamwork/being uninvolved
- undermining colleagues
- defensive reaction to feedback
- verbal or physical aggression
- erratic or volatile behaviour

Who detects underperforming interns?

Often it is not the prevocational educational supervisor who identifies underperformance. In fact, underperformance is often detected by:

- **Charge nurses or senior nursing staff** – they see interns daily or even hourly.
- **Registrars** – the people the intern reports to will usually have a clear idea of the level of behaviour expected.
- **Other interns** – occasionally the source, it is a big step for an intern to make an adverse comment about one of their colleagues.
- **Clinical supervisors** – while in some training providers they may spend less time than those listed above, they are often the source.
- **RMO Unit/HR staff** – family, monetary or other stresses may be picked up by RMO unit staff, who may notice indicators such as absences.

All staff involved in prevocational training should be aware of the benefits of addressing these issues early.

There should be clear mechanisms at each training provider to report these concerns to you as the prevocational educational supervisor, or to your CMO or delegate in your absence.

Role of the prevocational educational supervisor in addressing underperformance

You should be the first point of contact when concerns of underperformance have been identified. You can then look further into why underperformance is occurring and what support could be offered.

In your role, you are expected to:

- be able to recognise the symptoms of underperformance
- have a basic understanding of human resource management and employment assistance available
- be able to empathise with an underperforming intern and offer career advice, and referral for support and counselling where necessary
- understand when the Council should be contacted and have some knowledge of Council processes
- develop and maintain good communication channels with nursing staff, RMO unit staff and other RMOs including interns.

Under employment law all employees must be treated in a fair and equitable manner in all circumstances. This includes being fully informed on matters that affect their employment, with the opportunity to have their views and opinions considered. Where an employee is considered to be underperforming all interactions and interventions relating to this area of performance should be carefully managed. This should not be a punitive process, rather one which is intended to assist the intern to achieve required standards.

Having a well-established process for dealing with underperforming interns is essential. It is recommended that you work closely with your RMO unit, CMO (or delegate), and Human Resources to support you in managing underperforming interns. You may also like to seek advice and support from your prevocational educational supervisor colleagues both locally and nationally.

Each training provider should have well publicised, confidential and accessible networks that offer professional support to interns. Examples of this include (but are not limited to):

- employee assistance programmes
- harassment policies
- support mechanisms for dealing with difficult circumstances such as the death of a patient, a colleague's suicide, or appearing before a coroner.

Supporting the intern through receiving a complaint

It can be very stressful for an intern to receive a complaint about them from another staff member or a patient.

In these situations, you should ensure:

- the intern is aware of the *Code of Patient's Rights*
- the correct processes are followed for incident reporting and patient complaints
- the intern is aware of the internal complaints process and advocacy service procedures
- the intern is supported through the process and has an opportunity to discuss their experience.

Factors leading to underperformance

Understanding the context of an intern's personal and work life may help direct the support needed. Variables for you to consider include:

- **The training environment** – Is there a mismatch between the supervisor and the intern? Did the intern receive inadequate orientation? Is the intern's workload excessive? Is the intern experiencing harassment or bullying? Is the wrong level of expertise expected? Does the intern lack the knowledge, equipment or tools to do the job well? Is there a lack of supervision?
- **Personal issues** – Is the intern experiencing emotional difficulties or family stress? Is the intern questioning their career path?
- **Health issues** – How is the intern's mental and physical health? Are there issues with alcohol or drug abuse?
- **Craft development** – Does the intern have problems with procedures, manual dexterity, depth of understanding or clinical decision-making?
- **Interpersonal skills** - Does the intern have trouble establishing rapport with colleagues or patients? Does the intern demonstrate cultural safety? Is the intern respectful? Does the intern work well in a team?
- **Professional behaviours** – Does the intern demonstrate integrity, motivation, maturity, and insight? Does the intern show good time management and personal organisation?

It is useful to consider if the intern has been underperforming since the beginning of their prevocational medical training or whether the intern initially performed well and has suddenly or gradually deteriorated.

Some common reasons for an intern's decline in performance include:

- **Fatigue and or illnesses**. The most common illnesses are depression, stress/burnout and alcohol or substance abuse.
- **Recognition of a wrong career choice**. Interns may go through this phase but usually it is temporary. The important determination is how profound the dissatisfaction with medicine as a career choice is, and how much it influences performance.
- **A traumatic clinical event**. This is a common scenario for interns. Some events, such as the death of a patient, can be devastating. Interns may also assume far more responsibility than is reasonable in cases where the outcome is a death or serious complication. Interns may worry about potential patient or family complaints or about minor decisions they have taken.
- **An escalating sequence of external events**. Issues such as relationship problems, money worries, family illness, or legal concerns.

