Information for District Health Boards

Community Based Attachments for Prevocational Medical Training

Health Workforce New Zealand (HWNZ), the Medical Council of New Zealand (the Council), the Royal New Zealand College of General Practitioners, (RNZCGP), Royal New Zealand College of Urgent Care (RNZCUC) and district health boards (DHBs) are working together to implement the staged introduction of the community-based clinical attachments (CBA) for prevocational medical training: Post-Graduate Years 1 and 2 (PGY1/2).

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.

The full definition of a community-based attachment was approved by Council in June 2014, rev December 2017.

Oversight of the CBA Programme

CBA Governance Group

- Led by the Council and comprises representatives from the Council, HWNZ, the RNZCGP, RNZCUC, DHBs and medical schools.
- Provides ongoing oversight of the objectives and direction of the CBA project and general guidance to the Management Group.

CBA Management Group

- Led by HWNZ and comprises representatives from the Council, RNZCGP, RNZCUC, DHBs (Chief Medical Officers, Chief Operating Officers and General Managers of Human Resources, Resident Medical Officer (RMO) Managers), DHB Shared Services, Doctors in Training Council, medical schools, Regional Workforce Development Hubs, Resident Doctors Association and Primary Health Organisations.
- Leads the programme management, coordination and implementation of CBA in partnership with the RNZCGP for those in general practice.
- Reports to the CBA Governance Group and the Medical Taskforce Governance Group.

Guiding Principles

The CBA project is underpinned by the following principles, as agreed by the Governance Group:

- The DHB should remain the employer when PGY1/2 are on a CBA.
- The CBA needs to be linked to a DHB (the overall prevocational medical training provider) and meet Council's standards to ensure a quality educational experience for the PGY1/2, positive experience for clinical supervisors and the providers of the CBA.
- No additional funding is available to support the CBA programme (apart from the current prevocational training component) and it is preferred if cost neutrality is demonstrated.

Night duties may be undertaken during the CBA placement only when the night's duties are directly relevant to the CBA. Evening and weekend duties including those not directly relevant to the CBA for example back at their base hospital, may be accommodated.

Key stakeholders

HWNZ is responsible for:

- Leading and providing oversight for the ongoing development of CBAs
- Allocating work-streams and providing oversight of progress, for example to RNZCGP to build capacity in general practice for CBAs.
- Building capacity in non-general practice settings including urgent care, hospice, community mental health, other community based services in conjunction with the Council and DHBs.
- Working with DHBs to support and facilitate the appropriate number of PGY1/2 placements in CBAs during the transitional period in order to be on track for 2020, taking into account workforce and resource implications.

RNZCGP is responsible for:

- Building capacity within general practices for CBAs. The RNZCGP is the prime point of contact both for general practices wishing to know more about CBA and DHBs seeking advice in regard to general practice based CBAs
- Collaborating with medical schools to address any tensions in the general practice training environment across the training continuum (medical students, PGY1/2s and GPEP registrars)

DHBs are responsible for:

- Developing capacity to allocate CBA to PGY1/2 over the transitional period to November 2020.
- Ensuring that
  - each PGY1/2 spends at least one clinical attachment in a community setting over their two training years
  - structures and systems provide PGY1/2 sufficient opportunity to substantively attain the learning outcomes of the NZCF
  - an integrated system of education, support and supervision is in place
  - individual CBAs provide a high quality learning experience.
- Allocating blocks of four CBAs to each PGY1/2 each year taking into account the mix of training experiences across the selected CBA and how these, in aggregate, support the achievement of the goals of the prevocational medical training programme.

More information

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- CBA outside of general practice – Janelle Anselmi: janelle_anselmi@moh.govt.nz
- MCNZ accreditation – Antonia O'Leary: aoleary@mcnz.org.nz
- DHB contact – Karen Schaab: karen.schaab@cdhb.health.nz
- Urgent care – Afraz Adam: Afraz.adam@rnzcuc.org.nz

Key documents

Accreditation standards for clinical attachments
Accreditation standards for training providers
Definition of a community-based clinical attachment

Commonly used terms

Final year medical student Trainee intern (TI)/ Sixth year medical student	A medical student in the final year of medical school
Clinical Attachments Runs/Placement	A Council accredited 13 week rotation **In a community setting:** An educational experience led by a community focused specialist which involves the learner in caring for the patient and their illness in the context of the community and their family **In a DHB:** The period of time that a doctor is allocated to a service/department **In General Practice:** placement of a funded registrar in a teaching practice for the purposes of training.
Intern	The MCNZ definition of an intern 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: • an intern • a house surgeon • a house officer.
	A doctor is referred to as a *House Officer* for *employment purposes* during their first two years of employment after graduation
Intern training programme	The training provider's training and education programme for PGY1 and PGY2 doctors as accredited by Council
Resident medical officer (RMO) / Resident doctor	A term that covers house officers and registrars. RMO's or resident doctors may also be known as junior doctors in some countries.
Senior House Officer	A doctor who has already completed two years of employment post-graduation but is not a registrar
Registrar	A resident doctor who has completed two years as a house officer and is now employed as a registrar
GPEP1 and GPEP2	**General Practice Education Programme:** Stage 1 - This is the entry point on the Pathway to Fellowship. Stage 2 - This is undertaken after successful completion of GPEP 1 and Primex.
GP Registrar	Term used for doctors undertaking GPEP.
Registrar/Specialist Trainee/Resident	A doctor who has been employed before the appointment of registrar as a House Officer /Senior House Officer for at least two years. Depending on experience, a doctor may be eligible to work as a registrar in their third year post graduation.
International Medical Graduate (IMG)	A doctor who obtained their primary medical qualification in a country other than New Zealand, also sometimes called an overseas trained doctor.
NZREX	Sat and passed the NZREX clinical examination.
Accreditation/College recertification programme	Accreditation is the process used to approve College recertification programmes, doctors participate in to ensure that they continue to be competent to practise within the scopes of practice in which they are registered.