

PREVOCATIONAL MEDICAL TRAINING FOR DOCTORS IN NEW ZEALAND



Accreditation standards for training providers

Introduction

Prevocational medical training (the intern training programme) spans the two years following registration with Council and includes both postgraduate year 1 (PGY1) and postgraduate year 2 (PGY2). Prevocational medical training must be completed 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). Doctors undertaking this training are referred to as interns.

The aim of the intern training programme is to ensure that interns further develop their clinical and professional skills. The intern training programme is based on adult learning principles and has at its core a personally-developed professional development plan (PDP).

The training provider must be accredited for the purposes of providing prevocational medical training. The training provider must ensure that there are a variety of accredited clinical attachments that provide quality training, supervision and assessment that allows interns to gain a breadth of experience and to achieve the learning outcomes in the *New Zealand Curriculum Framework for Prevocational Medical Training* (NZCF). Clinical attachments may only be accredited if they form part of the intern training programme provided by an accredited training provider. Clinical attachments take place in a variety of health care settings, including hospitals and community-based settings.

The Medical Council of New Zealand (Council) will accredit training providers for the purpose of providing prevocational medical education and training through the delivery of an intern training programme to those who have:

- structures and systems in place to ensure interns have sufficient opportunity:
 - to attain the learning outcomes of the *New Zealand Curriculum Framework for Prevocational Medical Training* (NZCF), and
 - to satisfactorily complete the requirements for prevocational medical training over the course of PGY1 and PGY2
- an integrated system of education, support and supervision for interns
- individual clinical attachments that meet Council's accreditation standards and provide a breadth of clinical experience and high quality education and learning.

The standards for accreditation of training providers identify the basic elements that must exist in all accredited intern training programmes while allowing flexibility in the ways in which the training provider can demonstrate they meet the accreditation standards.

Standards relating to Māori health, health inequities and cultural competence throughout the *Accreditation standards for training providers* are interim standards, and will be further updated in 2019.

Self-assessment

As part of the training provider's self-assessment documentation/evidence must be provided to Council that demonstrates how each accreditation standard is met.

1 STRATEGIC PRIORITIES

- 1.1 High standards of medical practice, education, and training are key strategic priorities for the training provider.
- 1.2 The training provider has a strategic plan for ongoing development and support of high quality prevocational medical training and education.
- 1.3 The training provider's strategic plan addresses Māori health.
- 1.4 The training provider has clinical governance and quality assurance processes that ensure clear lines of responsibility and accountability for intern training in the overall context of quality medical practice.
- 1.5 The training provider ensures intern representation in the governance of the intern training programme.
- 1.6 The training provider will engage in the regular accreditation cycle of the Council, which will occur at least every three years.

1 – Notes – Strategic priorities

- (i) Evidence of medical education and training as key strategic priorities may be demonstrated in documents such as the annual plan or the terms of reference of medical education governance committees within the organisation.
- (ii) The training provider can demonstrate recognition and appropriate resourcing for teaching, training, appraising and assessing doctors which is critical in the development of a highly skilled workforce to support quality of patient care.
- (iii) The training provider will have its own governance and administrative group responsible for the development, review and ratification of policies and processes that relate to the intern training programme.

2 ORGANISATIONAL AND OPERATIONAL STRUCTURES

2.1 The context of intern training

- 2.1.1 The training provider demonstrates that it has the mechanisms and appropriate resources to plan, develop, implement and review the intern training programme.
- 2.1.2 The chief medical officer (CMO) or their delegate (for example a Clinical Director of Training) has executive accountability for meeting prevocational education and training standards and for the quality of training and education.
- 2.1.3 There are effective organisational and operational structures to manage interns.
- 2.1.4 There are clear procedures to notify Council of changes in a health service or the intern training programme that may have a significant effect on intern training.

2.2 Educational expertise

- 2.2.1 The training provider demonstrates that the intern training programme is underpinned by sound medical educational principles.
- 2.2.2 The training provider has appropriate medical educational expertise to deliver the intern training programme.