Considerations to be made at the beginning of any performance management process

The following considerations should be made at the beginning of all performance management process:

1. **Good documentation**. Records of conversations with the intern should be held confidentially with the knowledge and consent of the intern. Documentation should also be kept of informal discussions that occur outside of planned meetings. Copies should be given to the intern. If the intern moves to another training provider and the issue is not resolved, consent should be gained from the intern to transfer information to the new training provider to ensure the intern receives the necessary support in their new workplace.
2. **Support for the intern**. The intern should be well supported through the performance management process and available support options should be discussed with them, such as employee assistance programmes.
3. **Advice from Human Resources**. Council recommends seeking advice to ensure that correct employment procedures are followed and to get help with developing a performance improvement plan for the intern. Any action taken to address performance concerns, should align with your employer's human resource policies and protocols.
4. **Help from Occupational Health**. Input from Occupational Health should be sought as required.

It is important to let your CMO (or delegate) know about any intern not performing satisfactorily.

Initial meeting with your intern to discuss underperformance

After you have been notified of concerns relating to an intern, a starting point might be to arrange an informal meeting with them. You should aim to create a relaxed and positive atmosphere free from distractions before you outline the concerns and compare this to the expected level of performance for an intern at a similar stage.

If your intern is likely to fail, or has failed their most recent clinical attachment, a formal meeting to draft a performance management plan would be a more suitable option (see below).

Minor cases should still be closely monitored, to provide a good opportunity for any performance difficulties to be addressed and remediated early. Remediation in this instance can range from merely addressing the issue with the intern, to developing solutions to address underperformance.

The most important topic for you and the intern to explore is the main underlying reason for the poor performance. You should do this in a supportive manner, reassuring the intern that your role is to support them to improve their performance. You can use open ended questions (for example: who, what, when, where, how, why, tell me…) in order to fully understand the interns position.

If you are not able to address the issues by the end of this meeting you should let the intern know that there may need to be a formal meeting with other members of staff and that a performance development plan may need to be considered.

Guidelines for formal performance meetings with your intern

If the issues discussed at an informal meeting have not been fully addressed, or if your intern is failing or about to fail a clinical attachment, a formal performance meeting would be appropriate.

Below are some general guidelines for the meeting. It's likely your employer has set requirements for performance meetings and these should be followed.

Before the meeting:

- The intern should be invited to a meeting, notified of the reason and offered the opportunity to bring someone as a support.
- You should ensure you have all the relevant documentation to bring to the meeting. This may include speaking to others about any concerns they may have noticed. A good understanding of the concern, the symptoms, and the environment is needed. Documentation of any investigation or discussion should be taken, and copies given to the intern for their reference.
- You might like to seek advice from Human Resources or Occupational Health on a confidential basis.
- You should invite a Human Resources representative to attend the meeting.
- You should consider who else should attend the meeting, for example it might be appropriate to include the intern's Clinical Supervisor.
- You should prepare a checklist of the important points to discuss.

During the meeting:

- You should explain that the purpose of the meeting is to assist the intern to improve their performance.
- You should talk through the issues to try and identify the underlying reason for the poor performance and the possible solutions.
- It may be appropriate to develop a performance management plan for the intern (see section below).

After the meeting

- Points discussed and resulting actions should be documented and copies given to the intern. Any performance improvement plans should be developed with input from Human Resources and agreed by you and the intern. Any actions that require intervention by the intern's medical or surgical team will need to be discussed with the intern's permission.
- At the end of the review period (or earlier if appropriate), the judgement will be made as to whether the intern has reached the required standard. If so, the process ends. If not, judgement is made regarding the ongoing shortcomings and what is the appropriate action to take, for example, continuing the improvement plan with further inputs.
- It may be appropriate to move into a disciplinary process if an intern's performance remains below the required standard despite the performance management process. All training providers should have a well-defined process for disciplinary action, and this should be followed. Council recommends you seek support from Human Resources early.

Developing a performance management plan

The aim of a performance development plan is to guide and support an employee with the required work standards and outputs of their designated role, to measure their progress along the way and to provide feedback to allow the employee to take corrective action.

