



Te Kaunihera Rata  
o Aotearoa

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**Medical Council  
of New Zealand**

# Guide for Clinical Supervisors of prevocational medical training

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## Overview of prevocational medical training

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

Interns are required to complete a minimum of 12 months in each postgraduate year, however an intern remains a PGY1 or PGY2 until the requirements for the relevant postgraduate year are completed. If an intern takes time out during their internship they must complete additional clinical attachments to ensure they have satisfactorily completed four clinical attachments in each year of the two-year programme<sup>1</sup>.

Interns must complete their internship in an intern training programme provided by an accredited training provider. Interns complete a variety of accredited clinical attachments and these take place in a mix of both hospital and community settings. Clinical attachments may only be accredited if they form part of the intern training programme provided by an accredited training provider<sup>2</sup>.

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

The aim of prevocational medical training is to ensure that interns further develop their clinical and professional skills gained at medical school. This is achieved by interns satisfactorily completing four accredited clinical attachments in each of the two prevocational years, setting and completing goals in their professional development plan (PDP) and recording the attainment of the learning outcomes in the New Zealand Curriculum Framework for Prevocational Medical Training (NZCF).

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<sup>1</sup> Interns (PGY1 and PGY2) with flexible working arrangements (undertaking part-time work) need to work at least 0.5 FTE for it to count towards meeting the prevocational requirements. Where an intern is working part-time they will be required to complete additional time (if the intern is working 0.5 FTE they will need to complete a further attachment of 0.5 FTE for it to count towards the prevocational requirements).

<sup>2</sup> Doctors who have passed NZREX Clinical prior to 30 November 2014 and who meet the specified criteria, are eligible to complete all of their PGY1 requirements in a primary care setting. Please refer to Council's [Policy on prevocational medical training for more information](#).

## The role of the clinical supervisor

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The clinical supervisor is nominated by the training provider and considered by Council as part of the application for accreditation of clinical attachments. Clinical supervisors must be vocationally registered in the relevant scope of practice and in good standing with Council<sup>3</sup>. A doctor who has a current complaint or concern being investigated by Council or the Health and Disability Commissioner is not eligible to act as a Council agent (and therefore be appointed as a clinical supervisor) until the outcome of the investigation is known.

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

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

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

### Training for clinical supervisors

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

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

The online course includes:

1. A series of three short interactive videos presented by Connect Communications, that each include self-reflective exercises:
  - Supervision styles.
  - How to give feedback.
  - The challenge of low insight and debriefing a critical incident.
2. A demonstration on how to give feedback.
3. A web-based tutorial on ePort functionality (presented by Council staff).

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

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

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<sup>3</sup> In assessing good standing, Council staff check for: any fitness to practise issues; a current complaint or concern being investigated (an appointment will not be made until the outcome is known); or any adverse decisions in the Health Practitioners Disciplinary Tribunal. Council recognises that there are situations where the only suitable doctor may not meet the criteria for appointment. In rare cases, Council's Registrar might consider an appointment notwithstanding such a concern or Tribunal finding. In these instances the Registrar will take into consideration whether the:

- situation was an isolated lapse in a usually competent standard
- doctor's name was removed from the register, or had conditions put on his or her practice
- the extent to which the circumstances are relevant to the position the doctor is being considered for.

## Overview of the assessment process for PGY1 and PGY2

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The assessment framework for PGY1 and PGY2 provides regular, formal and documented feedback to interns on their performance within each attachment.

Each intern will have a record of learning maintained in an e-portfolio (ePort), which will provide a nationally consistent means of tracking their progress and recording their skills and knowledge acquired during PGY1 and PGY2. The ePort will be owned by the intern but will be accessible to the prevocational educational supervisor and the clinical supervisor.

### Clinical attachments

Interns are required to work in accredited clinical attachments in PGY1 and PGY2. Each training provider (DHB) must submit an application for accreditation for each of their clinical attachments. The application requires the DHB (usually the RMO Unit) to name at least one named clinical supervisor (with a maximum of 4) responsible for ensuring a quality learning experience for interns. Clinical supervisors must be vocationally registered in a relevant scope of practice and should be in good standing with the Council.

When the application is received by Council it is assessed and once approved it is allocated a unique 4 digit reference. The clinical attachment, reference and clinical supervisor/s are then set up in ePort. At this stage any new clinical supervisors would be sent log in details. Unless an alternative email address is provided the login details are sent to the email address held on the medical register.

Once approved the clinical attachment is 'live' in ePort and the RMO Unit can assign interns to that clinical attachment.

Clinical supervisors can only see the ePort of interns who have been assigned to the clinical attachment/s they are named as a supervisor for. They can see the intern's ePort for the duration of the 13 week attachment and for one month prior to the clinical attachment commencing and one month following the end of the clinical attachment for administrative purposes. The Council's *Prevocational training e-portfolio privacy statement* is attached as appendix 1.

### Clinical attachment meetings

The clinical supervisor will meet with the intern as described below:

- **Beginning of the clinical attachment** - discuss the learning opportunities available on this attachment and to assist the intern develop goals in their PDP. The goals in the PDP should target areas for improvement identified through the previous *End of Clinical Attachment Assessment*. This meeting should take place within 21 days of the quarter commencing.
- **Mid-attachment** - provide feedback on the intern's progress and performance and review the goals in the PDP. This is a crucial meeting and the intern should receive feedback on areas for improvement which they need to focus on for the remainder of the attachment. This should be recorded in ePort under the comments for the mid-attachment meeting. This meeting should take place approximately 45 days into the quarter.
- **End of clinical attachment** - discuss the overall performance on the clinical attachment and review progress with the goals in the PDP and progress with the learning outcomes from the NZCF on this attachment. This will all inform the *End of Clinical Attachment Assessment* which is completed by the clinical supervisor in ePort at the end of clinical attachment meeting. This meeting should take place approximately 91 days into the quarter.

The clinical supervisor may delegate day-to-day supervision to others in the clinical team and are required to seek feedback on the intern's performance from the clinical team and other healthcare staff to inform their formal feedback to the intern.

## The accreditation process

The Education Committee (the Committee) on behalf of Council is required to accredit and monitor training providers for the purpose of providing prevocational medical education. Council accredits training providers every three to five years; however prevocational educational supervisors can contact the Council office in the interim if there are concerns which may warrant a Council visit.

The accreditation process includes a visit to the training provider, the purpose of this visit is to ensure the education, training, supervision and facilities available for interns at the training provider meet Council's standards. The Committee has found that external reviewers are usually very successful in influencing positive changes in clinical teams and support services.

## Relationship with the prevocational educational supervisor

The clinical supervisor and prevocational educational supervisor are encouraged to have regular contact. If a clinical supervisor identifies an intern not performing at the required standard of competence they should engage with the intern's prevocational educational supervisor at the earliest stage to ensure the intern receives appropriate support. Where the outcome of an *End of Clinical Attachment Assessment* is *conditional* or *unsatisfactory* performance the clinical supervisor must provide the intern with areas to focus on for further development and should also engage with the prevocational educational supervisor to discuss further so the clinical supervisor on the next attachment can see where the intern needs further development.