2.2 – Notes – Educational expertise

- (i) The education principles underpinning the intern training programme must include an understanding of the teaching, learning practices and assessment methods in medical education and clinical supervision.
- (ii) Training providers are encouraged to form links and partnerships with medical schools, other district health boards (DHBs) and medical colleges to access additional educational expertise to support the intern training programme.
- (iii) Training providers must have appropriately qualified staff, to meet the objectives of the intern training programme.

2.3 Relationships to support medical education

- 2.3.1 There are effective working relationships with external organisations involved in training and education.
- 2.3.2 The training provider coordinates the local delivery of the intern training programme, or collaborates in such coordination when it is part of a network programme.
- 2.3.3 The training provider has effective partnerships with Māori health providers to support intern training and education.

2.3 – Notes – Relationships to support medical education

- (i) Training providers are encouraged to share resources, guidance documents and knowledge about prevocational medical training, including those relating to accreditation processes, across DHB and regional boundaries. Regional training hubs and training networks may play a key role in the intern training programme.
- (ii) Effective working relationships should be formed with other organisations and networks including Council, Health Workforce New Zealand (HWNZ), medical schools, medical colleges, primary health organisations, other DHBs, Māori health sector representatives and community-based healthcare providers.

3 THE INTERN TRAINING PROGRAMME

3.1 Programme components

- 3.1.1 The intern training programme is structured to support interns to attain the learning outcomes in the NZCF (75% by the end of PGY1 and at least 95% by the end of PGY2).
- 3.1.2 The intern training programme requires the satisfactory completion of eight 13-week accredited clinical attachments, which in aggregate provide a broad based experience of medical practice.
- 3.1.3 The training provider has a system to ensure that interns' preferences for clinical attachments are considered, mindful of the overall learning objectives of the NZCF and their individual PDP goals in the context of available positions.
- 3.1.4 The training provider selects suitable clinical attachments for training on the basis of the experiences that interns can expect to achieve, including the:
- workload for the intern and the clinical unit
 - complexity of the given clinical setting
 - mix of training experiences across the selected clinical attachments and how they are combined to support achievement of the goals of the intern training programme.
- 3.1.5 The training provider has processes that ensure that interns receive the supervision and opportunities to develop their cultural competence in order to deliver patient care in a culturally-safe manner.
- 3.1.6 The training provider, in discussion with the intern and the prevocational educational supervisor, must ensure that over the course of the two intern years each intern spends at least one clinical attachment in a community setting.
- 3.1.7 Interns are not rostered on nights during the first six weeks of PGY1.
- 3.1.8 The training provider has process to ensure that interns working on nights are appropriately supported. Protocols are in place that clearly detail how the intern may access assistance and guidance on contacting senior medical staff.
- 3.1.9 The training provider ensures there are procedures in place for structured handovers between clinical teams and between shifts (morning, evening, nights and weekends) to promote continuity of quality care. The training provider ensures that interns understand their role and responsibilities in handover.
- 3.1.10 The training provider ensures adherence to the Council's policy on obtaining informed consent.

3.1 – Notes – Programme components

- (i) Satisfactory completion of at least 10 weeks (full time equivalent) in each clinical attachment is a requirement for registration in a general scope of practice. Full time is equivalent to a minimum of 40 hours per week.

- (ii) Interns may join a vocational training programme in PGY2, however any requirements for that programme will be in addition to the requirements of the intern training programme. Interns participating in a vocational training must continue to work under supervision in prevocational medical training accredited clinical attachments, maintain their PDP and continue to record attainment of the remaining learning outcomes in ePort.
- (iii) An intern must complete PGY2 prior to being appointed to a more senior position.
- (iv) Every intern is required to complete one clinical attachment in a community-based setting over the course of the intern training programme. Council approved a staged transition working towards 100% compliance by November 2020. Training providers will need to demonstrate progress towards this goal during the transition period. Requirements for community-based attachments can be found in the *Accreditation standards for clinical attachments* and the *Definition of a community-based attachment*.
- (v) Interns may be rostered on nights within the first six months of registration if a doctor registered vocational scope is available for assistance.
- (vi) The training provider ensures that the informed consent protocol or policy is understood by interns and all relevant staff.