The performance management plan should include actions that are needed to raise the intern's performance standard. These might include further training, coaching, mentoring, or counselling.

The plan for improvement should include some clear measurable outcomes.

A performance improvement plan may include:

- a period of ongoing review, for example, three months. At the end of the review period (or earlier if appropriate), you will decide if the intern has reached the required standard and if so, the process ends.
- regular meeting dates with you to discuss progress against the action points (typically every 2 weeks).
- likely outcomes should performance not improve.

If there are concerns about patient safety because of an intern's performance this needs to be clearly acknowledged and reflected in the plan for improvement. In these cases it is likely there will need to be restrictions on an intern's duties, for example, prescriptions may need to be counter signed, after hours duties may need to be withdrawn depending on the level of supervision available. A 'buddy system' may also be necessary.

In a serious case, where patient safety is considered at risk, you should consider standing the intern down and this should be discussed with Human Resources and your CMO.

Council requirements in relation to underperforming interns

As a prevocational educational supervisor, you are an agent of Council and expected to uphold Council's primary purpose – to protect the health and safety of the public.

When performance concerns are identified with an intern, Council requires you to:

- ensure your CMO (or delegate) is advised and engaged throughout the performance management process
- notify Council in a timely manner
- ensure that supports are put in place to ensure public health and safety is protected.

Council recognises that minor issues are often best addressed in-house. You will need to be able to identify when concerns have met the threshold for informing Council. If in doubt Council are happy to have an informal discussion about what would be appropriate in individual cases.

Making a competence referral to Council

If you, or someone in your training provider feels that public health and safety may be compromised by the performance of an intern you have an option to refer the matter to Council for consideration of a competence review. This is usually a separate process to submitting unsatisfactory supervision reports, but it can be done in tandem if you specifically request it.

If you are aware that an intern is resigning from their position in order to avoid performance management processes that may adversely affect them, you will need to notify Council of this immediately.

10. Intern health

Interns are vulnerable to the same physical and psychological disorders as the rest of the community. The PGY1 year presents interns with a new set of challenges and pressures. In addition to the stresses and hazards of working long hours in a busy and often new environment, there is the increased responsibility interns have while they make the transition to a practising doctor.

Your role is to:

- create a positive and supportive work environment
- help the intern establish a platform of good health and wellbeing that will benefit them throughout their practising career. This is not only important for individuals and their families, but to ensure the delivery of quality health care.

Stress and time management of interns

You have an important role in helping your interns manage their time commitments and their stress levels.

Below are some suggestions:

- provide sessions on 'looking after yourself', time management, and managing stress during orientation and in the formal teaching programme
- make free counselling services readily available
- encourage interns to have their own general practitioner; provide a list of local general practitioners at orientation
- ensure a prevocational educational supervisor to intern ratio of no more than 1:10 to provide pastoral care
- ensure sufficient relievers to cover intern annual leave requests.

In addition, all training providers should have mechanisms to enable interns to deal with time and work pressures. For example:

- systems to prioritise call urgency
- systems available on all clinical attachments to assist interns in managing workload
- wards being encouraged to keep lists of jobs so that calls to interns are kept to a minimum
- reviews undertaken to assess the demands placed on interns by other training provider staff
- provision of training to interns on time management and organisational skills and teaching of relaxation methods.

Promotion of mental health and wellbeing

Your interns should feel comfortable to seek help and to receive medical care, free from the worry of negative consequences.

Intern orientation should cover:

- preparing an intern for the expectations required of them
- encouraging interns to make the most of supervision from senior medical staff
- promoting awareness of any occupational health services available in your training provider and how to access them
- information about any confidential employee assistance programme service available.

Formal training should incorporate discussion on stress management and healthy lifestyles as part of being a doctor. There should be an opportunity for interns to discuss the stresses they experience, and strategies for dealing with those stresses.

Discussion should include:

- the importance of having a general practitioner
- stress related to role transition and increasing levels of responsibility
- why it is unwise for doctors to self-assess and self-prescribe (Council's *Statement on treating yourself and those close to you* is a useful resource, along with any policies you have in your organisation has about using training provider or practice prescription forms, and drugs and medicines). It should be noted that the limitation on an intern's scope of practice means they are not permitted to prescribe for themselves, or for anyone who is not under their care in their designated clinical attachment
- the ability to recognise, acknowledge, and deal with mental health and stress-related problems
- the importance of developing and maintaining interests outside medicine
- recognition of healthy lifestyle practices such as the need for adequate exercise and nutrition
- the importance of regular holidays
- maintaining contact with peer medical groups for professional and social support
- communication and conflict resolution skills, to help interns deal with the range of roles they will encounter in their professional career, with the aim of enhancing relationships with patients and colleagues of all disciplines.

