

# SPECIFICATION FOR VOCATIONAL TRAINING IN GENERAL PRACTICE

## 1.0 PREAMBLE

This specification describes the intensive year (year 3) of the General Practice Vocational Training Programme (GPVTP). This year starts in late January and runs for 40 weeks. It is based on the 'General Practice Vocational Training Programme Handbook' published by the Royal New Zealand College of General Practitioners (RNZCGP). Additional information has been provided by the College, its members, and other information sources.

This training leads to eligibility for Membership of the Royal New Zealand College of General Practitioners (MRNZCGP).

In this specification, the term 'registrar' means registrar in training as defined in Section 3.1 Registrar Eligibility.

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

## 2.0 DESCRIPTION OF SERVICE

Vocational training in general practice requires a minimum of five full-time equivalent years full-time post graduation. The basic vocational education is a minimum of two years hospital based experience (the intern year, senior house officer or registrar years) followed by an intensive or core year of practice based training leading to the Primary Membership Examination (Primex) of the College. Advanced vocational education is a minimum of two years of supervised general practice, following passing Primex, during which time accreditation activities required for Membership as determined by the RNZCGP are completed.

The curriculum must meet the requirements of the RNZCGP. The training programme is currently organised nationally by the National Director of the Training Programme. Regional Directors and Local Co-ordinators, who report to the National Director, are responsible for organising training locally.

The general aims of the GPVTP are to:

- Improve the health of New Zealanders through the provision of a general practice vocational training programme which achieves a level of competence sufficient for them to be able to enter and maintain independent general practice.
- Promote high standards of general practice in New Zealand by ensuring those who enter general practice are vocationally trained.

- Ensure that registrars understand the principles of general practice and develop the critical faculties required for continuing professional development and lifelong learning.
- Develop and foster a group of general practice teachers and teaching practices which will play a full part in the education of young doctors for general practice.
- Foster an understanding of general practice within the medical profession and primary care purchasers.

These general aims are underpinned by the philosophical foundation of general practice - communication and reflection, conceptual basis of general practice, and critical thinking and research.

## 2.1 LEARNING ENVIRONMENT

Training is considered to be a part of continuing lifelong professional development, based on the philosophical foundation of general practice. Training takes place in an environment of excellence and enquiry, where theoretical knowledge and practical experience are integrated into ongoing practice through critical reflection.

The programme uses a comprehensive integrated approach to education, which includes processes which are:

- Learner centred
  - Self directed
  - Negotiated
  - Critically reflective
  - Appropriately evidence based
  - Practice based.
- The three integral components to the intensive year of training are:
    - Practice based learning through one-to-one teaching in an accredited practice attachment
    - Day release seminars and workshops
    - Integration of learning in both settings through critical reflection on practice experiences and implementation of seminar and workshop based learning in practice.

The key components of the training programme are:

- The registrar meets certain prerequisites set by the RNZCGP
- One-to-one teaching and learning in general practice settings
- Trainee has adequate supervised consulting
- Structured teaching sessions in peer groups with time to reflect
- Attainment of self-knowledge
- Registrar self-assessment and review of personal learning needs
- Trainee assessment by others

- Ongoing teacher development
- Flexible programme to cater for registrars' needs and circumstances
- Delivery of culturally appropriate care
- Undertakes pro-active planning of programmes to improve population health
- Experience in, and reflection on, practising as a member of a multidisciplinary team
- Effective provision of primary health care for rural populations
- Management of patients in non-metropolitan hospital facilities
- Cost effective care and referrals for appropriate diagnostic tests and interventions.

The learning objectives for the training programme have been set out under four headings, which are underpinned by the philosophical basis of general practice. They are:

#### **The domains of general practice**

- Consultation skills
- Inter-professional relationships
- Population health context
- Professional and ethical role
- Legal and management issues

#### **Illness conditions**

- Acute and traumatic
- Chronic
- Mental Health - including the diagnosis and management of substance abuse
- Care of patients in non-metropolitan hospitals

#### **Stages of growth and development**

- Infants, children and adolescents
- The adult female
- The adult male
- The elderly

#### **Government and RNZCGP health priorities**

- Care of the elderly
- Child health
- Environmental health
- Maori health
- Mental health (including appropriate referral to other agencies)
- Rural health.

The overall objectives for training will be provided to the registrar and the trainer(s). The registrar's performance will be assessed against these at regular intervals.