3.2 ePort

- 3.2.1 There is a system to ensure that each intern maintains their ePort as an adequate record of their learning and training experiences from their clinical attachments and other learning activities.
- 3.2.2 There is a system to ensure that each intern maintains a PDP in ePort that identifies their goals and learning objectives which are informed by the NZCF, mid and end of clinical attachment assessments, personal interests and vocational aspirations.
- 3.2.3 There are mechanisms to ensure that the clinical supervisor and the prevocational educational supervisor regularly review the goals in the intern's PDP with the intern.
- 3.2.4 The training provider facilitates training for PGY1s on goal setting in the PDP within the first month of the intern training programme.

3.2 – Notes – ePort

- (i) The PDP should include goals informed by:
 - the learning outcomes of the NZCF
 - the learning opportunities available on the particular clinical attachment
 - mid-attachment feedback
 - areas to focus on for further development that have been identified in the end of clinical attachment assessment
 - additional personal objectives related to vocational aspirations and other professional interests.
- (ii) The prevocational educational supervisor should encourage interns to set goals across more than one NZCF domain. Each intern should set at least three goals for each clinical attachment, with a maximum of eight. The goals should be focused on the current clinical attachment however some may be longer term.
- (iii) Training providers ensure that clinical supervisors understand their role in encouraging interns to set goals at the beginning of each clinical attachment that are appropriate for the attachment and the intern's needs.
- (iv) Training for interns about goal-setting should be provided during the orientation programme or within the first month as a teaching session within the formal education programme.
- (v) The various ways in which interns can attain learning outcomes should be emphasised to interns and those involved in prevocational medical training. Interns can attain learning outcomes by demonstrating competence, participating in the related learning, having knowledge of the learning outcome or prior learning from the final year of medical school.

3.3 Formal education programme

- 3.3.1 The intern training programme includes a formal education programme that supports interns to achieve NCZF learning outcomes that are not generally available through the completion of clinical attachments.
- 3.3.2 The intern training programme is structured so that interns in PGY1 can attend at least two thirds of formal educational sessions.
- 3.3.3 The training provider ensures that all PGY2s attend structured education sessions.
- 3.3.4 The formal education programme provides content on Māori health and culture, and achieving Māori health equity, including the relationship between culture and health.
- 3.3.5 The training provider ensures the formal education programme provides opportunity for interns to develop skills in self-care and peer support, including time management, and identifying and managing stress and burn-out.
- 3.3.6 The training provider provides opportunities for additional work-based teaching and training.

3.3 – Notes – Formal education programme

- (i) 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*.
- (ii) Structured teaching and learning sessions for PGY2s may be delivered by a formal education programme designed specifically for PGY2s, or structured speciality-specific teaching on clinical attachments.
- (iii) The training provider ensures support for intern attendance from management and senior medical and nursing staff.
- (iv) Interns are expected to be aware of their own cultural values and beliefs, and to interact with each individual in a manner appropriate to that person’s culture.

3.4 Orientation

- 3.4.1 An orientation programme is provided for interns commencing employment at the beginning of the intern year and for interns commencing employment partway through the year, to ensure familiarity with the training provider policies and processes relevant to their practice and the intern training programme.
- 3.4.2 Orientation is provided at the start of each clinical attachment, ensuring familiarity with key staff, systems, policies and processes relevant to that clinical attachment.

3.4 – Notes – Orientation

- (i) Orientation at the start of each clinical attachment must be supported with a written description.

3.5 Flexible training

- 3.5.1 Procedures are in place and followed, to guide and support supervisors and interns in the implementation and review of flexible training arrangements.