Early detection and intervention

With effective early intervention, doctors with a treatable illness are often able to keep practising while receiving treatment. It is important that mental health and stress-related problems are identified and treated early.

All doctors, including interns, are at risk of not identifying or seeking help their health concerns. There are a number of reasons for this and you can find more information on Council's website under 'Barriers to health care for doctors'.

Promotion of open and honest discussion about mental health, and other health issues, and treatment, can assist interns to seek assistance when necessary. Interns need to be assured that seeking help will not jeopardise their career prospects.

Through formal education sessions, you can support interns to:

- Identify the social and psychological factors that can lead to stress-related problems, highlighting the importance of recognition of early warning signs, and the value of early intervention.
- Raise the issue of stigma and discrimination in relation to mental health problems.
- Emphasise that interns have a responsibility to monitor their own emotions and behaviour and to seek help if they suspect mental health or stress-related problems.
- Raise awareness about the role every doctor has in looking out for colleagues, especially their peers, and supporting and assisting them to seek referral and treatment if required.

Your training provider should have procedures in place to ensure the confidentiality of all matters related to interns' health, with open discussion on any limitations arising from the organisations clinical governance process.

Interns with health and wellbeing concerns should be encouraged to receive treatment and regular monitoring by a suitable health practitioner (wherever possible services should not be associated with their employment). Interns should be allowed reasonable time to attend health-related appointments.

External sources of support for interns

Below is a list of organisations that provide support to doctors and are available to interns.

1. The Resident Doctors Association – Health and Safety - New Zealand Resident Doctors' Association
2. The Speciality Trainees of New Zealand – Resources to help support your wellbeing
3. The Medical Protection Society and Medical Assurance Society (MPS/MAS) offer a confidential free support service. Medical Protection Society (MPS) - MAS or Help & Advice
4. The Doctors' Health Advisory Service assists doctors and their families with personal and health problems. Doctors' Health Advisory Service - Telephone Help Line to offer personal advice to practitioners and students facing difficulties
5. Interns with a hearing disability may welcome direction to the Association of Medical Professionals with Hearing Losses (AMPHL). This was set up to address issues surrounding hearing loss that arise for a variety of healthcare professionals. The website is AMPHL.

Council's role

When trainee interns first apply for registration within a provisional general scope of practise they must declare if they have ever been, or are currently, affected by a physical or mental condition or impairment that could affect their capacity to practise. Deans of medical schools must also advise Council if anyone completing medical school would not be able to practise safely.

Trainee interns must provide information about any disclosures made, with access to treatment providers, to inform Council's consideration of their fitness to practise. Depending on the circumstances, Council might decide to obtain independent advice. This could apply if:

- the condition is ongoing
- the condition may reoccur
- if there has been recent treatment
- if the trainee intern has not been well engaged in treatment or with a relapse management plan.

If the trainee intern has a transmissible major viral infection, or if there is to be any ongoing monitoring, Council will advise your CMO or delegate of the situation.

The trainee intern will be asked to inform you if they have certain physical conditions or disabilities, for example they have a hearing or visual disability, have had a head injury, or are recovering from a serious physical illness.

The trainee intern may also be asked to inform you if they have had treatment for certain conditions that may become an issue when they step up to a new level of responsibility, even if the Council may not intend to have any monitoring in place. Examples would be significant depressive illnesses, stress-related problems, or anxiety. These trainee interns are asked to have a low threshold for seeking help if any symptoms recur.

When to notify Council

Doctors get sick too, and when they do it's important that their illness doesn't interfere with their ability to practise medicine safely. A doctor must always be able to practise medicine without putting patients or the public at risk.

It needs to be acknowledged that an intern seeking health care is not necessarily impaired. Many problems arising can be dealt with by you as the intern's prevocational educational supervisor. Examples of what you might do include having a discussion with the intern and asking them to see a relevant health care provider, getting an assurance that any problems are being managed, and if necessary, asking to have that assurance from their treating doctor. Within the training provider setting, referral to the occupational health service is another option. Often some extra support (or mentoring) is all that is needed.

