



**Te Kaunihera Rata  
o Aotearoa**

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Medical Council  
of New Zealand

# Intern Guide – prevocational medical training

(New Zealand, Australia and NZREX Graduates)

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## 1. Overview of prevocational medical training

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### Who completes prevocational medical training?

Graduates of New Zealand and Australian accredited medical schools and doctors who have sat and passed New Zealand Registration Examination (NZREX Clinical) must complete prevocational medical training.

### What is prevocational medical training?

Prevocational medical training ensures that postgraduate year 1 (PGY1) and postgraduate year 2 (PGY2) doctors (collectively known as interns) continue to build on their undergraduate education. For NZREX doctors it assures the Medical Council of New Zealand (Medical Council) that the doctor has the broad-based core competencies and experience needed for medical practice in New Zealand.

All prevocational medical training providers must be approved by the Medical 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.

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

Please refer to the Medical Council's [Policy on prevocational medical training](#) for further information.

The components of prevocational medical training are outlined below.

### Components of prevocational medical training

#### ePort

Many of you will have been using ePort in your last year of medical school. ePort is an online electronic record of learning which tracks your progress and records the skills and knowledge you have gained throughout your training. Your ePort is owned by you but will be accessible to both your prevocational educational supervisor and your clinical supervisor. ePort is accessed through [www.ePort.nz](http://www.ePort.nz).

You need to read, understand, and adhere to the prevocational medical training e-portfolio privacy statement as shown in Appendix 1 of this guide.

#### Clinical attachments

Your prevocational medical training will include a series of clinical attachments that offer a range of clinical experiences under the close supervision of senior doctors and experienced trainees.

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

Each clinical attachment is accredited by the Medical Council to ensure it provides quality supervision and assessment for interns to gain a breadth of experience. You are not permitted to practise medicine outside your allocated clinical attachment unless your supervisor agrees and your employer approves. Any practise outside your allocated clinical attachment must be within another accredited clinical attachment environment.

At the end of each clinical attachment, an *End of Clinical Attachment Assessment* form is completed by your Clinical supervisor. As part of this, your performance in the attachment is graded as either 'unsatisfactory', 'conditional', 'meets expectation' or 'above expectation'. See page 8 of this guide for further information about this process.

## **Learning activities**

The range of essential skills and competencies you need to attain by the end of prevocational medical training is described in 14 learning activities. You are expected to regularly review your level of achievement and record self-reflections against all 14 learning activities, indicating areas of strength and areas for further development.

Refer to pages 9-12 of this guide for more information about how to record self-reflections in ePort.

## **Multisource feedback (MSF)**

MSF is a tool that gathers information from colleagues to inform your development. It is NOT an assessment of your performance.

The MSF process involves you completing a self-assessment and nominating a minimum of 12 colleagues who are willing to provide anonymous feedback on your practice. The colleagues you nominate will be sent an email asking them to complete an online questionnaire containing 17 questions. You will answer the same 17 questions in your self-assessment.

The recommended timeframe for completing this six-week process is between the beginning of quarter 4 in PGY1 and the end of quarter 2 in PGY2. You should discuss and agree with your prevocational educational supervisor the appropriate timing for you to undertake MSF.

On completion of the MSF process a collated electronic report will be generated in ePort. Only you and your prevocational educational supervisor will be able to view the report.

For further information on this process see the [Multisource feedback \(MSF\) intern guide](#).

## **Professional Development Plan (PDP)**

Every PGY1 and PGY2 intern is required to develop and maintain a PDP in ePort. Your PDP is a short planning document that records your learning goals. You should use your self-reflections from your learning activities to guide the development of appropriate goals.

Your PDP is developed with your prevocational educational supervisor and with input from each of your clinical supervisors. Your PDP is a living document and should be updated throughout the year, particularly as you reflect on progress in your learning activities and findings from your MSF report.

See page 13 of this guide for more information about creating and regularly updating your PDP.

## 2. Requirements

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### **Requirements for gaining a general scope of practice with endorsement at the end of PGY1**

At the end of PGY1, an Advisory Panel made up of your Chief Medical Officer (CMO) or their delegate, two prevocational educational supervisors (including your own), and a lay person, will consider your application to be issued a general scope of practice with endorsement.

Refer to page 14 of this guide for more information about the Advisory Panel process.

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

- Satisfactorily complete four accredited clinical attachments<sup>1</sup>.
- Substantively attain the learning outcomes outlined in the 14 learning activities of the curriculum.
- Achieve certification for advanced cardiac life support (ACLS) as set in the Medical Council's policy on ACLS 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.

Before completing PGY1, you must also develop your PDP for PGY2, to be approved by the Advisory Panel. If you wish to join a vocational training programme or to practise overseas you must add information about your intentions as goals in your PDP.

### **Requirements for completing PGY2 and having your endorsement removed**

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

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

To be eligible to apply for removal of your endorsement you 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 your PDP.

If you join a vocational training programme in PGY2, you must complete all the requirements of the prevocational medical training programme alongside any other training requirements.