The prevocational educational supervisor will work closely with the clinical supervisor to ensure all sections of the *End of Clinical Attachment Assessments* are completed and discussed with the intern before the last day of the clinical attachment. This includes providing timely feedback to any interns experiencing difficulties in the clinical attachment. They are also there to ensure that the clinical supervisors are reviewing the intern's e-portfolio and having discussions with the intern about their personalised professional development plan (PDP) and progress with attaining the learning outcomes from the NZCF.

## ePort – developing the PDP

The clinical supervisor will have access to the intern's ePort during the 13-week accredited clinical attachment that the clinical supervisor is the named supervisor for the intern. Access is also granted for one month prior to the clinical attachment and one month following the end of the clinical attachment for administrative purposes.

Both the clinical supervisor and the prevocational educational supervisor have a role in developing the intern's PDP. At the start of PGY1, the prevocational educational supervisor will meet with each of their interns to assist them in developing some overarching goals in the PDP. The PDP should be developed taking into account the intern's prior learning and their mix of clinical attachments.

At the beginning of each clinical attachment the clinical supervisor should review the intern's ePort paying particular attention to the areas to focus on for further development and the outcome of any previous clinical attachments. The clinical supervisor can view the previous *End of Clinical Attachment Assessments*. The clinical supervisor should then assist the intern to develop some goals specific to the attachment taking into consideration the learning opportunities available. If the attachment has generic learning objectives identified these can be used as a start point for developing individual goals.

The PDP will focus on what the intern needs to learn, what they need to consolidate, and what they want to learn which may relate to future vocational aspirations.

At the mid attachment and end of attachment meeting the clinical supervisor should revisit the goals set at the beginning of the attachment and discuss the intern's progress in achieving the goal. Throughout the year (after each clinical attachment), the prevocational educational supervisor will review each intern's PDP to monitor their progress and address any issues if concerns are raised.

# Summary of ePort functionality

Interns use ePort to record their learning and track their progress in meeting the prevocational training requirements. Prevocational educational supervisors and clinical supervisors use ePort to assist them in their role as supervisors, assist the intern in targeting their learning, record feedback and complete assessments.

When logging in for the first time as a clinical supervisor you will default to the *Summary* page and must select the intern whose ePort you would like to view from the drop down list on the right hand side of the page. The diagram below provides an overview of the information on the summary page.

**ePort** 1 Summary 2 PDP 3 CPD 4 Skills log 5 Attachments 6 My profile Clinical Supervisor

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**ePort** Medical Council of New Zealand  
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Welcome to ePort.

Here you can view the ePortfolios of those interns you are supervising. To view an ePortfolio select the intern's name from the dropdown below. This can be done on any page where the dropdown appears. This page shows a summary of their progress to date. To access guidance for prevocational educational supervisors [click here](#).

Important: Please ensure you are familiar with the terms and conditions that govern your access to the information contained within this system. [More...](#)

## Summary 7

**8** Prevocational educational supervisor(s):  
Education Supervisor.

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Clinical attachments

**9** PGY1

Orthopaedics 33 9999
TPMH (1A) 9999
SURG General 55 9999

**10** Professional development plan progress

Goals set	3
Goals complete	1
Improvements set	3
Improvements started	3
Improvements complete	1

**11** NZCF progress ?

1 Professionalism	6	0
2 Communication	3	0
3 Clinical management	4	0
4 Clinical problems and conditions	3	0
5 Procedures and interventions	8	0
<b>Total learning outcomes completed</b>	<b>24</b>	<b>0</b>

**12** CPD

ACLS	
Professional development activities recorded	4

**13** Demo's personal statement:

Overall goal is to work towards a career in orthopedics and get vocational registration.

1. **Summary Page** tab. A summary of the intern's progress and performance.
2. **Professional development plan (PDP)** tab. Where the intern records and updates their goals and links suggested areas to focus on for further development to goals. The educational supervisor can record meetings and comments in this section. The **clinical supervisor can review the intern's goals and make optional comments.**
3. **Continuing professional development (CPD)** tab. Where the intern records teaching sessions attended, ACLS Advanced completion and other professional development activities.
4. **Skills log** tab. Where the intern records the learning outcomes from the NZ curriculum framework (NZCF) that they have attained.
5. **Attachments** tab. **This is the main area used by clinical supervisors.** The beginning, mid and end of attachment meetings are recorded here and you can view previous assessments.
6. **My profile** tab. Where you can change your password and details.
7. Where the **clinical supervisor can select the intern to view.**
8. The name of the selected intern's **prevocational educational supervisor.**
9. The intern's **allocated clinical attachments.** Green indicates the attachment was completed satisfactorily, orange indicates the attachment was a *conditional pass* and must be followed by a satisfactory (green) assessment to be considered satisfactory, red indicates the attachment was unsatisfactory, grey indicates the attachment was less than 10 weeks and white indicates not started or in progress.
10. **PDP progress.** Shows the number of goals the intern has set and completed and the number of identified areas for improvement, with the number linked to a goal (improvements started) and the number completed.
11. **NZCF progress.** The number of learning outcomes from the NZCF that have been attained for each of the five sections and overall. The numbers in blue represent prior learning and the numbers in green represent total learning. There are 373 learning outcomes in total.
12. **CPD summary.** Number of professional development activities recorded. This includes ACLS Advanced and any teaching sessions the intern has attended.
13. **Intern's personal statement** (optional).



## Key meetings with the intern

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The purpose of this section of the *Clinical Supervisor Guide* is to outline the clinical supervisor's key responsibilities at the three formal meetings. It also aims to guide the clinical supervisor through the ePort to take advantage of the functionality of the ePort and shows the areas in the ePort the clinical supervisor should visit at each meeting.

The clinical supervisor is required to meet with the intern formally on 3 occasions:

1. beginning of clinical attachment meeting (within 21 days)
2. mid-attachment meeting (45 days into the quarter)
3. end of clinical attachment meeting (91 days into the quarter)

### ePort

Named clinical supervisors have access to ePort, the electronic record of learning for interns. ePort allows you to assess the intern's performance and provide feedback electronically.

DHB RMO Units name clinical supervisors as part of the Council's accreditation of clinical attachments. If you have not received login details for the ePort you may not be named as a clinical supervisor, please contact your RMO Unit Manager.

Where there is more than one named clinical supervisor, only one clinical supervisor needs to meet with the intern as required. Having more than one assigned to each intern allows flexibility for taking leave.

### Before the beginning of clinical attachment meeting

The clinical supervisor and intern should meet formally sometime in the first two weeks of the attachment. Prior to the first meeting the clinical supervisor who will be meeting with the intern should login to ePort to make sure they can view their intern. If you cannot view your intern please contact the RMO Unit manager. You may find it useful to have a quick review of the summary page to see how your intern is progressing. You can view previous *End of Clinical Attachment Assessments* by clicking the link on the clinical attachment on the summary page or through the *Attachments* tab. Where there has been a *conditional* or *unsatisfactory* outcome you will find it particularly useful to read the comments in the assessment and any identified areas for improvement.

