

**SPECIFICATION FOR THE PROBATIONARY REGISTRATION YEAR
MEDICAL POSTGRADUATE YEAR ONE (PGY1)
(FIRST YEAR HOUSE SURGEON TRAINING)**

1.0 PREAMBLE

This specification outlines the requirements for the training of First Year House Surgeons prior to general registration as Medical Practitioners (“Probationary Registration Year”, restricted to Class 1 Probationers).

It is based on the requirements of the Education Committee (“EC”) of the Medical Council of New Zealand (“MCNZ”) for probationary registered medical practitioners to proceed to general registration. These requirements are more particularly outlined in the MCNZ’s handbook, *“Education, Training and Supervision for New Doctors” (2000)*.

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

2.0 DESCRIPTION OF SERVICE

The probationary registration year is regarded as the final period of education for MBChB graduates. The probationary registration (postgraduate year one) is for one year, and shall not include more than six weeks absence from duty for any reason.

The probationary registration year should afford First Year House Surgeons the opportunity for a broad, balanced and supervised clinical and educational experience, with increasing responsibility for the continuing care of patients. It should also provide probationers with the practical knowledge and skills which will allow a safe standard of medical practice.

The most important features of First Year House Surgeon learning are how to use academic knowledge to deliver medical care in the health care delivery team, how all the providers interact in their roles, and how to apply their own knowledge in a clinical setting.

First Year House Surgeons should have structured educational programmes and learning activities available to them, and should show that they have participated in them. First Year House Surgeons should also be encouraged to initiate their own self-directed learning in acquiring specific skills.

2.1 LEARNING ENVIRONMENT

2.1.1 Clinical Placements

General Requirements

- Placement of First Year House Surgeons occurs in clinical settings such as wards, outpatient clinics, or theatre settings.
- The First Year House Surgeons' duties should be arranged so that they are able to attend orientation programmes, training sessions and relevant hospital clinical meetings.
- The programmes and learning activities should include tutorials on procedures and skills, staff rounds, postgraduate meetings, clinicopathological sessions, radiology conference, pathology conference, mortality and morbidity audits, quality assurance programmes, and other programmes such as ethical discussions and programmes on bicultural and multicultural issues related to the practice of medicine.
- First Year House Surgeons are expected to take part in these learning activities for a minimum of two hours per week.
- The First Year House Surgeons' duties should be arranged to ensure that there is a significant period of contact between the First Year House Surgeon and the supervising consultant in a clinical setting, and for a minimum of twice a week.

Specific Requirements

Mandatory clinical experience for First Year House Surgeons requires each First Year House Surgeon to have held at least four three month positions, of which at least two are Category A posts (one Surgical, one Medical) and two may be Category B posts. (*Refer to Statement on Medical Registration Requirements in the Pre-Registration Year MCNZ – August 1996 and EC Accreditation System: Complete List of NZ Runs, 7 May 1999*).

Category A

Category A posts are usually restricted to general medicine or general surgery, or posts in which there is a substantial content of general medicine or training in basic surgical principles. They should be supervised by at least one recognised specialist (the supervising consultant).

At all times the First Year House Surgeon should have access to advice from a registrar and/or the supervising consultant and, if necessary, the Intern Supervisor.

Not more than two weeks in any 12-13 week period should be spent on night rosters.

Category B

Category B posts are suitable for training but do not fulfil the general medical or general surgical requirements of *Category A* posts.

Not more than four weeks in twelve can be spent on a night roster.

Posts generally regarded as *Category B* are:

- Orthopaedics
- Acute General Psychiatry
- Oncology
- General Paediatrics (in the second six months only)
- General Relieving Duties in posts regarded as *Category A* or *Category B* (second six months only)
- Accident and Emergency posts with immediate supervision (in second six months only).

Some *Category B* posts may be designated as *Category A* by the EC if they fulfil the requirements for experience in general medicine or in the teaching of general surgical principles.

Learning may be enhanced by First Year House Surgeons' attendance at relevant outpatient clinics and operating theatre sessions.

2.1.2 Access to Resources

Ready access to a suitable medical library.

2.2 SUPERVISION

Clinical supervision is provided by the First Year House Surgeon's Supervising Consultant who is the key person in creating a culture that cares about education. He/she should be an empathic, personal and professional mentor giving feedback on performance, and should act as an educational role model for the First Year House Surgeon.