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<sup>1</sup> It is the intention that interns should complete at least 10 weeks in an attachment, however prevocational educational supervisors are required to use their discretion and take into account an intern's overall progress when considering whether or not an intern has met the requirements of an attachment.

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 Director of Medical training or CMO and/or to contact Council.

If you think you might complete less than 10 weeks in an attachment you should be proactive in discussing your plans with your prevocational educational supervisor.

If your prevocational educational supervisor has any concerns or issues regarding the removal of your endorsement then this recommendation will be escalated to the CMO or delegate. If you disagree with the final recommendation from the prevocational educational supervisor and CMO, you have the right to appeal to the Medical Council, as Council is the decision-maker. The Medical Council's Education Committee Chair and Medical Adviser would review the recommendation in the first instance.

If it is decided that you have not met the requirements, the endorsement will remain on your practising certificate. You will then need to complete additional attachments until your prevocational educational supervisor is satisfied you have meet the above requirements.

During PGY2, you may have taken leave, worked part-time, entered a vocational training programme or worked overseas. Pages 15 and 16 of this guide have more information about flexibility in meeting the PGY2 requirements.

### **Requirements for transitioning into PGY3**

Before your endorsement can be removed at the end of PGY2 you must either enrol in the recertification programme *Inpractice* with bpac<sup>nz</sup>, or enrol in a vocational training programme. Evidence of enrolment needs to be provided within one month from the date of application for endorsement removal to [pgy3@mcnz.org.nz](mailto:pgy3@mcnz.org.nz). Only once this is done will your endorsement be removed from your practising certificate.

You must complete your PGY2 year prior to being appointed to a more senior position, including a registrar position where you are not undertaking vocational training.

### 3. Supervision and support

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#### **Your relationship with your prevocational educational supervisor**

All interns are assigned a prevocational educational supervisor. Prevocational educational supervisors are vocationally-registered doctors appointed by the Medical Council to provide educational supervision, pastoral care and support to a group of up to 10 interns over the course of a year.

These are key times when you will meet your prevocational educational supervisor:

- At the beginning of PGY1 to discuss your goals.
- After each clinical attachment to review your progress.
- Towards the end of PGY1 to review progress and discuss your plans for PGY2.
- Following completion of MSF to discuss your feedback report.

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

Your prevocational educational supervisor will ensure that your clinical supervisor on each attachment is reviewing your ePort and speaking with you about your PDP and your progress across the learning activities.

Your prevocational educational supervisor is a member of your Advisory Panel at the end of PGY1. The Advisory Panel reviews the overall performance of each intern and makes a recommendation to the Medical Council about whether the intern has met the required standard to be registered in a general scope of practice and proceed to the next stage of training.

#### **Your relationship with your clinical supervisor**

On each attachment you will be assigned a clinical supervisor. Your clinical supervisor is your professional mentor and support person for the duration of that clinical attachment. A clinical supervisor must be a vocationally-registered doctor who has been nominated by your training provider to supervise interns. Clinical supervisors are trained in supervision and assessment.

The clinical supervisor's role is to provide day-to-day supervision and guide you in your learning on a particular clinical attachment. Each of your clinical supervisors will provide you with formal feedback on your performance and progress.

Your clinical supervisor may delegate their day-to-day supervision to others in the clinical team. They will seek feedback on your performance from the clinical team and other healthcare staff, and use this to inform their meetings with you.

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

If your clinical supervisor identifies that you are struggling in the attachment, they are expected to engage with your prevocational educational supervisor as soon as possible to ensure that you are receiving appropriate support.

At the end of each clinical attachment your clinical supervisor will complete an *End of Clinical Attachment Assessment*. If the outcome is 'conditional' or 'unsatisfactory', the clinical supervisor will work with you to identify areas you will need to focus on for further development. These will be noted in your PDP so you can work on them during your next attachment. Your clinical supervisor will also contact your prevocational

educational supervisor so that they can support you and work with the clinical supervisor on your next attachment to focus your learning and help you make progress across the 14 learning activities.

The key meetings with your clinical supervisor are outlined in the section below.

## 4. Key meetings with your clinical supervisor

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

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

Setting up these meetings is a joint responsibility between you and your clinical supervisor. You will have the opportunity to meet with your clinical supervisor formally before your 'Beginning of clinical attachment' meeting.

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

### **Beginning of clinical attachment meeting**

At the beginning of your clinical attachment meeting, your clinical supervisor should review your ePort, including your PDP, outline their expectations and discuss the learning opportunities available on the clinical attachment.

### **Mid-attachment meeting**

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

This meeting provides your clinical supervisor with an opportunity to identify areas for you to focus on for improvement for the remainder of the attachment. You should then update your PDP in ePort, including recording the areas for improvement.

Your clinical supervisor will record their comments and feedback in *Section 3. Mid clinical attachment meeting* under the *Attachments* tab.

### **End of clinical attachment meeting**

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

The first part of the assessment is formative. The clinical supervisor considers your performance based on your progress across the 14 learning activities. The clinical supervisor will assess your performance against the key competence areas of professionalism, communication, clinical management, clinical problems and procedures and interventions. A coloured bar will appear on your ePort showing the rating given by the clinical supervisor. The colour of the bar is designed to be a visual indicator when scrolling through the assessment to highlight any areas to pay attention to.

