SPECIFICATION FOR RURAL ROTATIONS DURING PGY2

1.0 PREAMBLE

There is currently a widely acknowledged shortage of GP's in rural practice. Providing trainees with experience in a supportive rural practice will ensure trainees are better prepared, and more fully understand the special needs of practice in a rural area.
The "New Zealand Health Strategy" (2000) highlights the issues of support and supervision for doctors in rural practices, and the CTA's "Review of Training in Medical Postgraduate Years One and Two" (1998) recommended that PGY1 & 2 years of training include rural placement options.

This description outlines the requirements for rural placements for doctors in their second postgraduate year of training. It is based on the series "A Curriculum for the Vocational Education of General Practitioners" (RNZCGP 1998). The training is a part of, and complementary to, the currently unspecified PGY2 year.

In this description, "trainee" refers to a second year postgraduate doctor. A rural practice is defined as one that has obtained a score of 35 or more on the HFA rural ranking scale.

Other terms are defined in the CTA Head Agreement and/or Service Agreement.

2.0 DESCRIPTION OF TRAINING

This placement provides a general learning experience, and will be used by trainees to inform decisions regarding future practice in rural areas. It will build on the skills learned as a first year house surgeon, and be a period of consolidation for clinical skills where a range of practical and clinical experience can be obtained. The programme is clinically based, with trainees working in rural general practices, and will take place over a minimum of three and a maximum of six months.

Three key concepts to general practice will be applied during the training:

- Patient-centred care
- The generalism of general practice
- Evidence-based medicine.

The objectives of the training programme are:

- To experience and participate in rural general practice
- To promote rural general practice as a viable and rewarding career option
- To take advantage of rural settings to appreciate patient context
- To continue to acquire medical knowledge and expertise
- To develop a sense of responsibility to patients, staff, and community
- To develop appropriate interpersonal and communication skills
- To gain an understanding of relevant culture including Maori and rural
- To develop collegial and peer associations and linkages.

Learning is facilitated through the creation of a planned and managed learning environment achieved through interactions between the trainee and patients, interactions with other health professionals in the local area, and includes support and guidance to ensure that learning occurs, and that a representative experience is obtained.

2.1 LEARNING ENVIRONMENT

Training occurs in a rural general practice, approved for training by the Medical Council of New Zealand. Learning takes place in clinical and community settings

Training is on an apprenticeship basis, and much learning is by example. The example set by the general practitioners and other staff in the practice strongly influences the quality of the learning experience. This requires both good role modelling by the supervisor and active participation by the trainee, with constructive feedback given to the trainee. It is essentially a “hands-on” placement where the trainee is expected to contribute to the work of the practice.

2.1.1 Clinical Placements

General Requirements

Placements should be selected to ensure a range of relevant experience.

Supervision will ensure that trainees’ learning is objectives-based, targeted to trainees’ learning needs, and that there is application of the principles of cultural appropriateness to practice.

Workplace safety issues are the responsibility of providers and trainees will conform to all practice safety standards.

Specific Requirements

The following situations or cases will normally be expected to present in a rural practice. It is expected that the trainee will experience at least 50% of these cases or situations during the course of the placement:

- Diabetes
- Venous ulcer
- Lacerations
- Artrial Fibrillation
- Stroke
- Temporal Arteritis
- Congestive cardiac failure
- Acute ventricular failure
- Artrial septal defect
- Transient ischaemic attacks due to carotid stenosis
- Hypertension
- Thyrotoxicosis
- Osteoporosis
- Asthma
- Haematemesis
- Hypercholesterolaemia
- Hypothyroidism
- Osteomyelitis
- Myocardial infarction
- Unstable angina
- Fractures
- Epilepsy
- Bipolar depression
- Suicide attempt
- Parkinson's disease
- Dysmenorrhoea
- Oral contraception
- Prostatism
- Changing medication due to Pharmac initiatives
- Insomnia
- Perforated ear drum
- Middle ear grommet tubes
- Injury to acromioclavicular joint
- Migraine headaches
- Cervical smear
- Depression
- Rheumatic valve disease
- Infectious mononucleosis
- Tonsillitis

Content should include:

- Acting as an advocate
- Working in a team
- Demographics of rural populations.
- Safety – Airway – Breathing – Circulation – Disability/deformity – Environment
- Triage, the co-ordination of urgent transfer and confronting fallibility in emergency situations
- Personal management skills
- Impacts of legislation
- Skills in the use of technology – xray machines, reading films, ECGs, obstetric monitoring equipment
- Aspects of living in a small community – especially the implications for spouse and family.

2.2 SUPERVISION

2.2.1 Clinical Supervision

Clinical Supervisors should be Fellows of the Royal New Zealand College of General Practitioners, and hold vocational registration in General Practice with the Medical Council of New Zealand. It is desirable that supervisors are accredited by the RNZCGP as "GP Teachers".