3.5 – Notes – Flexible training

- (i) Interns with flexible working arrangements (undertaking part-time work) need to work at least 0.5 FTE for it to count towards meeting the prevocational requirements. However they will need to complete a further attachment of 0.5 FTE for it to count towards the prevocational requirements). Full time is equivalent to a minimum of 40 hours per week.

4 ASSESSMENT AND SUPERVISION

4.1 Process and systems

- 4.1.1 There are systems in place to ensure that all interns and those involved in prevocational training understand the requirements of the intern training programme.

4.2 Supervision – Prevocational educational supervisors

- 4.2.1 The training provider has an appropriate ratio of prevocational educational supervisors in place to oversee the training and education of interns in both PGY1 and PGY2.
- 4.2.2 Prevocational educational supervisors attend an annual prevocational educational supervisor meeting conducted by Council.
- 4.2.3 There is oversight of the prevocational educational supervisors by the CMO (or delegate) to ensure that they are effectively fulfilling the obligations of their role.
- 4.2.4 Administrative support is available to prevocational educational supervisors so they can carry out their roles effectively.

4.2 – Notes – Supervision – Prevocational educational supervisors

- (i) The prevocational educational supervisor to intern ratio is one prevocational educational supervisor for up to ten interns, 0.1 FTE protected time.
- (ii) If an intern has more than one prevocational educational supervisor over the course of the year:
 - A verbal handover should occur between the prevocational educational supervisors to discuss the intern’s progress and any concerns.
 - A meeting should be held between the intern and new prevocational educational supervisor as soon as the change occurs to form the supervisory relationship.

4.3 Supervision – Clinical supervisors

- 4.3.1 Mechanisms are in place to ensure clinical supervisors have the appropriate competencies, skills, knowledge, authority, time and resources to meet the requirements of their role.
- 4.3.2 Interns are clinically supervised at a level appropriate to their experience and responsibilities at all times.
- 4.3.3 Clinical supervisors undertake relevant training in supervision and assessment as soon as practicable after commencing their supervisory role. This must be within 12 months of appointment as a clinical supervisor.
- 4.3.4 The training provider maintains a small group of clinical supervisors for relief clinical attachments.
- 4.3.5 All staff involved in intern training have access to professional development activities to support their teaching and educational practice and the quality of the intern training programme.

4.3 – Notes – Supervision – Clinical supervisors

- (i) Supervision is a condition of registration for all new doctors in New Zealand. It enables the doctors’ performance to be assessed to ensure the health and safety of the public while the doctors becomes familiar with the New Zealand health system and required standard of practice. All those who teach, supervise, counsel, employ or work with interns are responsible for patient safety. Accountable supervision contributes to patient safety.
- (ii) Clinical supervisors should assist an intern’s professional development and support interns in achieving their learning objectives. Supervision includes direct and indirect monitoring of an intern’s progress and performance, and providing constructive feedback.
- (iii) Clinical supervisors must be vocationally-registered in a relevant vocational scope to the clinical attachment and the work of the intern. Supervision on a day-to-day basis may be delegated to a representative, for example a registrar.
- (iv) It is recognised that the level of day to day supervision required for PGY2 will decrease, as the intern moves to more independent practice. Accredited clinical attachments will ensure an ongoing quality learning environment and an appropriate level of support.
- (v) Training providers need to ensure that clinical supervisors have access to relevant training in supervision and assessment at a local and regional level. Training providers need to enable this by coordinating training using external trainers or by ensuring supervisors attend training provided by medical colleges for their vocational training programmes, or training provided by medical schools for supervision of medical students in clinical settings.

- (vi) To supplement training coordinated by the training provider, an introductory level 1 online course comprising five interactive videos is available on ePort. All new clinical supervisors should complete this programme. Others should be encouraged to complete it as a refresher course.