Following this, the clinical supervisor makes an overall summative assessment of your performance on the attachment. The attachment is graded one of the following: 'unsatisfactory', 'conditional', 'meets expectation' or 'above expectation'. If the outcome of your assessment is 'conditional' or 'unsatisfactory', your clinical supervisor must discuss with you the 'areas to focus on for further development' and record these in the assessment so they can be worked on during the following attachment. This should not be a surprise as issues should have been raised with you beforehand and discussed with your prevacational educational supervisor.

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

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

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

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

## 5. Overview of learning activities

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The 14 learning activities in the curriculum outline the range of essential skills and competencies you will need to attain by the end of prevocational medical training.

### Learning Activities

The 14 learning activities are:

- Obtain a history from a patient
- Perform a physical examination
- Formulate a differential diagnosis following a clinical encounter
- Request and interpret common investigations
- Prescribing of medication
- Document a clinical encounter in the patient record
- Oral presentation of patient presentation
- Develop evidence-based, patient-centred management plans
- Give or receive a patient handover to transition care
- Participate as a member of a multi-disciplinary team
- Recognise and manage a patient requiring urgent or emergent care
- Obtain informed consent for tests, treatment and/or procedures
- Perform basic procedural skills
- Contribute to a culture of safety and improvement

You are expected to regularly review and record self-reflections against all 14 learning activities, indicating areas of strength and areas for further development, which should then inform goals in your PDP.

The learning activities can be achieved through clinical attachments, the formal education programme and individual learning. You can record your learning through self-reflection on progress made in each of the 14 learning activities according to the following levels of proficiency:

- 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.

### Requirements for achieving substantive attainment of learning outcomes

By the end of PGY1 you need to have recorded reflections against all 14 learning activities. Throughout your intern years you should regularly revisit each activity and record further reflections that demonstrate progress and attainment of the required skills and competencies.

Assessment is based on a high level of trust. While you need to record your learning, you are not required to provide evidence to support your reflection.

You should discuss ways to attain proficiency in each of the learning activities with your prevocational educational supervisor, as well as your clinical supervisors and all those involved in your training.

## Recording of your learning activities in ePort

You will need to record your self-reflections on your learning in ePort.

Below are the steps to follow:

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



The screenshot shows the ePort homepage. At the top, there is a navigation bar with 'ePort', 'Interns', 'My profile', 'Sample Intern', and 'Log out'. Below the navigation bar, there is a sidebar with links: 'Summary', 'PDP', 'Learning activities' (which is circled in red), 'Attachments', 'Multisource feedback (MSF)', and 'Additional learning'. The main content area features the Medical Council of New Zealand logo and the text 'Medical Council of New Zealand Te Kaunihera Rata o Aotearoa'.

### Learning activities

Table below shows your latest learning activity reflection for each activity.

No.	Activity progress	Date
1	Obtain a history from a patient	<a href="#">Open</a> <a href="#">Add</a>
2	Perform a physical examination	<a href="#">Open</a> <a href="#">Add</a>

3. Click 'Add new activity'.
4. Go to the activity you wish to record learning progress against and click 'Add'.



The screenshot shows the 'Learning activities' page. At the top, there is a navigation bar with 'ePort', 'Interns', 'My profile', 'productive suede', and 'Log out'. Below the navigation bar, there is a message 'This is INPRCMATEST01'. The main content area features the ePort logo and the Medical Council of New Zealand logo.

### Learning activities

No.	Activity	Learning progress	Date	
1	Obtain a history from a patient	I feel confident to undertake this activity without assistance from a supervisor or other senior colleague over a range of patients	6/11/2019	<a href="#">Open</a> <a href="#">Add</a>
2	Perform a physical examination	I know about this activity and have watched others undertake it	4/11/2019	<a href="#">Open</a> <a href="#">Add</a>
3	Formulate a differential diagnosis following a clinical encounter	I know about this activity and have watched others undertake it	6/11/2019	<a href="#">Open</a> <a href="#">Add</a>
4	Request and interpret common investigations	I have undertaken this activity with support and guidance from a supervisor or other senior colleague	6/11/2019	<a href="#">Open</a> <a href="#">Add</a>
5	Prescribing of medication	I feel confident to undertake this activity without assistance from a supervisor or other senior colleague over a range of patients	6/11/2019	<a href="#">Open</a> <a href="#">Add</a>
6	Document a clinical encounter in the patient record			<a href="#">Open</a> <a href="#">Add</a>
7	Oral presentation of patient presentation			<a href="#">Open</a> <a href="#">Add</a>
8	Develop evidence-based, patient-centred management plans	I feel confident to undertake this activity without assistance from a supervisor or other senior colleague over a range of patients	8/11/2019	<a href="#">Open</a> <a href="#">Add</a>
9	Give or receive a patient handover to transition care			<a href="#">Open</a> <a href="#">Add</a>
10	Participate as a member of a multi-disciplinary team	I can undertake this activity independently and can assist other learners	1/11/2019	<a href="#">Open</a> <a href="#">Add</a>
11	Recognise and manage a patient requiring urgent or emergent care	I feel confident to undertake this activity without assistance from a supervisor or other senior colleague over a range of patients	6/11/2019	<a href="#">Open</a> <a href="#">Add</a>

5. When you choose to 'Open' a learning activity, a screen will open that shows the last learning progress you have recorded. You can choose to either 'Edit' an existing reflection or 'Add new reflection'.