The level of supervision of the trainee is dependent on trainee ability, and will vary as the trainee progresses through the programme. Opportunities for directly supervised, indirectly supervised and monitored clinical practice should be provided according to the ability of the trainee.

The trainee will work directly with the clinical supervisor. Clinical supervisors will have responsibility for the trainee's patients and will:

- Create and maintain a suitable individual learning environment for the trainee

- Act as a mentor for the trainee

- Make sure that a wide range of opportunities for clinical skill development is available to the trainee

- Ensure that the trainee has a level of supervision appropriate to his/her skill level

- Provide guidance to the trainee on the development of clinical strategies, knowledge, and skills objectives

- Provide guidance and advice to trainees regarding the cultural appropriateness of care provided

- Usually not have more than one trainee under their supervision

- Provide reports to the DHB which employs the trainee and the CTA at the end of the placement

- Arrange for alternative supervisor to cover any periods of absence.

2.3 PROGRAMME CO-ORDINATION

A co-ordinator will:

- Liaise with the rural practice and DHB administration

- Regularly evaluate trainees' training and visit each trainee at least once during a placement

- Monitor supervision, experience gained, and allocation of duties for trainees and facilitate such changes as may be necessary

The co-ordinator can be based within a hospital or a general practice, and may arrange and co-ordinate training placements for more than one hospital or general practice.

2.4 EXPECTED OUTCOMES

Trainees will gain meaningful experience of rural practice, and be more aware of the general practitioner/hospital interface, and interface between health professionals in the rural sector.

Trainees will have contributed to the work of the general practice during their placement. Trainees will provide a report of their experience to their employing hospital on completion of the placement. Copies of this report will also go to the host practice and programme co-ordinator.

The trainee will have been involved in at least 50% of the situations or cases described in section 2.1.1 – Specific Requirements.

Rural general practice will be recognised as a rewarding and viable career option.

3.0 ELIGIBILITY

3.1 TRAINEE ELIGIBILITY

Trainees must:

- Be a graduate in Medicine and Surgery of a Medical School recognised by the Medical Council of New Zealand; and
- Have general registration as a medical practitioner from the Medical Council of New Zealand; and
- Have held general registration for no more than 12 months prior to commencing the placement
- Be undertaking their second postgraduate year of training
- Be positively motivated to engage in a rural rotation

Medical graduates who do not meet the above criteria may be considered on a case by case basis.

3.2 PROVIDER ELIGIBILITY

Eligible placements will be in rural general practices which have obtained a score of 35 or more on the HFA rural ranking scale and have been accredited by the Medical Council of New Zealand as being appropriate for this training.

A rural practice where the GPs also work as rural hospital doctors (as defined by “Rural Hospitals in New Zealand” (R Janes, NZMJ 13 August 1999)) that does not have a score of 35 or more on the rural ranking scale will be considered for placement on a case-by-case basis.

4.0 LOCATION AND SETTING

Any secondment of a trainee to another training location exterior to the rural placement practice for the purposes of this programme must first be approved by the CTA in writing.

5.0 ASSOCIATED LINKAGES

The training programme will have formal and established linkages with:

- The Medical Council of New Zealand
- The Royal New Zealand College of General Practitioners
- Directors of Rural Health Aotearoa
- The rural practice in which the trainee has been placed

- The employing DHB
- The Clinical Training Agency
- Patient Advocates for Code of Health and Disability Services, Consumer Rights and Privacy Issues.

6.0 PURCHASE UNIT AND REPORTING UNIT

6.1 PURCHASE UNIT

A trainee in their second postgraduate year of training, in an approved placement in a rural general practitioner's practice.

6.2 REPORTING UNIT

A trainee in their second postgraduate year of training, in an approved placement in a rural general practitioner's practice.

7.0 QUALITY STANDARDS: PROGRAMME SPECIFIC

This section should be read in conjunction with Schedule 1 Part 3 of the CTA Head Agreement, which specifies ***generic*** *quality standards for all programmes provided under the contract.*

8.0 REPORTING REQUIREMENTS: PROGRAMME SPECIFIC

This section should be read in conjunction with Schedule 1 Part C of the CTA Head Agreement, which specifies ***generic*** *reporting requirements for all programmes provided under the contract.*

8.1 PROGRESS REPORTING

Section 2.4 of the specification details the expected outcomes of the training programme purchased.

8.2 QUALITY REPORTING

Reports as described in Schedule 1 Part C of the CTA Head Agreement require a summary of the programme. Schedule 1 Part 3 of the CTA Head Agreement requires that you have a quality plan in place for the ongoing monitoring of the training provided.