4.4 Feedback and assessment

- 4.4.1 Systems are in place to ensure that regular, formal feedback is provided to interns and documented in ePort on their performance within each clinical attachment, including end of clinical attachment assessments. This should also cover the intern's progress in completing the goals in their PDP and in attaining the learning outcomes in the NZCF.
- 4.4.2 There are processes to identify interns who are not performing at the required standard of competence. These ensure that the clinical supervisor discusses concerns with the intern, the prevocational educational supervisor, and that the CMO (or delegate) is advised when appropriate. A remediation plan must be developed, documented and implemented with a focus on supporting the intern and patient safety.
- 4.4.3 There are processes in place to ensure prevocational educational supervisors inform Council in a timely manner of interns not performing at the required standard of competence.

4.4 – Notes – Feedback and assessment

- (i) Formal feedback will include review of the intern's ePort by the clinical supervisor at the beginning, middle and end of each clinical attachment and also by the prevocational educational supervisor at the beginning of PGY1 and PGY2 and at the end of each clinical attachment. These discussions will be summarised in ePort. Revision of the intern's PDP goals will be based on these comments, outstanding NZCF learning outcomes, areas to focus on for further development identified in the end of clinical attachment assessments, and evolving personal objectives related to vocational aspirations and professional interests.
- (ii) Clinical supervisors must engage with the prevocational educational supervisor when there are any concerns about an intern's performance.
- (iii) Prevocational educational supervisors should be the first point of contact when there are concerns about performance or patient safety issues. It is recommended that prevocational educational supervisors liaise closely with the resident medical officer (RMO) unit or its equivalent, the CMO (or delegate), human resource management and other prevocational educational supervisors (both locally and nationally) for the management of intern performance. Please refer to the *Guide for Prevocational Educational Supervisors* for further information.
- (iv) Copies of end of clinical attachment assessments that have been rated as unsatisfactory must be forwarded to Council by the prevocational educational supervisor.
- (v) Training providers must have processes in place to take action for if an intern's performance poses a risk or potential risk to patient safety. This process must include notifying the prevocational educational supervisor and the CMO (or their delegate) and Council when appropriate.

4.5 Advisory panel to recommend registration in the General scope of practice

- 4.5.1 The training provider has established advisory panels to consider progress of each intern at the end of the PGY1 year that comprise:
- a CMO or delegate (who will chair the panel)
 - the intern's prevocational educational supervisor
 - a second prevocational educational supervisor
 - a layperson.
- 4.5.2 The panel follows Council's *Advisory Panel Guide & ePort guide for Advisory Panel members*.
- 4.5.3 There is a process in place to monitor that each eligible PGY1 is considered by an advisory panel.
- 4.5.4 There is a process in place to monitor that all interns who are eligible to apply for registration in the General scope of practice have applied in ePort.
- 4.5.5 The advisory panel bases its recommendation for registration in the General scope of practice on whether the intern has:

- satisfactorily completed four accredited clinical attachments
- substantively attained the learning outcomes outlined in the NZCF (see standard 3.1.1)
- completed a minimum of 10 weeks (full time equivalent) in each clinical attachment
- developed an acceptable PDP for PGY2, to be completed during PGY2
- advanced cardiac life support (ACLS) certification at the standard of New Zealand Resuscitation Council CORE Advanced less than 12 months old.

4.5 – Notes – Advisory panel to recommend registration in the General scope of practice

- (i) The layperson must not be a registered health practitioner, and should not be an employee of the DHB.
- (ii) Training providers will need to have processes in place to ensure meetings of the advisory panel are organised in a way which ensures interns can move from provisional general registration to general registration in a timely manner. Any process will allow for annual leave of panel members.
- (iii) The training provider must keep accurate records of the administration of the advisory panel.

4.6 End of PGY2 – removal of endorsement on practising certificate

- 4.6.1 There is a monitoring mechanism in place to ensure that all eligible PGY2s have applied to have the endorsement removed from their practising certificates.
- 4.6.2 There is a monitoring mechanism in place to ensure that prevocational educational supervisors have reviewed the progress of interns who have applied to have their endorsement removed.