### Beginning of clinical attachment meeting

At the beginning of each clinical attachment when you meet with your intern you should review the intern's ePort including the PDP, outline your expectations and discuss the learning opportunities available on the clinical attachment. The NZCF provides an essential guide for discussing the learning outcomes that are generally available on the clinical attachment. It will help to identify particular opportunities that may be taken during the attachment in order to assist learning. You can view the intern's current progress in attaining learning outcomes and their prior learning. This will allow you to assist the intern to develop and record some goals in their PDP specific to the clinical attachment.

### Useful steps to follow

Log into the ePort and select the correct intern on the summary page.

Please select an intern ▾

#### 1. 'Summary' tab

This page provides an overview of the intern's progress and performance so far. It also allows to view the intern's PDP and NZCF progress, the intern's personal statement and the learning outcomes that the intern has recorded as achieving from the NZCF. Learning outcomes shown in blue indicate learning outcomes that were achieved through prior learning. Learning outcomes in green indicate learning outcomes that have been achieved during

clinical attachments. The learning outcomes both achieved and not yet achieved should inform the goals that the intern will enter into the PDP.

## NZCF progress ?

1 Professionalism	<div style="width: 14%;"></div>	14	0
2 Communication	<div style="width: 0%;"></div>	0	0
3 Clinical management	<div style="width: 0%;"></div>	0	0
4 Clinical problems and conditions	<div style="width: 0%;"></div>	0	0
5 Procedures and interventions	<div style="width: 1%;"></div>	1	0
<b>Total learning outcomes completed</b>	<div style="width: 15%;"></div>	<b>15</b>	<b>0</b>

### 2. 'PDP' tab

The prevocational educational supervisor should have already helped the intern enter long term goals for the year. As the clinical supervisor, you should help the intern identify some goals that are specific to the clinical attachment. The goals in the PDP must target any areas for improvement identified through the previous *End of clinical attachment assessment*, particularly where there has been a *conditional* or *unsatisfactory* outcome.

Some RMO Units have identified example learning objectives and goals for particular clinical attachments (previously used as part of the RP1 form) that you could use as a starting point for developing goals.

Only the intern is able to input the goals. As a clinical supervisor you can comment on the intern's goals, however, you must be logged in to do this.

Useful tip – Ask the intern to use a prefix when adding the goal name for example Gen Med1 – [name of goal] this will group all the goals that relate to your attachment together.

### Edit/view goal ✕

Use the form below to add, update or view details of your professional development goals.

Goal name <span style="color: teal;">?</span>	
Description <span style="color: teal;">?</span>	
How did you identify this goal <span style="color: teal;">?</span>	
How are you going to measure it <span style="color: teal;">?</span>	
Supervisors comments <span style="color: teal;">?</span>	

Delete this goal
Mark as complete
Update goal

An exemplar list of appropriate goals can be accessed within ePort by clicking on the ? icon which can be used as a resource by interns, clinical supervisors and prevocational educational supervisors.

Each intern is to set at least three goals for each clinical attachment, with a maximum of eight. The goals should be focused on the current attachment, however some may be longer term. It is the role of the clinical supervisor to ensure appropriate goals are set at the beginning of each clinical attachment.

### 3. 'Skills log' tab

This page is where the intern logs the learning outcomes from the NZCF that they have attained. As a clinical supervisor you can review the learning outcomes completed/incomplete and filter the list. Click on any of the sections of the NZCF to reveal the main headings and subheadings, click on a learning outcome to view the record.

### 4. 'Attachments' tab

This page is where you will spend most of your time as a clinical supervisor. You can record your meetings with the intern here, view the learning outcomes recorded by the intern, access the PDP and complete the *End of Clinical Attachment Assessment*.

Once you have completed your meeting with the intern and have assisted them with developing some goals for the attachment you should record your comments and feedback under section 2 in the area shown below. Please note you must be logged in to do this). Please ensure that you check the tick box and save record to show that you have met with the intern and reviewed the PDP. It is advisable to schedule the mid-attachment meeting to take place between weeks 5-7.

2. Beginning of clinical attachment meeting

**Comments to be completed by the clinical supervisor**

I confirm that I have met with Tony and reviewed their PDP

Save record

## Mid-attachment meeting

Midway through the clinical attachment, the clinical supervisor and intern meet to discuss the intern's progress and performance on the clinical attachment. The clinical supervisor should review the intern's ePort, specifically the learning outcomes recorded on the attachment and the PDP. The intern should update their PDP incorporating the formal feedback from the clinical supervisor. This meeting provides the clinical supervisor with an opportunity to identify areas for the intern to focus on for improvement for the remainder of the attachment. These areas for improvement should be recorded as goals in the PDP by the intern. The clinical supervisor will record their comments and feedback in section 3. Mid clinical attachment meeting under the *Attachments* tab.

## Useful steps to follow

### 1. 'Summary' tab

Here, at a glance the clinical supervisor will be able to check the progress of the intern. You would be looking to see some progress with goals completed and improvements started and the learning outcomes recorded.

### 2. 'Attachment' tab

Go to section 1. Learning outcomes for this attachment.

Select



You can view the learning outcomes from the NZCF that the intern has recorded on this attachment. You do not need to sign off on each learning outcome (assessment is based on a high level of trust that assumes that nearly all interns will exceed the minimum levels of competence). The record of skills undertaken should be used as part of your discussions with the intern to help plan learning and help fill gaps.

1. Learning outcomes for this attachment					Hide
Done	Level 1	Level 2	Level 3	Skill description	
✓	1 Profession...	1a Doctor...	Cultural...	Demonstrate an awareness of the general beliefs, values, behaviours and health practices of particular cultural groups most often encountered, and demonstrate knowledge of how this can be applied in the clinical situation	
✓	1 Profession...	1a Doctor...	Cultural...	Demonstrate an awareness that cultural factors influence health and illness, including disease prevalence and response to treatment	
✓	4 Clinical...	4d Dermatolo...	Recognise...	Common skin conditions for example eczema, allergic skin conditions	
◐	5 Procedures...	5c Preparation		Arrange appropriate equipment and describe its use	

There may be more than one page of learning outcomes selected. You can scroll through the pages and when you have finished looking at the learning outcomes, select *Hide*.

If no learning outcomes have been recorded by the intern on your attachment, this should be discussed during the meeting and progress should be expected during the remainder of the attachment. A green half circle under the first column *Done* means the intern has not finished recording the learning outcome.

## Review the intern's PDP

Access the intern's PDP by clicking the link under section 3 *Review the PDP* (see below). Review and discuss the intern's progress in achieving the goals set at the beginning of the attachment. Discuss with the intern areas to focus on for the remainder of the attachment. The intern can create some goals to target the area/s to focus on that you have identified and can work towards for the remainder of the clinical attachment. The intern must be logged in to enter/update their goals.

Go back to the 'Attachment' tab

At the end of the mid attachment meeting you should go back to the 'Attachment' tab and record comments and feedback under section 3. Please ensure that you check the tickbox and save record to show that you have met with the intern and reviewed the PDP.

The clinical supervisor must be logged in to record their comments and save the record.