This is INPRCMATEST01

**ePort**

productive suede Log out

Develop evidence-based

Add new reflection

Learning progress

I can undertake this activity independently and can assist other learners 6/11/2019 Edit

I feel confident to undertake this activity without assistance from a supervisor or other senior colleague over a range of patients 8/11/2019 Edit

4 Request and interpret common investigations I have undertaken this activity with support and guidance from a supervisor or other senior colleague 6/11/2019 Open Add

5 Prescribing of medication I feel confident to undertake this activity without assistance from a supervisor or other senior colleague over a range of patients 6/11/2019 Open Add

6 Document a clinical encounter in the patient record Open Add

7 Oral presentation of patient presentation Open Add

8 Develop evidence-based, patient-centred management plans I feel confident to undertake this activity without assistance from a supervisor or other senior colleague over a range of patients 8/11/2019 Open Add

9 Give or receive a patient handover to transition care Open Add

10 Participate as a member of a multi-disciplinary team I can undertake this activity independently and can assist other learners 1/11/2019 Open Add

11 Recognise and manage a patient requiring urgent or emergent care I feel confident to undertake this activity without assistance from a supervisor or other senior colleague over a range of patients 6/11/2019 Open Add

6. The pop up screen when you selection 'Add new reflection' provides a full description of the activity and the functions to undertake within it. You are expected to reflect on and select your level of proficiency, write a self-reflection and click 'Save'.

**ePort** Interns My profile productive suede Log out

**Self-reflection**

Develop evidence-based, patient-centred management plans

**Description of the activity**

It is expected that interns will appropriately advise patients on their treatment options and have a reasonable knowledge of the range of evidence-based treatments that are available to treat their condition.<sup>8</sup>

To effectively do this, interns must be able to first identify the key clinical questions and resources available. They then need to know how to effectively retrieve, appraise, consider and put all information together to address their question and put it into a clinical context. Interns need to recognise when specific clinical decision are 'beyond current scope of practice' e.g. decisions around palliation, thrombolysis etc. and seek senior assistance. If a patient lacks capacity to consent to treatment, then act in what is perceived as the patient's best interests based on whanau or previous wishes e.g. advanced care plans.

Management plans should demonstrate shared decision making.

**FUNCTIONS**

Interns should:

- Develop a clear, focused, pertinent clinical question based on clinical scenarios or real-time patient care.
- Be able to appraise the quality of both the sources and content of medical information using accepted criteria.
- Use information technology to identify accurate and reliable online medical information.
- Demonstrate the ability to apply evidence and the relevance of medical literature and published studies to specific patients.
- Apply research findings to a clinical scenario, ensuring that patient's cultural safety

Reflecting on what you have learnt through practical experience, observation or attending educational sessions, what do you think is your level of accomplishment based on what you learned in this particular activity?

I know about this activity and have watched others undertake it

I have undertaken this activity with support and guidance from a supervisor or other senior colleague

I feel confident to undertake this activity without assistance from a supervisor or other senior colleague over a range of patients

I can undertake this activity independently and can assist other learners

Self-reflection [?](#)

Date 10/11/2019 Link to a PDP goal Link to an attachment

Delete Invite Close Save

7. For prompts to guide your self-reflection, click on the question mark at the top of the box.

retrieve, appraise, consider and put all information together to address their question and put it into a clinical context. Interns need to recognise when specific clinical decision are 'beyond current scope of practice' e.g. decisions around palliation, thrombolysis etc. and seek senior assistance. If a patient lacks capacity to consent to treatment, then act in what is perceived as the patient's best interests based on whanau or previous wishes e.g. advanced care plans. Management plans should demonstrate shared decision making.

**FUNCTIONS**

Interns should:

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Reflecting on what you have learnt through practical experience, observation or attending educational sessions, what do you think is your level of accomplishment based on what you learned in this particular activity?

I know about this activity and have watched others undertake it

I have undertaken this activity with support and guidance from a supervisor or other senior colleague

I feel confident to undertake this activity without assistance from a supervisor or other senior colleague over a range of patients

I can undertake this activity independently and can assist other learners

**Self-reflection** 

Personal reflection on this activity

Suggested guidance prompts for first entry

*What do you think are your areas of strength when undertaking this activity?*

*What do you think are the areas you need to develop in when undertaking this activity?*

*What actions or learning can you do to develop your knowledge and proficiency in undertaking this activity?*

Suggested guidance prompts when revisiting the activity

*What have you learned since you last reflected on this activity?*

*What areas do you think you need to develop further in this activity?*

*What further actions or learning do you need to do to reach proficiency in undertaking this activity?*

Link to an attachment

Invite Close Save

For prevocational training enquiries phone 0800 436 555 or contact [prevocationalfedback@mcnz.org.nz](mailto:prevocationalfedback@mcnz.org.nz)



You are encouraged to discuss your self-reflections with your prevocational educational supervisor so they can better support you and help you to link your reflections with goals and opportunities in your PDP.