## **2.1.1 Clinical Placements**

### **General Requirements**

Registrar training is based in accredited training general practices. The registrar is essentially in full-time general practice, with the addition of ongoing supervision and time to reflect on and learn from the experience gained in the clinical setting. There should be opportunities to plan for, and if possible evaluate the effectiveness of, population-based health programmes.

The registrar is released from clinical duties for the equivalent of one day a week (a minimum of 36 days in the year) to attend workshops and seminars (see formal teaching programme).

There are two five month attachments during the year. At the beginning of each attachment the registrar and trainer identify learning goals and set out a learning plan. This plan will be regularly updated and progress is assessed against the plan.

The learning activities are centred around one-to-one patient consultation, but may also include a range of other activities so that the context in which the consultation takes place is experienced.

### **Specific requirements**

To allow time for reflective learning, the patient load should be normally between 5 - 13 patients per half day session.

Teachers should spend two hours per week specifically teaching the registrar. One hour will be in a block to allow for in-depth discussion. The other hour may be in short episodes as required.

Consent for teaching must be obtained from the patient according to the guidelines as set out in the Handbook page 15 - 20.

A minimum of ten sessions per annum of supervised out-of-hours experience is required.

## **2.1.2 Formal Teaching Programme**

Day release seminars and workshops are held for a minimum of 36 days per year, usually one day per week. These are organised by the Regional Directors and Local Co-ordinators and cover topics which are best suited to a group learning setting. Some may be residential.

A range of teachers is expected to contribute to this programme. Registrars also contribute to the organisation and presentation of some sessions.

A Curriculum for the vocational education of general practitioners (*January 1998*) is available to registrars and teachers. This forms the platform from which to plan the vocational education programme for general practice. It is intended to be flexible and to be changed in response to developments in medicine and health (especially general practice), education and New Zealand society.

### **2.1.3 Access to resources**

The resources required to meet the training objectives include:

- Space, facilities and equipment normally expected in a general practitioner's surgery.
- Sufficient clinical material for the registrar to gain the required level of experience.
- Relevant literature - some on site, others by access to a library.
- Facilities for day release meetings and other group sessions.
- A range of teachers both in the practice setting and in the day release programme.
- A fully implemented quality assurance programme.

## **2.2 SUPERVISION**

### **2.2.1 Clinical Supervision**

Registrars are attached to a teaching general practitioner who is in daily contact with the registrar. The workload for the registrar is set by the trainer and modified according to the registrar's progress.

A learning plan is established by the registrar and teacher together at the beginning of the attachment. This is reviewed at six weeks.

The teacher meets with the registrar for a minimum of one hour a week for a planned formal session which can take a variety of forms according to the needs of the registrar as outlined in the learning plan.

In addition, brief periods of contact throughout the day occur to answer queries, for practical procedure teaching, and a range of other activities such as sitting in on consultations.

Adequate time for critical reflection should be made available for the registrar.

The teacher should make sure the clinical experience available to the registrar is appropriate to the learning needs and ensure that culturally appropriate care is provided, offering guidance and advice as needed.

Reports on registrar assessment required by the training programme are completed by the teacher.

### **2.2.2 Educational Supervision**

The day release seminars and workshops are organised by the Regional Director assisted by the Local Co-ordinator. The teaching in these settings is directed at topics best taught in group situations. It is also a time for critical reflection and evaluation of clinical practice experiences.

The Regional Director or Local Co-ordinator oversee these sessions. Registrars formally evaluate these sessions twice a year.

It is desirable that seminars involving assessment of population health programmes incorporate input from a public health physician. Consideration should also be given to the involvement of pharmacists in the evaluation of effective pharmaceutical referrals.

## **2.3 PROGRAMME COORDINATION**

The programme is co-ordinated nationally by the National Director. Regional Directors and Local Co-ordinators organise the programme locally, and are responsible to the National Director.

The National Director is responsible for:

- All implementation and management issues
- Educational development and research
- Evaluation
- Training of teachers (through Regional Directors)
- Training of Regional Directors, Local Co-ordinators and the Educational Development, Evaluation and Research Officer.

The Regional Directors assisted by Local Co-ordinators are responsible for:

- Organising the day release seminars and workshops
- Providing support and guidance for teaching general practitioners
- Arranging training for teachers (with the help of the national office staff)
- Providing support and guidance to the local registrars
- Providing information to course participants and potential registrars on the programme and its contents
- Interviewing and selecting applicants.