The screenshot shows a light blue form titled "3. Mid clinical attachment meeting". Below the title is a link "Review the PDP". The main section is labeled "Comments to be completed by the clinical supervisor" and contains a large, empty white text area. At the bottom left, there is a checked checkbox followed by the text "I confirm that I have met with Tony and reviewed their PDP". At the bottom right, there is a green button labeled "Save record".

It is advisable to schedule the end of attachment meeting to take place between weeks 12-13. If you know you are going to be on leave at the end of the attachment you could arrange to complete the end of attachment meeting in week 11 or arrange for one of the other named clinical supervisors on the attachment (where there is more than one) to complete the assessment and ensure you pass on feedback to the clinical supervisor who will complete the assessment.

## End of clinical attachment meeting

At the end of the clinical attachment the clinical supervisor will meet with the intern to discuss the intern's overall performance on the clinical attachment, review and update the PDP and complete the *End of Clinical Attachment Assessment*. Ideally, there should be 'no surprises' as any ongoing areas for improvement should have been discussed at the mid-attachment meeting or during the remainder of the attachment. Prior to the meeting the clinical supervisor should consult with members of the healthcare team for feedback on the intern's performance.

The new model of assessment works under the assumption that everyone can improve and is therefore based around identification of 'areas to focus on for further development'. These areas to work on inform the PDP that has strong parallels with many CPD programmes for vocationally registered doctors. It has a more natural fit with workplace learning and preparation for lifelong CPD. It also moves towards assessment for learning, rather than assessment of learning.

If the outcome of the assessment is *conditional* or *unsatisfactory* the clinical supervisor must discuss with the intern the areas they need to focus on for improvement and record these in the assessment. They should also discuss these with the intern's prevocational educational supervisor.

## Useful steps to follow

### 1. 'PDP' tab

Review the goals that the intern has set earlier in the clinical attachment and discuss their overall progress and performance. The intern should update their PDP to reflect any goals completed on the attachment.

### 2. 'Attachment' tab

Go to 1. Learning outcomes for this attachment

Review and discuss the learning outcomes the intern attained on this attachment.

Go to 4. End of clinical attachment assessment

## Section A – Formative assessment of the intern's performance

The clinical supervisor should assess the intern's performance against the key areas of the NZCF under the five main sections, professionalism, communication, clinical management, clinical problems and procedures and interventions.

A rating should be given for each of the key areas. If you did not observe the intern on a particular area there is an option to select 'Not observed'.

### KEY:

1	Substantively below expectation	requires further development targeted through the PDP
2	Below expectation	would benefit from further development in the PDP
3	Meets expectation	performs at a satisfactory level
4	Above expectation	performs at a level better than that which would be expected for the level of experience
5	Exceptional	performs at a level beyond that which would be expected for the level of experience
N/O	Not observed	

You will notice a coloured bar appears as a rating is selected. 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.



Further information about each key area is revealed when you click this icon.

## Section B – Overall summative assessment of the intern’s performance

As the clinical supervisor you must make an overall summative assessment of the intern’s performance on this clinical attachment using all of the information available to you.

Section B requires you to rate the overall performance on the clinical attachment as either:

- Unsatisfactory
- Conditional pass – requires development to be demonstrated on the next clinical attachment to be considered satisfactory
- Meets expectation
- Above expectation or exceptional

Section B

Overall assessment

As the clinical supervisor you must make an overall summative assessment of the intern’s performance on this clinical attachment using all of the information available to you. For further guidance [click here](#)

- Unsatisfactory  
Does not meet standards required of a registered medical practitioner.  
Performs significantly below that generally observed for this level of experience. Requires the prevocational educational supervisor, clinical supervisor and intern to meet to identify goals addressing the competency deficiencies identified above, and update the PDP to reflect these.
- Conditional pass  
Requires development to be demonstrated on the next clinical attachment to be considered satisfactory.  
Conditional pass. Identified development goals need to be described in the PDP which is agreed to by the prevocational educational supervisor, clinical supervisors and intern. Areas for development must be observed on the next clinical attachment in all identified areas and overall performance must be considered satisfactory for the conditional to be considered a satisfactory attachment.
- Meets expectation  
Achieves standard expected of a registered medical practitioner on this clinical attachment, has performed at a level generally expected for this level of experience.
- Above expectation or exceptional  
Performs at a level much higher than generally observed.

Further guidance is available through the link shown on the above diagram. A copy is included as appendix 2. *Guide for Clinical Supervisors – Deciding Outcomes of Clinical Attachments.*

To make this assessment the clinical supervisor should consider all of the information within the ePort. Where there has been a *conditional* outcome on the previous *End of clinical attachment assessment* improvement must be observed on this attachment for the *conditional pass* to be considered as a ‘satisfactory’ clinical attachment.

As the clinical supervisor, it is critical that your assessment truly reflects the performance of the intern. It is also important to remember that rating an intern’s performance as ‘marginal’ is not equivalent to an unsatisfactory clinical attachment. Rather, it is a *conditional pass* that signals to the clinical supervisors on the intern’s following clinical attachment that there are the intern must improve on for that clinical attachment to be considered satisfactory.

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

Clinical supervisors are encouraged to complete this section for all interns. Where they have given a *conditional* or *unsatisfactory* outcome areas for improvement must be identified and recorded.

Three of Amelia's strengths ?

Three areas that Amelia should focus on for further development ?

**Section C – Clinical supervisor statements**

The clinical supervisor can indicate which members of the healthcare team have provided feedback to inform the assessment and they can tick the statements that apply.

If for some reason the intern has not completed 10 weeks for example the started half way through the attachment you should tick the appropriate box and add some comments relating to this to your overall comments.

It is really important to record feedback in the comments box. This will provide useful information to assist the intern, prevocational educational supervisor and clinical supervisor on the following attachment in tailoring the intern’s learning.

**Section D – sign off as complete**

Once the meeting and assessment is complete the clinical supervisor should tick the checkbox and save the assessment. This marks the clinical supervisor section of the assessment as complete and notifies the intern so they can login and complete their section.

The intern can record comments and sign off their section of the assessment, this will trigger a notification to the prevocational educational supervisor who can add comments and sign off the assessment as complete.

If the prevocational educational supervisor notices there are sections of the assessment incomplete or if they require further information they may go back to the clinical supervisor before signing off the assessment.

The prevocational educational supervisor will help the intern to set some goals that target the identified areas to focus on for further development in the PDP.

The intern will need to evaluate and refine the PDP following each clinical attachment. This will encourage ongoing improvement with each clinical attachment building on the learning and identified gaps from the last clinical attachment.



## Accreditation

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Clinical supervisors will be involved in the application process for accrediting clinical attachments offered to interns at their training provider. This process is crucial to ensure all attachments provide a quality training and educational experience for interns and to enable interns to have sufficient opportunity to substantively attain the learning outcomes in the NZCF. From time to time Council will randomly audit clinical attachments to ensure they continue to meet the standards set by Council.

The standards for accreditation of clinical attachments are published on [www.mcnz.org.nz](http://www.mcnz.org.nz).

- [Accreditation standards for training providers](#)
- [Accreditation standards for clinical attachments](#)

## Overview of prevocational training requirements

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### New Zealand Curriculum Framework for prevocational medical training (NZCF)

The NZCF outlines the learning outcomes to be substantively completed by the end of PGY1 and PGY2. These outcomes are to be achieved through clinical attachments, formal education programmes and individual learning, in order to promote safe quality healthcare and patient safety.