4.6 – Notes – End of PGY2 – removal of endorsement on practising certificate

- (i) An endorsement is placed on the practising certificates of PGY2 interns, reflecting the imposition of programme requirements under section 40 of the HPCAA. These requirements are that:
 - Interns must complete four Council-accredited clinical attachments. All accredited clinical attachments will span 13-weeks.
 - Interns must continue to set goals in the PDP and work towards achieving these goals. During PGY2, interns must continue to record and show progress in attaining the remaining learning outcomes in the NZCF. To be considered sufficient, interns should record the attainment of at least 95% (354) of the learning outcomes by the end of PGY2.

5 MONITORING AND EVALUATION OF THE INTERN TRAINING PROGRAMME

- 5.1 Processes and systems are in place to monitor the intern training programme with input from interns and supervisors.
- 5.2 There are mechanisms in place that enable interns to provide anonymous feedback about their educational experience on each clinical attachment.
- 5.3 There are mechanisms that allow feedback from interns and supervisors to be incorporated into quality improvement strategies for the intern training programme.
- 5.4 There are mechanisms in place that enable interns to provide anonymous feedback on their prevocational educational supervisors, RMO unit staff and others involved in intern training.
- 5.5 The training provider routinely evaluates supervisor effectiveness taking into account feedback from interns.
- 5.6 There is a process to address any matters raised by Council in relation to training, including those arising from accreditation visits.

5 – Notes – Monitoring and evaluation of the intern training programme

- (i) One option that is available to training providers for collecting feedback from interns about a clinical attachment is the Postgraduate Hospital Educational Environment Measure (PHEEM) tool. However training providers can use their own tool for collecting feedback.
- (ii) 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.

6 IMPLEMENTING THE EDUCATION AND TRAINING FRAMEWORK

6.1 Establishing and allocating accredited clinical attachments

- 6.1.1 Processes and mechanisms are in place to ensure the currency of accredited clinical attachments.
- 6.1.2 The training provider has processes for establishing new clinical attachments.
- 6.1.3 The process of allocation of interns to clinical attachments is transparent and fair.

6.2 Welfare and support

- 6.2.1 The duties, rostering, working hours and supervision of interns are consistent with the delivery of high quality training and safe patient care.
- 6.2.2 The training provider ensures a safe working and training environment, which is free from bullying, discrimination and sexual harassment.
- 6.2.3 The training provider ensures a culturally-safe environment.
- 6.2.4 Interns have access to personal counselling, and career advice. These services are publicised to interns and their supervisors.
- 6.2.5 The procedure for accessing appropriate professional development leave is published, fair and practical.
- 6.2.6 The training provider actively encourages interns to maintain their own health and welfare and to register with a general practitioner.
- 6.2.7 Applications for annual leave are dealt with fairly and transparently.
- 6.2.8 The training provider recognises that Māori interns may have additional cultural obligations, and has flexible processes to enable those obligations to be met.

6.2 – Notes – Welfare and support

- (i) Training providers may encourage interns to maintain their own health and welfare by:
 - providing a list to the interns of general practitioners willing to take on new patients
 - advising interns that self-prescribing breaches Council’s statement *Providing care to yourself and to those close to you*
 - advising interns that prescribing for friends and family is in breach of Council’s statement.
- (ii) Māori interns are likely to have:
 - a wide set of whānau and cultural obligations, including, for example, marae-based responsibilities and attending tangihanga of extended whānau members, and
 - expectations placed on them by their local Māori communities, about care that the intern may provide for them.

Responding to these obligations are an important dimension of the Māori interns’ wellbeing. The engagement of the Māori intern in their culture and with their local Māori community will also bring value to training providers, through enhancing its wider cultural understanding, cultural competence and local relationships.
- (iii) While training providers will need to ensure training and service requirements are fulfilled, enabling Māori interns to respond to their cultural obligations is likely to require a flexible approach. This may extend to flexible training arrangements and HR processes. However, the DHB must ensure that the accreditation standards for training providers of prevocational medical training are met.
- (iv) Training providers should also ensure the intern is aware of the standards Council sets for the profession, including the statement titled *“Providing care to yourself and those close to you”*.