## **2.4 EXPECTED OUTCOMES**

On completion of the intensive year, a Certificate of Completion is awarded.

On successful completion of the Primex examination, candidates are considered able to practise under lesser supervision and issued with a certificate which enables them to begin the Accreditation process with the RNZCGP. This takes a minimum of two years and leads to Membership of the Royal New Zealand College of General Practitioners (MRNZCGP). This is the qualification recognised by the Medical Council for entry onto the Vocational Register of General Practitioners.

## **3.0 ELIGIBILITY**

### **3.1 REGISTRAR ELIGIBILITY**

Entrants into the programme 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.

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

### **3.2 PROVIDER ELIGIBILITY**

Training is provided by the RNZCGP. All teaching practices are accredited by the RNZCGP, and seminars and workshops are organised by the RNZCGP.

## **4.0 LOCATION AND SETTING**

Training takes place in regional centres and RNZCGP accredited teaching practices at sites determined by the RNZCGP.

Any secondment of a registrar to another location for further training experience must comply with Part 9 of the CTA Head Agreement.

## 5.0 ASSOCIATED LINKAGES

The provider will have links with:

- Other specialty training programmes as appropriate
- Schools of Medicine
- Individuals and Centres with expertise, medical and non-medical
- Patient Advocates for Code of Health and Disability Services Consumer Rights and Privacy Issues.

There will be links between the regional centres for co-ordination of training activities.

## 6.0 PURCHASE UNIT AND REPORTING UNIT

### 6.1 PURCHASE UNIT

A registrar as defined in the specification in the intensive year of training, for a 40 week period.

Part time registrars who are funded under this contract will be funded on a pro rata training unit basis.

### 6.2 REPORTING UNIT

- Registrars in the intensive year of training, and their employment status (full-time or tenths employed).
- Geographic distribution of registrars by seminar locality.
- Names and gender of registrars on the programme.
- Self-declared ethnicity of registrars on the programme.
- Number of passes in Primex for both GPVTP registrars and Seminar attendees.

## 7.0 PROGRAMME SPECIFIC QUALITY STANDARDS

*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.*

### 7.1 QUALITY STANDARDS: PROGRAMME SPECIFIC

These are included in the next three headings.

## **7.2 CLINICAL SUPERVISION**

Clinical placements in general practice will provide learning and supervision to a standard that ensures:

- A learning plan is completed for each registrar by the registrar and teacher together in the first two weeks of each placement.
- The supervision allows time for critical reflection on the experience gained in clinical practice.
- A registrar formative assessment form is completed within six to ten weeks of the beginning of the attachment.
- A registrar assessment form is completed and discussed with the registrar prior to the end of the attachment.
- A quality assurance programme is in place in each teaching practice and is used as part of the teaching.
- All patients included in the teaching process give their informed consent for this.

## **7.3 EDUCATIONAL SUPERVISION**

Educational supervision will be provided to a standard that ensures:

- All teachers participate in the quality assurance programme of RNZCGP.
- An evaluation form is completed by the registrar for each attachment, and appropriate action taken on the information provided.
- Ongoing constructive feedback is given to registrars and teachers.
- The day release seminar programme is evaluated twice a year, including registrar feedback, and appropriate action taken on the information provided in the feedback.

## **7.4 PROGRAMME COORDINATION**

Programme co-ordination will be provided by Regional Directors and Local Co-ordinators to a standard that ensures:

- Teachers are trained to a standard that meets RNZCGP standards.
- Registrar evaluation of teachers is discussed with the teachers.
- Teachers and registrars are given support.
- Satisfactory attendance by registrars at attachments, seminars and workshops. Poor attendance is investigated and appropriate action taken.

Programme co-ordination nationally is provided at a level that ensures:

- All assessment forms are evaluated and action taken as appropriate.
- Regional Directors and Local Co-ordinators are trained to a satisfactory standard.
- The programme content and teaching methods are continually reviewed and updated.
- Records and statistics are kept on the national training programme.

## **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 milestones and outcomes of the training programme.

### **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 the provider will have a quality plan in place for the ongoing monitoring of the training provided. The summary should refer to the outcomes of this internal quality management and make reference to the programme specific quality standards in Section 7.0 above, particularly clinical supervision.