The NZCF builds on the prior learning, experience, competencies, attitudes and behaviours acquired during medical school, particularly the trainee intern (TI) year. A mix of clinical attachments, and other educational support, over PGY1 and PGY2 will ensure a breadth of exposure and opportunity to achieve the learning outcomes.

Interns can complete accredited clinical attachments in a variety of health care settings, including public and private hospitals, primary care, and other community based settings.

#### Purpose

The NZCF aims to:

- build on undergraduate education by guiding recently graduated doctors to develop and consolidate the attributes needed for professionalism, communication and patient care
- guide generic training that ensures PGY1 and PGY2 doctors develop and demonstrate a range of essential interpersonal and clinical skills for managing patients with both acute and long-term conditions, regardless of the specialty
- guide the seeking of opportunities to develop leadership, team working and supervisory skills in order to deliver care in the setting of a contemporary multidisciplinary team and to begin to make independent clinical decisions with appropriate support
- guide decisions on career choice.

#### Learning outcomes

The NZCF should be used to guide an intern's continuum of learning from medical school through PGY1 and PGY2. It outlines the desired learning outcomes, however, it is recognised that proficiency in achievement of the capabilities will occur at different stages in training.

At the end of PGY1, interns should have gained the necessary competencies to gain registration in a general scope of practice. During PGY2, interns should continue their learning to ensure they are competent to enter vocational training or to work in independent practice in a collegial relationship with a senior doctor at the end of PGY2.

When commencing new clinical attachments, the NZCF provides an essential guide for discussing and identifying the learning opportunities that are available from a given clinical attachment. It will help to identify particular opportunities that may be taken during the clinical attachment in order to assist learning.

The learning outcomes in the NZCF are underpinned by two central concepts:

#### 1. Patient safety

Patient safety must be at the centre of healthcare and depends on both individual practice and also effective multidisciplinary team work.

#### 2. Personal development

Throughout their careers, doctors must strive to improve their performance to ensure their progression from competent, through proficient to expert practitioner, with the aspiration always to provide the highest possible quality of healthcare.

PGY1 and PGY2 interns are expected to develop critical thinking and professional judgement, especially where there is clinical uncertainty. They should regularly reflect on what they perform well and which aspects of performance could be improved in order to develop their skills, understanding and clinical acumen.

### Attainment of learning outcomes

Any mix of the options for attaining learning outcomes will be satisfactory, as long as progression through the intern years is demonstrated. The learning outcome can be achieved through the following:

- a. The intern has demonstrated competence in the learning outcome.
- b. The intern has participated in the learning outcome.
- c. The intern has knowledge of the learning outcome (either through self-directed learning or through formal or informal teaching).
- d. Attained as part of prior learning during the final year at medical school.

The various ways an intern can attain each learning outcome should be emphasised to interns, prevocational educational supervisors, clinical supervisors and all those involved in prevocational medical training.

Each intern is expected to make progress in attaining the learning outcomes in the NZCF. To be considered sufficient, interns should record the attainment of at least 75% (279) of the learning outcomes by the end of PGY1 and 95% (354) by the end of PGY2.

### Assessment framework

Each intern will have a record of learning maintained in an e-portfolio (ePort), which will provide a nationally consistent means of tracking their progress and recording their skills and knowledge acquired during PGY1 and PGY2. The e-portfolio will be owned by the intern but will be accessible to the prevocational educational supervisor and the clinical supervisor.

The skills log in ePort will allow interns to record the learning outcomes which they have achieved against the full list of learning outcomes in NZCF. Interns can record prior learning acquired during medical school, particularly during their final year.

Assessment is based on a high level of trust and while evidence of attaining each learning outcome is not required the conversations between the prevocational educational supervisor and the intern should cover the Skills Log and reassure the prevocational educational supervisor that the intern has attained the recorded skills.

### Professional development plan (PDP)

Every PGY1 and PGY2 will be required to develop and maintain a PDP. The PDP is a short planning document compiled by the intern in collaboration with their prevocational educational supervisor, with input from each of their clinical supervisors (supervisor of the individual clinical attachment). The PDP will assist the intern to reflect on achievements to date and identify what they want to learn and what they need to learn on future attachments or through the formal education programme. It will help structure and focus learning, strengthen existing skills, and develop new ones. In PGY2 the PDP will focus on the intern's vocational aspirations.

The PDP will form the centrepiece of learning for interns through both PGY1 and PGY2. The process focuses on encouraging on-going improvement over the course of the full year, with each clinical attachment building on the learning and identified gaps from the last attachment. In this way the PDP is evaluated and refined, informing each clinical attachment, and building from one clinical attachment to the next.

The PDP will be a live electronic document stored in the intern's ePort. It should be simple and not onerous to complete. The intern will enter goals over the course of PGY1 and PGY2 and the prevocational educational supervisor and clinical supervisor will be able to add comments.

Goals entered in the PDP should be targeted around attaining the learning outcomes in the NZCF. Some goals may fall outside of the NZCF; this is most likely to occur in PGY2 when an intern begins to consider their vocational aspirations.

## The requirements for eligibility for registration in a general scope of practice

Requirements for registration in a general scope of practice are as follows:

- The (satisfactory) completion of four accredited clinical attachments.
- The substantive attainment of the learning outcomes outlined in the *New Zealand Curriculum Framework for Prevocational Medical Training* (prior learning will be taken into account).
- Completion of a minimum of 10 weeks full-time equivalent in each clinical attachment. Full time is equivalent to a minimum of 40 hours per week.
- Advanced cardiac life support (ACLS) certification at the standard of New Zealand Resuscitation Council CORE Advanced less than 12 months old.
- A recommendation for registration in a general scope of practice from an approved advisory panel.

## Advisory panel to recommend registration in a general scope of practice

### Role of the advisory panel

At the end of PGY1 when an intern has satisfactorily completed four clinical attachments, an approved advisory panel (within each training provider) will meet to discuss the overall performance of each PGY1, assessing whether they 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 will ensure that prevocational educational supervisors are better supported, and not placed in the role of advocate and judge.

The advisory panel will make a recommendation to Council, who as regulator is the decision maker.

### Composition of the advisory panel

The panel will comprise of the following four members:

- a CMO or CMO delegate who will Chair the panel
- the intern's prevocational educational supervisor
- a second prevocational educational supervisor who may be from that 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 the DHB).

### Requirements for registration in a general scope of practice

Please see the requirements for eligibility for registration in a general scope of practice above.

### Information that the advisory panel reviews

The advisory panel will review and use all available relevant information from the e-portfolio which could include:

- End of clinical attachment assessments.
- Progression in substantively attaining the learning outcomes in the NZCF.
- A summary of areas for improvement that have been identified throughout the year and have not been achieved.
- The PDP and progress with goals.

- Evidence of ongoing learning and responding to feedback.
- CPD and learning modules completed.
- Amount of community based experience completed.
- Advanced cardiac life support (ACLS) certification at the standard of New Zealand Resuscitation Council CORE Advanced less than 12 months old.
- The proposed PDP for PGY2.