6.3 Communication with interns

- 6.3.1 Clear and easily accessible information about the intern training programme is provided to interns.

6.4 Resolution of training problems and disputes

6.4.1 There are processes to support interns to address problems with training supervision and training requirements that maintain appropriate confidentiality.

6.4.2 There are clear and impartial pathways for timely resolution of training-related disputes.

7 FACILITIES

7.1 Interns have access to appropriate educational resources, facilities and infrastructure to support their training.

7 – Notes – Facilities

(i) Educational resources may include but are not limited to:

- Council's prescribed educational resources
- e-learning modules
- Council's statements
- *Cole's Medical practice in New Zealand*
- *Council's Good medical practice*
- continuing medical education sessions
- skills lab or an appropriate venue for simulation training.

(ii) Facilities and infrastructure includes, but are not limited to:

- computer facilities
- access to internet and intranet services
- library services
- appropriate meeting or training venue/s for continuing medical education sessions
- common room for interns.

Glossary

New term	Old term	Explanation
Clinical attachment	Run	A Council accredited 13 week rotation worked by an intern.
Clinical supervisor	Run supervisor	A vocationally registered senior medical officer supervising an intern on a clinical attachment.
Community-based clinical attachment		An educational experience in a Council accredited attachment led by a community-focused specialist which provides direct contact with patients or public health services.
Professional development activity		A place within ePort to record additional learning, including sessions from the formal education programme. Interns must record and document attainment of ACLS here.
ePort		An electronic record of learning for each intern to record and track skills and knowledge acquired.
Final year medical student	Trainee intern (TI)	A medical student in the final year of medical school.
Formal education programme		Compulsory teaching sessions aligned to the NZCF.
Intern	Intern House Surgeon House Officer RMO	Refers to a graduate of an accredited New Zealand or Australian medical school or a doctor who has passed the NZREX Clinical, who is in their first and second year of registration. An intern is usually employed as a House Officer and is often referred to as: <ul style="list-style-type: none"> • an intern • a house surgeon • a house officer • a RMO • PGY1 • PGY2.
Intern training programme		The training provider's training and education programme for PGY1 and PGY2 doctors that has been accredited by Council.

New Zealand Curriculum Framework for Prevocational Medical Training (NZCF)		A curriculum of content and learning outcomes that should be covered and attainable during PGY1 and PGY2.
NZCF log		A record of the learning outcomes in ePort from the NZCF that an intern has attained.
Post graduate year 1 (PGY1)	PGY1	<p>For New Zealand and Australian graduates, the year following graduation from medical school and for doctors who have passed the New Zealand Registration Examination (NZREX Clinical), the provisional general year.</p> <p>PGY1 is a minimum of 12 months however it may take longer as it is the time it takes to satisfactorily complete the requirements for registration in the General scope of practice.</p>
Post graduate year 2 (PGY2)	PGY2	<p>For New Zealand and Australian graduates and NZREX doctors the year after first gaining registration in the General scope of practice.</p> <p>PGY2 is a minimum of 12 months however it may take longer as it is the time it takes to satisfactorily complete the requirements for PGY2.</p>
Prevocational educational supervisor	Intern 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.
Prevocational medical training		<p>The two years* following graduation from an Australian or New Zealand medical school or for doctors that have passed NZREX Clinical, the first two years* of registration in New Zealand.</p> <p>*This may be longer as it is the time it takes to meet the requirements. For the majority of people this will be two years.</p>
Professional development plan (PDP)		A live electronic document stored in ePort, outlining the intern's professional goals and how they will be achieved.
Teaching sessions	Teaching sessions	The regular formal protected teaching sessions organised by the training

		provider, aligned to the NZCF and attended by interns.
Training provider		The organisation accredited by Council to deliver an intern training programme for PGY1 and PGY2 doctors.