Under the HPCAA, doctors must notify the Council if, because of a mental or physical condition, a doctor, or any other registered health professional, is unable to perform the functions required for the practice of medicine. Those functions include:

- making safe judgments
- demonstrating the level of skill and knowledge required for safe practice
- behaving appropriately
- not risking infecting patients with whom the doctor comes in contact
- not acting in ways that impact adversely on patient safety.

We understand it's difficult to raise concerns about an intern in these circumstances. However, every doctor has a responsibility to tell us about a doctor who may be unable to practise safely. Without help and support, the intern puts the community, the profession, and their reputation at risk.

Sometimes it's hard to decide whether your concerns should be raised with Council. If you're not sure, the information below may help you decide.

- Do you believe that the intern's suspected condition, or consequent behaviour and conduct, is affecting their practice, even if it hasn't necessarily affected any patients yet?
- Do you believe that the intern has a health problem which, without effective intervention, may affect their practice?
- Have any local interventions failed?
- Is the condition the intern has a relapsing one, and could this affect their ability to practise independently if they had no support?
- Should any other workplace know about the intern's health problem and its potential to impact on their practice?
- Is the intern's behaviour or conduct a one-off incident, or is there a pattern emerging that may be due to an illness?
- Is there a risk to the intern? How big is that risk, and how serious would the consequences be for the intern and their colleagues?

It's critical to assess the intern's own awareness too: particularly if they seem unaware their condition may affect their ability to practise. Consider too, is this a newly diagnosed condition which they are still learning to integrate into their everyday life and practice?

Other inquiries that can help determine whether the threshold for notification is reached include:

- Is any condition likely to be short lived, respond quickly to treatment with a full recovery?
- Can any consequent risks to patients be managed during treatment and recovery, for example with sick leave or modified hours or duties?
- Is the undesirable behaviour or conduct a one-off incident, or is there a pattern emerging that may be attributable to an illness process?
- Is the behaviour or conduct causing concern likely to be due to personality disorder or dysfunction? - Should these be managed through the usual Human Resources processes?
- Is any suspected condition, or consequent behaviour and conduct, actually impacting on the intern's practice? Is it likely to if the condition progresses?
- Have any local interventions failed?
- Is there a risk to the intern themselves? How big is that risk, and how serious are the consequences?

If you or another colleague are not satisfied that a health problem is being addressed, and you consider that it has the capacity to affect the intern's practice then you should consider a making a notification to Council.

The HPCAA notes that a ‘mental or physical condition means any mental or physical condition or impairment, and includes, without limitation, a condition or impairment caused by alcohol or drug abuse’. This supports a lower threshold for referral than that of alcohol or drug dependence.

If the threshold for notifying is reached and no notification is made, this could be seen to be a breach of professional obligation, and result in disciplinary proceedings. A key threshold is that of ‘reasonable belief’, and once anyone has a reasonable belief the obligation to notify takes effect. Supporting the obligation to notify, the legislation provides protection for the person notifying. S 45, which deals with mandatory notifications, states under ss (6) that ‘*No civil or disciplinary proceedings lie against any person in respect of a notice given under this section by that person, unless the person has acted in bad faith’.*

A concern raised or referred to Council does not prevent the usual human resources, clinical governance, or occupation health processes of your organisation, which can run simultaneously.

Discussing concerns with Council before making a notification
It's always good to talk and it's usually helpful even if the conversation is hypothetical at first. We can discuss your 'reasonable belief', as well as various options for managing an issue. Call the Council office on 0800 286 801, and ask to speak to one of our Health Case Managers or the Health Manager. They will also talk to you about any reports you might need to submit**.**

External advice
Anyone considering making a notice is entitled to seek medical advice to assist them in forming an opinion, for example through occupational health or treating doctors. Any formal notice to Council should include sources of information considered.

11. Considerations for NZREX interns

New Zealand Registration Examination (NZREX) interns are subject to the same requirements as New Zealand and Australian graduates and are required to undertake prevocational training.

NZREX interns are not eligible for registration under any other pathway and have sat the NZREX exam to be eligible to gain registration in New Zealand. Many of these interns come from different ethnic, cultural, language and medical backgrounds and successful integration into the New Zealand workplace requires support.

NZREX interns have a range of experience with some interns at the start of their careers, and others having had many years' experience in a specialised field before immigrating to New Zealand. Some may have lived in New Zealand for many years before passing NZREX, and not practised during that time.

For these reasons close supervision is needed to identify the intern's strengths and weaknesses, to ensure public safety, and to give the doctor a supportive start to a career in New Zealand.