### Factors the advisory panel will take into account

The recommendation of the advisory panel will take account of the following factors:

- The intern is actively engaged in ongoing learning and is responding to feedback.
- The intern has addressed sufficiently all issues arising from the 'areas for further development' sections of *End of Clinical Attachment Assessment*, particularly those that have any implications on safety to practice.
- The intern has met a substantive proportion of the learning outcomes in the NZCF.
- The intern is making progress to meet all the learning outcomes in the NZCF.

### The process

The panel will generally meet about half way through the fourth quarter for the year to review progress of the interns, after the mid assessments have been completed by the clinical supervisors. Of course, this will be dependent on the clinical supervisors completing their mid attachment meeting in a timely way, and will likely need some additional push by the training provider to the clinical supervisors to get this done. For those interns who have progressed well, meeting halfway through the fourth quarter will ensure that there are no delays with processing their application for a general scope of practice at the end of the quarter. However, any recommendation made by the advisory panel will be subject to the final *End of clinical attachment assessment* being rated satisfactory by the clinical supervisor.

It is expected that for the vast majority of interns this process will go smoothly and on the receipt of a recommendation from the advisory panel, a general scope of practice application will be processed.

Consideration of progress of any interns who have had a *conditional* report, or who have struggled or had particular challenges, will need to wait until the end of the fourth clinical attachment, to allow the advisory panel to have access to all of the information about the intern, including their fourth quarter *End of clinical attachment assessment*.

In the majority of cases where the advisory panel recommends that the intern has not met the requirements for a general scope of practice, the advisory panel will recommend that the intern completes another clinical attachment in order to attain the requirements.

If the intern insists the advisory panel make a recommendation to Council, the advisory panel would need to advise in its recommendation that the intern has not met the requirements for a general scope of practice. Council's process would then be initiated and the intern would be advised of the process and provided an opportunity to respond.

Council will be responsible for ensuring the consistency and adequacy of recommendations made by the advisory panels. The training provider will be responsible for ensuring their advisory panel follow good process.

### Endorsement of the PDP for PGY2

Towards the end of PGY1 the prevocational educational supervisors will meet with their interns to discuss the intern's PDP for PGY2 and assist the intern to develop goals.

The PDP should be reviewed by the advisory panel at the time it considers the intern's progress in relation to recommending registration in a general scope of practice.

The goals in the PDP should be targeted around the following:

- Outstanding learning outcomes from the NZCF that have not been completed in PGY1.
- Learning outcomes from the NZCF that are stipulated for PGY2.
- Areas for improvement identified on previous clinical attachments.
- Community based experience.
- Vocational aspirations.

The advisory panel will hold the responsibility for endorsing the PDP as appropriate for PGY2 when they make the overall assessment of the intern's performance and whether to recommend a general scope of practice.

## PGY2 – interns registered in a general scope of practice

### Requirements for PGY2

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

- Interns must complete four Council-accredited clinical attachments. All accredited clinical attachments will span for 13-weeks<sup>4</sup>.
- Interns must continue to set goals in the PDP and work towards achieving these goals.

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

There is flexibility in the amount of time an intern needs to complete in each clinical attachment, depending on the intern's individual circumstances. While ideally the PGY2 should complete a minimum of 10 weeks, the prevocational educational supervisor has the discretion and responsibility for determining whether an intern has satisfactorily met the learning of the attachment and where concerns exist, may escalate and discuss this with the Advisory Panel, Director of Clinical Training or the CMO. Prevocational educational supervisors can also contact Council for advice. Factors to be taken into consideration are the duration of, and reasons for leave, the intern's progress in meeting the prevocational requirements, previous end of clinical attachment assessments and feedback from supervisors. For example if leave taken was in relation to medical education then this might be appropriate.

### Flexibility in meeting the PGY2 requirements

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

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

### Working overseas in PGY2

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

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

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<sup>4</sup> Six month placements, for example a paediatrics placement, can be completed by PGY2 interns. However, the six month placement will comprise two prevocational medical training accredited clinical attachments. The clinical supervisor will need to complete the beginning, middle and end of clinical attachment meetings for both quarters.

The Advisory Panel at the end of PGY1, or prevocational educational supervisor during PGY2, may approve all or part of PGY2 requirements to be completed in Australia, the UK or Ireland subject to one of the following:

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

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

### Vocational training in PGY2

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

Interns are able to enter vocational training in PGY2, however they are still required to undertake their training in prevocational medical training **accredited clinical attachments**, record their learning in ePort, including clinical supervisor *End of clinical attachment assessments*, prevocational educational supervisor meetings, NZCF learning outcomes and goals in their PDP. The requirements for the vocational training programme would be in addition to Council's requirements.

This means that all PGY2s must undertake all of the prevocational medical training requirements. That is, PGY2s must:

- satisfactorily complete four accredited clinical attachments,
- maintain their PDP, and
- continue to record attainment of the remaining learning outcomes in NZCF (95% by then end of PGY2).

The advisory panel where the intern is employed will consider the intern's intention to enter vocational training in PGY2 at the time they endorse the PDP for PGY2 as being acceptable.

### Locum work in PGY2

A PGY2 intern can work in a locum position if it is a complete accredited clinical attachment. This is to ensure that the locum position has provides sufficient supervision, support and learning. This does not preclude an intern from providing cover outside their allocated clinical attachment as long as the cover being providing is in an accredited clinical attachment and, providing such cover does not compromise the intern's ability to perform their usual duties and it is approved by the Advisory Panel or prevocational educational supervisor<sup>5</sup>.

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

1. Within Australia – a prevocational training position under the supervision of a vocationally (specialist) registered doctor in a position approved for prevocational training.

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<sup>5</sup> In addition a PGY2 intern may complete voluntary work for up to a week without seeking approval by the Advisory Panel or prevocational educational supervisor. For any work longer than this, it would need to be considered by the Advisory Panel or prevocational educational supervisor.

2. Within the UK – a position in an approved practice setting that has been recognised by the GMC for prevocational training in the UK.
3. Within Ireland – a supervised position approved by IMC for prevocational training.

## Community-based attachments

By 2020 every intern will be required to complete one clinical attachment in a community-based setting over the course of the intern training programme. Council approved a staged transition working towards 100% compliance by November 2020. Training providers will need to demonstrate progress towards this goal during the transition period.

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

A community-based clinical attachment must meet the following criteria:

- The clinical attachment is community-focused and provides for direct contact with patients or public health services.
- The community-based clinical attachment provides opportunity for the community management of medical illness and/or mental health, which may include early detection of disease, population health, and acute and chronic care management.
- The community-based clinical attachment familiarises interns with the delivery of health care outside the hospital setting, including an understanding of the interface between primary and secondary care and the wider health care network.

Community-based clinical attachments can take place in a wide variety of settings, including but not limited to general practice and urgent care. This may include rural and regional locations, and settings that provide experience in the provision of health care to Māori.

A community-based clinical attachment should include provision for the intern to access the weekly formal education sessions delivered by the training provider. If this is not practicable, alternative arrangements for formal education need to be put in place.