## 6. Overview of your PDP

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The purpose of your PDP is to help you reflect on your achievements to date and identify your learning goals for future attachments and/or from your training provider's formal education programme. It will help structure and focus your learning, strengthen existing skills, and develop new ones.

Only you can add goals to your PDP in ePort. Once these are added, both your clinical supervisor and prevocational educational supervisor can view and comment on these goals in ePort.

### **Process for developing and maintaining your PDP**

#### **At the beginning of PGY1**

Your prevocational educational supervisor will meet with you at the beginning of PGY1 to assist you in developing overarching goals in your PDP.

#### **At the beginning of an attachment**

At the beginning of every new attachment your clinical supervisor will review your ePort to identify areas for your development with particular focus on any previous end of clinical attachment assessments. Your clinical supervisor will then assist you in developing goals that are specific and achievable for the current attachment.

#### **Mid-attachment and end of attachment**

At the mid-attachment and end of attachment meetings, your clinical supervisor will revisit the goals set at the beginning of the attachment and discuss your progress in achieving these.

At the end of each clinical attachment your prevocational educational supervisor will review your PDP to monitor your progress and work with you to address any issues.

#### **At the end of PGY1**

Towards the end of PGY1 your prevocational educational supervisor will meet with you to discuss developing your PDP for PGY2 and assist you with setting goals for the year ahead. Your PDP for PGY2 will be reviewed by the Advisory Panel when it considers your progress at the end of PGY1.

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

- Your level of proficiency against the 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.

#### **Following MSF**

Once you have completed MSF your prevocational education supervisor will discuss your report with you and the learnings from the report should be used to inform your PDP.

## 7. Overview of the Advisory Panel

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At the end of your PGY1 year, if you have satisfactorily completed four clinical attachments, an approved Advisory Panel (within your training provider) will meet to discuss your overall performance. They will assess whether you have met the required standard to be registered in a general scope of practise and proceed to the next stage of training. The use of an Advisory Panel adds further robustness to the assessment of interns and ensures that prevocational educational supervisors are better supported, and not placed in the role of advocate and judge.

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

A [Guide for the Advisory Panel](#) is available on Council's website and in ePort. The document provides further information about the purpose of the Advisory Panel and a step-by-step ePort guide.

### **Composition of an Advisory Panel**

The panel will comprise the following four members:

- your CMO or CMO delegate who will Chair the panel
- your prevocational educational supervisor
- a second prevocational educational supervisor who may be from your training provider, or may be from a different training provider
- a lay person (the lay person must not be a registered health professional, nor should they be an employee of any training provider).

### **Information that the Advisory Panel reviews**

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

- 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 yet been achieved.
- Your PDP and progress with goals.
- Evidence of ongoing learning and responding to feedback.
- Additional learning completed.
- Amount of community-based experience completed.
- ACLS certification that meets the Medical Council's requirements, set out in the policy *Advanced cardiac life support requirement for PGY1 interns*, less than 18 months old – this must be uploaded to an 'Activity' with the ACLS box ticked.
- Your proposed PDP (including goals) for PGY2.

### **Factors the Advisory Panel will take into account**

The recommendation of the Advisory Panel will take into account whether you have:

- actively engaged in ongoing learning and responded to feedback
- recorded self-reflections on each of the 14 learning activities (individual self-reflections will not be visible to the Advisory Panel)
- sufficiently addressed all issues arising from the 'areas for improvement' sections of the end of clinical attachment assessments, particularly those that have any implications on your safety to practice.

**Endorsement of the PDP for PGY2**

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

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

## 8. Flexibility in meeting PGY2 requirements

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There is flexibility in the prevocational medical training programme that allows you to take leave, work part-time, enter a vocational training programme, or practice overseas during PGY2.

### **Taking leave**

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

It is the intention that interns should complete a minimum of 10 weeks in each clinical attachment, however the prevocational educational supervisor has the discretion and responsibility for determining whether an intern has satisfactorily met the learning of the attachment. Prevocational educational supervisors are advised to discuss cases involving time requirements with their CMO or Clinical Director of Training.

Factors taken into consideration when deciding if you have met the learning needs of the attachment include the duration of, and reasons for leave, overall progress in meeting the prevocational requirements, previous end of clinical attachment assessments and feedback from both clinical and prevocational educational supervisors. For example, if leave taken was in relation to medical education then this might be appropriate.

If you think you might complete less than 10 weeks in an attachment you should be proactive in discussing your plans with your prevocational educational supervisor. Satisfactory completion of an attachment is dependent on whether you have achieved the necessary learning outcomes.