Orientation and induction for NZREX interns

It is important that NZREX interns receive robust orientation to medical practice in New Zealand. NZREX doctors may start at different times during the PGY1 year and they will also need induction to the training provider and to each clinical attachment before commencing work.

Employers and supervisors have reported that NZREX interns often experience difficulties in two distinct areas and Council would expect any induction/orientation to cover the following:

- New Zealand culture, for example:
  - cultural safety
  - diversity in the workplace
  - patient expectations and rights
  - informed consent
  - ethical principles
  - our medico-legal framework
- working in a multi-disciplinary team
- clinical and practical skills, for example:
  - clinical judgement
  - management and assessment of common problems
  - problem solving and decision-making skills
  - dealing with emergencies and acute work
  - clinical record keeping
  - prescription writing
  - insertion and removal of intravenous lines.

English language support

For most NZREX interns English is not their first language. Even with high standards of English examination communication issues can become apparent in the clinical setting. For a small but increasing number of New Zealand graduates English is also not their first language.

If language is identified as an issue, referral to an English language specialist is recommended.

Language courses should ideally concentrate on the socio-linguistic skills associated with clinical practice. Using a language specialist who has some knowledge of the intern's country of origin and customs can be very helpful. Video and audio recordings of clinical scenarios using actors can be helpful with feedback.

Cultural safety

Cultural matters can be challenging. It is recommended that Australian and NZREX interns have a mentor who is familiar and sympathetic to the needs of these interns. Where possible, having someone from a similar cultural background can be helpful. The mentor may be in addition to a designated prevocational educational supervisor. The mentoring programme will include guidance on cultural safety relevant to the New Zealand situation.

To identify in the early stages those interns experiencing difficulties in their new role, and to ensure resources are put in place, the following options could be considered:

- a self-assessment questionnaire to identify areas of weakness
- clinical skills assessment and training
- English language assessment
- matching of previous clinical experience to their first attachment to facilitate integration into their new role
- a comprehensive multi-disciplinary orientation
- a two-week buddy system on their first attachment
- assistance with language and communication skills with a language expert.

12. Additional information

Orientation and induction for interns

Orientation is considered by Council to be an introduction to and an overview of medical practice in New Zealand. It also includes orientation to workplace specific information.

Orientation must occur prior to the intern's commencing practice. This is especially important for Australian graduates and NZREX doctors.

Induction provides familiarisation of the systems and processes within the worksite - both the training provider as a whole and the individual service departments. Interns should be given an induction specific to each clinical attachment as they begin each clinical attachment. It this does not happen you are expected to raise this with the clinical supervisor.

It is important that any interns who commence part way through the year complete a structured orientation and induction programme.

Orientation may be over three to five days depending on the numbers of interns and the size and complexity of the training provider. Feedback from interns shows they find the following to be important:

- the cardiac arrest procedure
- call out scenarios and how to deal with them (pain relief, shortness of breath, chest pain)
- when to call intensive care
- who to call for help
- CPR training requirements
- death certification
- computer training for pathology results and patient management systems
- the requirements for a general scope of practice
- human resource issues – for example, leave and pay
- prescribing safely and optimally (interns need to adhere to Council's *Statement on treating yourself and those close to you*)
- the frequency and content of teaching programmes
- informed consent guidelines.

Other aspects recommended by management and SMOs include:

- a session on 'looking after yourself'
- introduction to the Council assessment process
- roles, responsibilities and accountabilities for prevocational educational supervisors
- introduction to key people involved with PGY1 and PGY2 education and administration
- importance of good documentation
- the role of the multi-disciplinary team
- a tour of the training provider and library facilities.

The following activities have also been well received:

- Allocating a morning for interns to visit the ward they are about to move into. This allows an opportunity for the intern to meet with the exiting intern(s) and members of the medical team and to receive a hand-over of the patients. It also allows an opportunity to meet with the nursing staff and members of the multi-disciplinary team.
- Organising a social event with the outgoing PGY1s and senior staff.
- Making a video with key information on the topics as outlined above (especially useful for interns that start part way through the year).

Guidance for the formal education programme

The formal education programme should support and complement the practical teaching.

The formal education programme must:

- support interns to achieve skills and competencies of the curriculum that are not generally available on clinical attachments
- provide content on:
  - Māori health and culture
  - achieving Māori health equity
  - the relationship between culture and health
- provide opportunity for interns to develop skills in self-care and peer support, including time management, and identifying and managing stress and burn out.