The community-based clinical attachments will not usually include a hospital-based attachment, with the exception of rural hospitals that have been accredited for rural hospital vocational training and that are run predominately by doctors registered in the vocational scopes of general practice or rural hospital medicine. Prevocational educational supervisors may be involved in creating these attachments.

Refer to the [Accreditation standards for clinical attachments](#) for further information.

## End of PGY2 – removal of endorsement

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

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

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



- enrol and participate in the Council approved recertification programme for doctors registered in a general scope of practice, administered by bpac<sup>nz</sup>, OR
- enrol and participate in an accredited vocational training programme.

If an intern returns to practise in New Zealand after completing PGY2 overseas and is not employed by an accredited training provider, the supervision reports and progress in ePort will be reviewed by Council's Education Committee Chair or Medical Adviser.

Refer to [Application for PGY2 endorsement to be removed](#) for further information.

## Appendix 1 – Prevocational training e-portfolio privacy statement

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

The ePort helps to track the progress made by each intern in each attachment and capture overall learning. The information maintained in the ePort helps to identify future learning needs, and will aid an intern's transition along the continuum of learning. The e-portfolio stores information that includes:

- a professional development plan (PDP)
- completed *End of Clinical Attachment Assessment* forms
- skills log
- multisource feedback outcomes; and
- CPD activities.

At the end of PGY1 each training provider will convene an advisory panel that will meet to discuss and assess each intern's overall performance and will make a recommendation to the Medical Council of New Zealand (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 e-portfolio to undertake assessments, provide feedback and to support the intern to satisfactorily complete the programme. The following defines the Council privacy policy for the e-portfolio in accordance with the *Privacy Act 1993* and the relevant privacy principles.

### **Section 1 – Patient confidentiality**

#### *Standard*

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

#### *Rationale*

Patient confidentiality must be respected at all times. The e-portfolio does not form part of the patient record. Therefore it must not include any data that would identify an individual patient.

#### *Requirements*

- The ePort system will display 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. Data on the ePort must only be accessed and used for the purpose for which it was retained.

#### *Rationale*

The ePort supports the learning of interns and collates evidence of learning, assessments and other achievements. Those responsible for training interns must be able to monitor progress and access relevant data to assist making a decision about whether the intern has met the requirements for satisfactory completion.

### Requirements

- The 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 table 1, before being given access to the ePort.
- Interns must be made aware that they will be unable to use the ePort if they do not give this consent.

<b>Job Title</b>	<b>Access level</b>	<b>Purpose</b>	<b>Access duration</b>
<b>Intern</b>	All own data.	To record their learning, complete their PDP and access supervisor feedback.	Indefinitely.
<b>Clinical supervisors</b>	Shared ePort content for specified interns in a particular clinical attachment of a particular training provider.	Educational feedback and assessment.	For the 13 week accredited clinical attachment that the clinical supervisor is the named supervisor for the intern.  Access also granted for one month prior to the clinical attachment commencing and one month following the end of the clinical attachment for administrative purposes.
<b>Prevocational educational supervisors</b>	Shared ePort content for specified interns in a particular training provider.	Educational feedback and assessment.	During the period of supervision during PGY1 and/or PGY2.  Access also granted for one month prior to the first clinical attachment and one month following the end of the period of supervision for administrative purposes.
<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.	When authorised by the prevocational educational supervisor.
<b>Advisory panel</b>	Shared ePort content for specified interns in a	Educational and ensuring the intern has	Panel members granted access for panel

	particular training provider.	met the regulatory requirements set by Council to meet the requirements for registration in a general scope of practice.	deliberations one month prior to the panel convening and one month after the meeting.
<b>Council</b>	Pooled data and data relating to training providers, clinical attachments and supervisors.	To monitor and evaluate training providers and supervisors.	Access to anonymised data and data relating to training providers, clinical attachments and supervisors.
<b>RMO Coordinator (nominated e-portfolio administrator)</b>	Administrator's view that does not include access to individual intern's ePorts.	Administrative, to allocate interns to clinical attachments.	During the period that the intern is employed and supervised at the training provider during PGY1 and PGY2. Access also granted for three months prior to commencing employment and one month following completion of PGY2 for administrative purposes.

### Section 3 – Quality management

#### *Standard*

The e-portfolio system will include systems to minimise the risk of fraudulent data entry.

#### *Rationale*

The data in the 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 the Council are able to create new users and to assign access levels.
- The ePort system will provide clear guidance to all users regarding the security of their login details and the consequences of sharing details.
- The ePort system will put systems in place to authenticate all users' identities (including the roles in Table 1).

## **Section 4 – Pooled data**

### *Standard*

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

### *Rationale*

The purpose of the ePort is to collect information to record each intern's progress in meeting prevocational training requirements. Establishing data from the e-portfolios 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*

- Council will provide information on how pooled data may be used.
- 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. This excludes intern's individual ePorts.

### *Rationale*

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

### *Requirements*

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

## **Consent wording**

### **1. Intern consent**

- I agree that any data in the ePort relating to patients must be de-identified. This includes but is not restricted to data recorded as part of assessments, the PDP, or any uploaded documents.
- I give consent for persons described in Table 1 of the Privacy Statement to access my ePort as specified in Table 1.
- I understand my data will be held securely and will only be used for proper use and purpose.
- I agree that the information may be used as pooled data for quality assurance, quality management and quality control purposes.
- I agree not to share my password with any third parties.
- I have a right to change or access my information.

### **2. Clinical supervisors 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 and 1 month after the clinical attachment for administrative purposes.
- I am accessing the e-portfolio only for proper use and purpose. Proper use and purpose is limited to educational assessment and regulatory requirements.

### **3. 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 and 1 month after the final clinical attachment for administrative purposes.
- I am accessing the ePort only for proper use and purpose. Proper use and purpose is limited to educational 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.

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

- I agree that I am accessing the administrative view of the ePort for the period that I am the nominated ePort administrator for the specified interns. This period will extend 3 months prior to the first clinical attachment and 1 month after the final clinical attachment for administrative purposes.

5. **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.
- I am accessing the ePort only for proper use and purpose. Proper use and purpose is limited to educational assessment and regulatory requirements.

6. **Advisory panel consent**

- I agree that I am accessing the 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 1 month prior to the first clinical attachment and 1 month after the intern has applied for a general scope for administrative purposes.
- I am accessing the ePort only for proper use and purpose. Proper use and purpose is limited to educational assessment and regulatory requirements.

## Appendix 2 – Guide for clinical supervisors – Deciding outcomes of clinical attachments

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KEY	1	Substantively below expectation
	2	Below expectation
	3	Meets expectation
	4	Above expectation
	5	Exceptional
	N/O	Not observed

At the end of each clinical attachment, clinical supervisors will make an overall summative assessment of the performance of each intern they have supervised, using all of the information available to them. Interns can be assessed as above expectation, conditional or unsatisfactory.

### Unsatisfactory clinical attachment

In general terms, a rating of 1 indicates that in that area of assessment the intern has performed substantively below expectations. Each area of assessment carries equal weighting and it is therefore very likely that more than one score of 1 should result in this attachment being considered unsatisfactory.