### **Part-time working arrangements**

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

### **Entering a vocational training programme during PGY2**

While you are able to enter vocational training in PGY2, you will still be required to simultaneously complete your training in prevocational medical training accredited clinical attachments, maintain your PDP and continue to record self-reflections on the 14 learning activities in ePort. All requirements for the vocational training programme are in addition to Council's requirements.

You will need to enter a PDP goal that describes your intent to participate in the particular vocational training programme during PGY2. You should engage with your employer if you wish to complete specific accredited clinical attachments in PGY2 to ensure it meets the employer's policies for allocation. The Advisory Panel will consider your intention to enter vocational training in PGY2 when they endorse your PDP for PGY2.

## **Working overseas in PGY2**

If you wish to practice overseas in PGY2, you must provide the Advisory Panel with information about your intentions and a proposed PDP at the end of PGY1. Your placements should be approved before you travel.

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 medical training.
- Within the UK – a position in an approved practice setting that has been recognised by the General Medical Council (GMC) for prevocational medical training in the UK.
- Within Ireland – a supervised position approved by Irish Medical Council (IMC) for prevocational medical training.

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

If you work overseas during all or part of your PGY2 year, you must also upload supervision reports for the period that you work overseas and must complete a full year in PGY2.

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

## 9. Additional information

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### Community-based clinical attachments

Completing a clinical attachment in a community setting will familiarise you 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 you a CBA you will not be disadvantaged.

Refer to the [definition of a community-based attachment](#) and the [Accreditation standards for clinical attachments](#), for further information.

### Informed consent

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

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

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

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

For further information refer to [Informed consent: helping patients make informed decisions about their care](#) and [Accreditation standards for training providers](#) (standard 3.1.10).

### Night cover

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

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

### Handover

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

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

# Prevocational training e-portfolio privacy statement



Te Kaunihera Rata  
o Aotearoa  
Medical Council  
of New Zealand

Each intern completing postgraduate year 1 (PGY1) and postgraduate year 2 (PGY2) has an e-portfolio (known as ePort), which is their personal record of learning as part of prevocational training. ePort ensures a nationally consistent means of tracking and recording skills and knowledge acquired during the intern years, PGY1 and PGY2.

e-Port stores information that includes:

- a professional development plan (PDP)
- completed *End of Clinical Attachment Assessment* forms
- record of self-reflection on learning activities
- multisource feedback outcomes; and
- additional learning.

At the end of PGY1 each training provider will convene an Advisory Panel that will discuss and assess each intern's overall performance based on the above information, and will make a recommendation to the Medical Council as to whether the intern has met the standard required to be registered in a general scope of practice and to proceed to the next stage of training.

For these reasons, a number of people will require access to an intern's ePort to undertake assessments, provide feedback and to support the intern to satisfactorily complete the programme.

This statement explains how the Medical Council collects, stores, uses and shares personal information through the ePort, in accordance with the *Privacy Act 2020* and the relevant privacy principles. Contact [support@eport.nz](mailto:support@eport.nz) if you have any questions or complaints about your rights under the Act.

## Section 1 – Patient confidentiality

### *Standard*

ePort must not contain any data which could identify an individual patient.

### *Rationale*

Patient confidentiality must be respected at all times. ePort does not form part of the patient record, it must not include any data that would identify an individual patient.

### *Requirements*

- ePort displays instructions to users not to upload any data that could identify an individual patient.
- Any data relating to patients must be anonymised by the intern. This includes, but is not restricted to, data recorded as part of assessments, the PDP, or any uploaded documents.

## Section 2 – Intern confidentiality and access to data

### Standard

Levels of access to data must be clearly prescribed. ePort data must only be accessed and used for the purpose for which it is retained.

### Rationale

ePort supports the learning of interns and collates evidence of learning, assessments and other achievements. It is a record of learning belonging to that doctor. Those responsible for training interns must be able to monitor progress and access relevant data to assist decision making.

### Requirements

- ePort must provide information on who has access to what data, for what purpose, and for what period.
- Individual interns must be asked to give consent for their data to be shared with the specified roles set out in the table below, before being given access to ePort.
- Interns must be made aware that they will be unable to use the ePort if they do not give this consent and they will not be able to complete their prevocational medical training.

Job Title	Access level	Purpose	Access duration
<b>Intern</b>	All own data.	To record their progress and self-reflections on the 14 learning activities, complete their PDP and access supervisor feedback. The information recorded in ePort forms a record of learning that belongs to the doctor.	Indefinitely.
<b>Prevocational educational supervisors</b>	Shared ePort content for specified interns in a particular training provider.	Educational feedback and assessment. Prevocational educational supervisors give advice and add comments and information in ePort throughout the period they are assigned to the intern.	During the period of supervision during PGY1 and/or PGY2. Access is granted for administrative purposes from 1 month prior to the first clinical attachment until 1 month after Council has signed the intern off for endorsement removal.
	Access to view the specified interns' self-reflections on their progress against the 14 learning activities.	Educational feedback and discussion on progress. Prevocational educational supervisors give advice and add comments and information in ePort throughout the period they are assigned to the intern.	During the period of supervision during PGY1 and/or PGY2. Access is granted for administrative purposes from 1 month prior to the first clinical attachment until 1 month after Council has signed the intern off for endorsement removal.