The formal education programme should include:

- Teaching sessions with consultants and other health professionals.
- Opportunities to develop and practice clinical skills within a simulated environment.
- Council's statements and publications, for example Good Medical Practice.

The training provider should:

- structure the programme so that PGY1s can attend at least two thirds of formal education sessions
- ensure that all PGY2s attend structured education sessions (this might be part of the formal education programme, or departmental-based teaching sessions)
- ensure support for intern attendance from management and senior medical and nursing staff.

Ideally interns will have input on the topics and enthusiastic teachers will be found to deliver them. Feedback on the formal education programme must be sought from interns and incorporated into future sessions.

Formal educational sessions must be protected, your training provider needs to determine the best way of managing this. Interns need to be aware of the teaching sessions and know that their attendance is supported by senior medical and nursing staff. Holding teaching sessions at a regular time and place can help facilitate intern attendance.

A minimum of two hours per week for teaching. Attendance at about two thirds is considered realistic due to service/ward commitments, annual leave and night rosters. Self-reporting attendance is recommended.

Structured learning activities include:

- educational sessions with other health professionals, specialists and support services
- team-based activities, for example, mortality and morbidity audits, quality assurance, formal discussions about ethics and cultural issues in medicine
- self-directed learner sessions supported by prevocational educational supervisor.

Alongside teaching on clinical topics, there is also a place for stress management and encouraging collegial support within the intern group. Discussion groups might focus on the 'art and practice' of medicine, rather than the clinical science aspect. A balance is recommended between formal teaching, and general discussion on current issues of interest or concern.

Topics likely to arise in discussion include:

- difficult clinical cases
- conflicts with staff members
- the pressure of time and clinical demands when on call
- medico-legal and ethical dilemmas
- the interns' relationships with their clinical supervisor
- general workload and rostering problems.

Topics for the formal teaching (maybe every second or third week) include:

- stress management, including discussion of common health problems of doctors (especially depression and substance abuse), relaxation techniques and how to maintain health, wellbeing and lifestyle balance
- time management
- assertiveness and conflict management
- financial planning and budgeting
- medical career advice
- communication skills, especially dealing with terminally ill patients and their relatives
- professional and sexual boundary issues.

Community-based attachments

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

All interns are required to complete a community-based attachment (CBA) as one of their eight clinical attachments during prevocational medical training. If your training provider is unable to offer a CBA to every intern, the intern should not be disadvantaged.

An intern assigned to a community-based attachment should still be able to access formal education sessions delivered by the training provider. If not you will need to work with your RMO unit to ensure the intern receives their formal education.

Refer to the *definition of a community-based attachment* and the *Accreditation standards for clinical attachments*, for further information.

Relief clinical attachments

Interns can be assigned to a relief clinical attachment but like all attachments it must be accredited by Council. There are specific standards relating to relief clinical attachments in both the *Accreditation standards for training providers* and the *Accreditation standards for clinical attachments*. Conditions include that:

- the training provider maintains a small group of clinical supervisors for relief clinical attachments.
- there are mechanisms in place to ensure clinical supervisors of relief clinical attachments seek feedback from those who have worked with the intern over the course of the attachment in order to provide feedback and complete the clinical attachment meetings and end of clinical attachment assessments in ePort.

The clinical supervisor of relief attachments will require additional support to ensure that they understand the different nature of their role and how to be effective when providing support to interns they are not directly working with.

Clinical attachment evaluation

The *Accreditation standards for training providers* requires that there are mechanisms in place to allow interns to provide anonymous feedback about their educational experience on each clinical attachment. Interns should be able to provide feedback anonymously without fear of prejudice.

One option available to training providers for collecting feedback from interns about a clinical attachment is the Postgraduate Hospital Educational Environmental Measure (PHEEM) tool. Training providers can equally use their own tool for collecting feedback. The training provider must collate the results of the feedback from interns collected at the end of each clinical attachment. A report demonstrating annual data that provides longitudinal perspective should be included in the self-assessment documentation, as well as a report demonstrating what changes, if any, the training provider has made as a result of the feedback.

Skills training

A clinical skills programme is important to providing high quality care for patients and minimising the risk of interventional procedures.

Skills training where possible should be learnt during clinical attachments in a supervised setting. Many training providers have skills laboratories where skills can be learned, practised and assessed in a controlled environment. Although not the same as dealing with real patients, skills laboratories are a valuable teaching resource.