If an intern scores multiple 2s across the areas of assessment, this is an indication that they are performing below expectations. It is therefore likely that multiple 2s could be considered an unsatisfactory attachment. However, this will be influenced by the number of 2s scored, and in which of the four clinical attachments the 2s have been scored. In other words, three scores of 2 in the first attachment might not mean an unsatisfactory attachment. However, scores of 3 or more 2s in the third or fourth attachment is likely to mean an unsatisfactory attachment, because of the higher expectation of performance /competence for an intern at this stage. The greater the number of 2s scored the greater the likelihood of the attachment being considered unsatisfactory.

### Conditional attachment

If an intern scores a 1 or a 2 in any area of assessment, it means that their performance in this area is below expectation. This should be a flag to the clinical supervisor that this might not be a satisfactory attachment.

Should the intern score multiple 2s across the areas of assessment, this is an indication that they are performing below expectation. This should also be considered as a flag to the clinical supervisor that the attachment has possibly not been completed satisfactorily.

The clinical supervisor then needs to apply their clinical judgment and determine the degree to which the intern's performance is below the standard, and decide whether this attachment should be considered unsatisfactory, or marginal.

A conditional attachment is considered a *conditional pass*. An *End of Clinical Attachment Assessment* form that is marked as conditional will require identified improvement goals to be detailed in the professional development plan (PDP). The goals in the PDP must be agreed to by the prevocational educational supervisor, clinical supervisor, and the intern. Improvement must be observed on the next clinical attachment, with satisfactory performance in all aspects of performance, to allow the conditional attachment to be considered satisfactory.

If more than one conditional rating is received for consecutive clinical attachments, 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 immediate following, as described in the process above.

Where there is uncertainty the clinical supervisor is encouraged to engage with the prevocational educational supervisor. If an agreement is not reached then the prevocational educational supervisor can engage with the CMO or delegate. In some circumstances the training provider may wish to convene the panel.

**Flexible training**

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

If an intern has a flexible working arrangement less than what Council considers as full time the duration of the clinical attachment would need to be extended. Full time is equivalent to a minimum of 40 hours per week.

It is the responsibility of the clinical supervisor to nominate a backup specialist to provide supervision, including essential reporting and feedback, when on leave.



## Glossary

Term	Explanation/Definition
6 <sup>th</sup> year medical student	<p>A medical student in the final year of medical school and where students participate in medical teams in a junior capacity.</p> <p>Also known as a trainee intern (TI).</p>
Accreditation standards for clinical attachments	Clinical attachments must meet these standards in order to be accredited by Council. Interns must work in accredited clinical attachments.
Accreditation standards for training providers	Training providers must meet these standards in order to be accredited to train interns. Interns can only work in accredited attachments and for accredited training providers.
Additional accreditation standards for community based attachments	Clinical attachments which take place in the community must meet the clinical attachments standards as well as these additional standards, to be accredited by Council.
Advisory Panel	<p>Advisory Panel(s) are established at each training provider to assess each PGY1's overall performance and decide whether they have met the required standard to be registered in a general scope of practice and proceed to the next stage of training.</p> <p>The use of an Advisory Panel adds further robustness to the assessment of interns. Each Advisory Panel comprises:</p> <ul style="list-style-type: none"> <li>• a Chief Medical Officer (CMO) (or their delegate)</li> <li>• two prevocational educational supervisors (the intern's own and one other)</li> <li>• a lay person.</li> </ul> <p>The Advisory Panel will make a recommendation to Council, who as regulator is the final decision maker.</p>
Clinical attachment	<p>A Council-accredited 13 week (14 weeks maximum) rotation worked by an intern.</p> <p>Previously referred to as a 'run'.</p>
Clinical supervisor	<p>A vocationally-registered senior medical officer named as a supervisor of interns as part of the accreditation of a clinical attachment.</p> <p>Previously referred to as a 'run supervisor'.</p>
Community-based attachment	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.

Continuing professional development (CPD)	Involvement in clinical audit, peer review and continuing medical education, aimed at ensuring a doctor is competent to practise medicine.
End of Clinical Attachment Assessment	The electronic form the clinical supervisor completes at the end of a clinical attachment for each PGY1. This form is stored in ePort. A PGY1 requires four satisfactory <i>End of Clinical Attachment Assessments</i> to be considered by the advisory panel who make a recommendation for registration in a general scope of practice.
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. Interns must attend two thirds of these.
General scope of practice with an endorsement	When an intern is approved registration in the General scope of practice an endorsement reflecting the requirements for PGY2 is included on their practising certificate for the PGY2 year.
Intern	A PGY1 or PGY2 doctor who has graduated from an accredited New Zealand or Australian medical school or a doctor who has passed the NZREX Clinical. An intern is usually employed as a House Officer and maybe referred to as: <ul style="list-style-type: none"> <li>• an intern</li> <li>• a house surgeon</li> <li>• a house officer</li> <li>• a resident medical officer (RMO).</li> </ul>
Intern training programme	The training and education programme for PGY1 and PGY2 doctors at each training provider.
Multisource feedback (MSF)	Feedback collected from an intern's colleagues, multidisciplinary team and patients about the intern's communication and professionalism, using a set questionnaire.
New Zealand Curriculum Framework for Prevocational Medical Training (NZCF)	The learning outcomes to be substantively attained by an intern during PGY1 and PGY2.
NZCF log	A record of the learning outcomes from the NZCF that an intern has attained. Stored in ePort.
New Zealand Registration Examination (NZREX Clinical)	An examination approved by Council to assess IMGs whose primary medical qualifications render them ineligible to apply for registration without having passed the examination. This examination must be passed before IMGs enter any form of clinical practice to ensure they are competent to practise.

Postgraduate year 1 (PGY1)	<p>For New Zealand and Australian graduates, the year following graduation from medical school and for doctors who have passed NZREX Clinical, in the provisional general year.</p> <p>PGY1 is a minimum of 12 months, however an intern remains a PGY1 until the requirements for each year are completed.</p>
Postgraduate year 2 (PGY2)	<p>For New Zealand and Australian graduates and NZREX Clinical doctors the year after first gaining registration in a general scope of practice.</p> <p>PGY2 is a minimum of 12 months, however an intern remains a PGY2 until the requirements for each year are completed.</p>
Provisional General scope of practice	PGY1 interns work in the Provisional General scope of practice for the time it takes them to complete the requirements for PGY1.
Prevocational educational supervisor	<p>A Council-appointed vocationally-registered doctor who has oversight of the overall educational experience of a group of PGY1 and/or PGY2 doctors as part of the intern training programme.</p> <p>Previously referred to as an 'intern supervisor'.</p>
Prevocational medical training	<p>The 2 years* following graduation from an Australian or New Zealand medical school or for doctors that have passed NZREX Clinical, the first 2 years* of registration in New Zealand.</p> <p>*Both PGY1 and PGY2 are a minimum of 12 months, however an intern remains a PGY1 or PGY2 until the requirements for each year are completed. For most interns this will be 2 years.</p>
Intern professional development plan (PDP)	A live electronic document stored in ePort outlining the intern's high level goals and how they will be achieved.
Training provider	The organisation (DHB) accredited by the Council to deliver an intern training programme for PGY1 and PGY2 doctors.