<b>Clinical supervisors</b>	Shared ePort content for specified interns in a particular clinical attachment of a particular training provider.	Educational feedback and assessment. Clinical supervisors add comments and information throughout the allocated attachment.	For the 13-week accredited clinical attachment that the clinical supervisor is the named supervisor for the intern. Access is granted for administrative purposes from 1 month prior to the clinical attachment commencing until 1 month after the prevocational educational supervisor signs off the attachment.
<b>Advisory panel</b>	Shared ePort content for specified interns in a particular training provider.	Educational assessment and ensuring the intern has met the regulatory requirements set by Council to meet the requirements for registration in a general scope of practice.	Panel members are granted access from the point of allocation to an intern's advisory panel until the sign off of the advisory panel process.
<b>RMO Coordinator (nominated e-portfolio administrator)</b>	Administrator's view that does not include access to individual intern's ePortfolios.	Administrative.	During the period that the intern is employed and supervised at the training provider during PGY1 and PGY2. Access is granted for administrative purposes from the point the intern is allocated to the training provider until the intern completes their prevocational medical training.
<b>Clinical Directors of Training</b>	Shared ePort content for specified interns in a particular training provider.	To view intern data at a high level, such as meeting dates and assessment outcomes.	While the intern is working at their assigned training provider until the completion of prevocational medical training.
<b>CMO or delegate</b>	Shared ePort content for a specified intern in a particular training provider on unsatisfactory performance as disclosed by prevocational educational supervisor.	To provide supplementary support and remediation where an intern's performance is unsatisfactory or conditional pass as flagged by the prevocational educational supervisor. The CMO or delegate also comments in ePort during the advisory panel process and makes the final recommendation to Council.	When authorised by the prevocational educational supervisor or when allocated to an intern's Advisory Panel.

<b>Medical school administrators</b>	High level view that does not include access to individual ePortfolios.	To view trainee intern data at a high level, such as progress against learning activities and goals that have been recorded.	Throughout the trainee intern year.
<b>Council staff</b>	Shared ePort content and data relating to interns, training providers, clinical attachments and supervisors.	To support prevocational medical education processes, registration, and to monitor and evaluate training providers and supervisors.	Administrative access as required.

### Section 3 – Quality management

#### *Standard*

ePort will include systems to minimise the risk of fraudulent data entry, inappropriate access or modification or misuse.

#### *Rationale*

The data in ePort is used to assess whether the intern has:

- met the required standard for satisfactory completion of PGY1 to gain registration in a general scope of practice and;
- satisfactorily completed the requirements for PGY2.

To ensure patient safety and to preserve trust between the medical profession and the public, it is essential that only doctors who meet the required standard are permitted to progress.

#### *Requirements*

- Only specially designated user accounts approved by Council are able to create new users and to assign access levels.
- ePort will provide clear guidance to all users regarding the security of their login details and the consequences of sharing details.
- ePort will put systems in place to authenticate all users' identities (including the roles in the table above).

### Section 4 – Pooled data

#### *Standard*

Any data used for analysis purposes must be pooled and anonymised.

#### *Rationale*

The purpose of ePort is to collect information to record each intern's progress in meeting prevocational training requirements. Establishing data from ePort to benefit patient safety, improve services and to assist with education and development also meets proper use and purpose only when it is pooled and anonymised.

#### *Requirement*

- Data will only be used for quality assurance, quality management and quality control.

## **Section 5 – Other data**

### *Standard*

Data about training providers, clinical attachments and supervisors is accessible to Council.

### *Rationale*

Council requires access to this information to evaluate the performance of clinical attachments, supervisors and training providers for quality assurance.

### *Requirement*

- ePort will allow Council access to information for the purpose of quality assurance.

## Consent wording

### 1. Intern consent

- I agree that any data in ePort relating to patients must be anonymised. This includes but is not restricted to data recorded as part of assessments, the PDP, or any uploaded documents.
- I understand that the information collected and stored on ePort is to be used for the purposes of tracking and recording skills and knowledge acquired during the intern years, PGY1 and PGY2.
- I give consent for persons described in the table above to access my ePort as specified in the table.
- I understand that if I do not consent to this information being collected and stored in ePort I will not be able to complete prevocational medical training.
- I understand my data will be held securely, via password protection and limited access, and will only be used for proper use and purpose. The information contained in ePort will be held indefinitely for my access but will be closed to others once my endorsement is removed.
- I agree that the information may be used as pooled data for quality assurance, quality management and quality control purposes.
- I will ensure my password for ePort is unique and secure. Your password must include a capital letter and a number.
- I agree not to share my password with any third parties.
- I understand I can change my password and email address under the 'My Profile' tab in ePort at any time.
- I understand I have the ability to access my information on ePort at any time, and I have a right to request a correction to my information by emailing [support@eport.nz](mailto:support@eport.nz) for support. Changes to supervisor comments and assessments will be at the discretion of the CMO and/or supervisors.