To achieve consistently high levels of clinical expertise, each clinical skill or procedure should be standardised in accordance with international best practice, and taught in the same way to all clinical staff.

Council recommends setting time aside for interns to attend skills laboratories. E-learning and simulation courses are also recognised as important teaching and learning resources. Sharing learning resources across training providers is encouraged.

Advanced cardiac life support

All interns must certify in ACLS that meets Council's requirements, set out in the policy *Advanced cardiac life support requirement for PGY1 interns* before applying for registration in a general scope of practice. It is the role of the training provider to ensure this takes place.

If the intern's ACLS is more than 18 months old at the time of applying they must either re-sit the full course or do a shorter refresher course. If an intern indicates or demonstrates a lack of confidence or competence during the refresher course, they must complete the full training again.

The Advisory Panel requires confirmation of certification before recommending registration in a general scope of practice.

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 – informed consent is a process.

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).

Night cover

Interns cannot be rostered on nights during the first six weeks of PGY1.

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.

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 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, weekends and relief) 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*.

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.

Appendix 1 – Council accreditation of prevocational medical training providers

Council accredits and monitors training providers for the purpose of providing prevocational medical education. Prevocational training providers are accredited every four years; however you can contact Council office if concerns arise.

The accreditation assessment includes a visit to the training provider. The purpose of this visit is to ensure the education, training, supervision and facilities available for interns meets Council's accreditation standards.

As part of the documentation that is prepared for the visit, Council requests a report directly from the prevocational educational supervisors at your training provider. This report is a good opportunity for you to feedback to Council about any aspect of intern training.

At the visit the accreditation panel will meet with the following people and groups:

- CEO & CMO
- Director of Clinical Training (if applicable)
- the prevocational educational supervisors
- interns
- clinical supervisors
- RMO unit staff
- other individuals and groups who have responsibility for aspects of the prevocational medical training programme.

The meeting with interns is to allow candid feedback to the accreditation panel. Council recognises that interns may feel vulnerable when providing feedback on their supervisors, however, viewpoints and information must be passed on if they are to lead change. The accreditation panel are also careful to ensure that any feedback given represents a consensus of views, not those of a single person. It is the overall systems and processes that are being assessed.

Council asks that you inform your interns about upcoming visits in order to improve attendance at the private group meeting and to give interns time to gather their thoughts and concerns. A link to an anonymous survey is sent to interns by Council staff ahead of the site visit – the results are shared with the training provider.

Council publishes finalised accreditation reports on its website here.

The accreditation panel will:

- assess the training provider's self-assessment against Council's *Accreditation standards for training providers*
- assess the training provider's process of quality assurance
- assess implementation of the training provider's policies and processes
- explore any discrepancies between what is written and what is said
- observe aspects of the accreditation standards to judge their robustness
- seek clarification and confirmation when required.

The accreditation panel will concentrate on major rather than minor issues or technical points. In their assessment they will distinguish between opinions that fairly represent the group being interviewed as a whole and those which may be views of the few.

Appendix 2- Glossary

Term	Explanation
6th year medical student	A medical student in the final year of medical school where students participate in medical teams in a junior capacity. Also known as a trainee intern (TI).
Accreditation standards for clinical attachments	Each clinical attachment 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 for accredited training providers.
Advisory Panel	Advisory Panel(s) are established at each training provider to assess each PGY1's overall performance and decide whether they have met the required standard to be registered in a general scope of practice and proceed to the next stage of training.
Clinical attachment	A Council accredited 13-week (14 weeks maximum) rotation worked by an intern.
Clinical supervisor	A vocationally registered doctor named as a supervisor of interns as part of the accreditation of a clinical attachment.
Community-based attachment	A community-based attachment is defined as an educational experience in a Council accredited clinical attachment led by a specialist (vocationally-registered doctor) in a community focused service in which the intern is engaged in caring for the patient and managing their illness in the context of their family and community.
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 make a recommendation for registration in a general scope of practice.
ePort	An electronic record of learning for each intern to record and track the skills and knowledge acquired.
Formal education programme	The regular formal teaching sessions organised by the training provider and attended by interns.
General scope of practice with an endorsement	When an intern is approved registration in a general scope of practice an endorsement reflecting the requirements for PGY2 are included on their practising certificate for the PGY2 year.
Intern training programme	The training and education programme for PGY1 and PGY2 doctors at each training provider.

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