### 2. Prevocational educational supervisor consent

- I agree that I am accessing an intern's ePort for the period that I am their prevocational educational supervisor. This period will extend 1 month prior to the first clinical attachment until 1 month after Council has signed the intern off for endorsement removal.
- I am accessing ePort only for proper use and purpose. Proper use and purpose is limited to educational feedback and assessment and regulatory requirements.
- I agree only to grant access to limited parties (that is, the CMO or delegate) where the intern's performance has not met the required standard, for the purpose of the CMO or delegate providing support and remediation.
- I will ensure my password for ePort is unique and secure. My password must include a capital letter and a number.
- I agree not to share my password with any third parties.
- I understand I can change my password and email address under the 'My Profile' tab in ePort at any time.

**3. Clinical supervisor consent**

- I agree that I am only able to access an intern's e-portfolio during the 13-week accredited clinical attachment that I am the named supervisor. This period will extend 1 month prior to the clinical attachment commencing until 1 month after the prevocational educational supervisor signs off the attachment.
- I am accessing ePort only for proper use and purpose. Proper use and purpose is limited to educational feedback and assessment and regulatory requirements.
- I will ensure my password for ePort is unique and secure. My password must include a capital letter and a number.
- I agree not to share my password with any third parties.
- I understand I can change my password and email address under the 'My Profile' tab in ePort at any time.

**4. Advisory Panel consent**

- I agree that I am accessing ePort for the period that I am a named member of the approved Advisory Panel for interns registered in a provisional general scope of practice. This period will extend from the point of allocation to an intern's advisory panel until the sign off of the advisory panel process.
- I am accessing ePort only for proper use and purpose. Proper use and purpose is limited to educational assessment and regulatory requirements.
- I will ensure my password for ePort is unique and secure. My password must include a capital letter and a number.
- I agree not to share my password with any third parties.
- I understand I can change my password and email address under the 'My Profile' tab in ePort at any time.

**5. RMO Coordinator (nominated ePort administrator) consent**

- I agree that I am accessing the administrative view of ePort for the period that I am the nominated ePort administrator for the specified interns. This period will extend from the point the intern is allocated to the training provider as an intern until the intern completes their prevocational medical training.
- I am accessing ePort only for proper use and purpose. Proper use and purpose is limited to administrative requirements.
- I will ensure my password for ePort is unique and secure. My password must include a capital letter and a number.
- I agree not to share my password with any third parties.
- I understand I can change my password and email address under the 'My Profile' tab in ePort at any time.

**6. Clinical Director of Training**

- I agree that I am accessing an intern's ePort for the period the intern is working at my assigned training provider until the completion of their prevocational medical training.
- I am accessing ePort only for proper use and purpose. Proper use and purpose is limited to ensuring educational and assessment processes are being followed.
- I will ensure my password for ePort is unique and secure. My password must include a capital letter and a number.
- I agree not to share my password with any third parties.
- I understand I can change my password and email address under the 'My Profile' tab in ePort at any time.

**7. CMO/ delegate consent**

- I agree only to access an intern's ePort where the prevocational education supervisor has indicated that the intern's performance is not meeting the required standard, so to provide the intern with further support and remediation; or when allocated to an intern's Advisory Panel.
- I am accessing ePort only for proper use and purpose. Proper use and purpose is limited to educational assessment, support and regulatory requirements.
- I will ensure my password for ePort is unique and secure. My password must include a capital letter and a number.
- I agree not to share my password with any third parties.
- I understand I can change my password and email address under the 'My Profile' tab in ePort at any time.

**8. Medical school administrators**

- I agree I am accessing the administrative view of ePort for the period that I am the nominated ePort administrator for the specified trainee intern's.
- I am accessing ePort only for proper use and purpose. Proper use and purpose is limited to a high level view of activity.
- I will ensure my password for ePort is unique and secure. My password must include a capital letter and a number.
- I agree not to share my password with any third parties.
- I understand I can change my password and email address under the 'My Profile' tab in ePort at any time.

**9. Council staff**

- I agree I am accessing ePort for the period that I have a role in prevocational medical education at Council.
- I am accessing ePort only for proper use and purpose. Proper use and purpose is limited to supporting prevocational medical education training processes, registration, and monitoring and evaluating training providers and supervisors.
- I will ensure my password for ePort is unique and secure. My password must include a capital letter and a number.
- I agree not to share my password with any third parties.
- I understand I can change my password and email address under the 'My Profile' tab in ePort at any time.

## Appendix 2- Glossary

Term	Explanation
6 <sup>th</sup> 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).
<i>Accreditation standards for clinical attachments</i>	Each clinical attachment must meet these standards in order to be accredited by Council. Interns must work in accredited clinical attachments.
<i>Accreditation standards for training providers</i>	Training providers must meet these standards in order to be accredited to train interns. Interns can only work 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.
<i>End of Clinical Attachment Assessment</i>	The electronic form the clinical supervisor completes at the end of a clinical attachment for each PGY1. This form is stored in ePort. A PGY1 requires four satisfactory 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. PYG1 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).