2.2.1 Clinical Supervision

General educational objectives should include:

- Clinical skills - including data gathering, choice and use of investigations, clinical judgement and decision making, use of consultation, performance under emergency conditions, reports and records.
- Technical skills - demonstrate an ability to perform clinical procedures with reasonable dexterity.
- Attitudes - including patient/doctor relationship, team relationships, continuing care and preventive care, self-assessment ability, motivation to learn, critical appraisal, medical ethics and informed consent.

- Basic science and clinical knowledge, health economics, New Zealand health system, and medico-legal issues.

The First Year House Surgeon's duties should be arranged to ensure that there is a significant period of contact between the First Year House Surgeon and the Supervising Consultant in a clinical setting, and at a minimum of twice a week.

Clear, timely feedback on performance should be given to the First Year House Surgeon during the run, particularly if there are weaknesses which need to be addressed.

The Supervising Consultant should also provide detailed assessment of the First Year House Surgeon's progress on a report form (MC19a) referring to the attainment of the general clinical educational objectives of the First Year House Surgeon year. This assessment should include feedback from the appropriate registrar and other clinical team member(s).

The MCNZ Form 19a should be sighted, discussed with, and signed by the First Year House Surgeon before / at the end of the three month attachment.

2.2.2 Educational Supervision

The role of the Intern Supervisor includes:

- Arranging an orientation talk at the start of the employment period, ensuring that the First Year House Surgeons are aware of the Intern Supervisor's role and are appraised of the assessment procedures, including the appeal procedure.
- Consulting with the various consultant teams, particularly about the indicative list of skills being targeted and the procedures for individual First Year House Surgeon performance assessments and feedback.
- Ensuring that the clinical experience of the First Year House Surgeons, through their clinical attachments and the mix of those attachments, fulfils requirements specified by the MCNZ for registration purposes both generally and on an individual basis.
- Ensuring that supervising consultant staff know the broad objectives including the skills list for the First Year House Surgeons, and responsibility under Section 2.2.1 above.
- Encouraging fair assessment reports from the consultants on the interns they have supervised.
- Ensuring all reports are discussed with First Year House Surgeons, and offering feedback and counselling to those First Year House Surgeons who may be experiencing any difficulties in the clinical area or educational support.

- Reporting on the performance of each First Year House Surgeon, using consultant reports and other available information, and on the First Year House Surgeons' participation in educational programmes. These reports are to be reviewed quarterly, and the Intern Supervisors are to make the final recommendation to the MCNZ.
- Completing a MC 19 Form (application for general registration) for each First Year House Surgeon who has met the requirements for general registration. This is signed by the First Year House Surgeon and returned to the Medical Council.
- Ensuring that monitored and structured educational programmes and learning activities and facilities are made available in the hospital. Where formal education is devolved to units, the units should develop educational goals and plans.

2.3 PROGRAMME CO-ORDINATION

Intern Supervisors are appointed by the approval-holder, and are confirmed and approved by the MCNZ for the overall supervision of the First Year House Surgeons. The Intern Supervisor's role is one of advocacy, programme co-ordination, and assessment supervision.

It is expected that the training environment should be conducive to apprenticeship learning and that the First Year House Surgeon's Supervising Consultant will discuss with the First Year House Surgeons what is expected of them, and assist each First Year House Surgeon with the setting of learning and experiential objectives.

2.4 EXPECTED OUTCOMES

The expected outcome is the attainment of general registration.

A First Year House Surgeon is required to complete a minimum of 12 months of approved clinical work before general registration with the MCNZ can be issued. General registration will not be granted until this time requirement has been met.

Each First Year House Surgeon must be certified as competent in cardiac life support as a prerequisite to obtaining general registration.

3.0 ELIGIBILITY

3.1 FIRST YEAR HOUSE SURGEON ELIGIBILITY

Doctors who are:

- First Year House Surgeons with Probationary Registration Class 1 from MCNZ; and
- New Zealand Citizens; or

- Holders of a New Zealand residency permit as conferred by the New Zealand Immigration Service.

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

3.2 PROVIDER ELIGIBILITY

Training occurs in a facility in association with a person approved by the MCNZ.

4.0 LOCATION AND SETTING

You may subcontract some of the approved posts to fit rotation schemes, subject to the subcontractor being accredited by the EC (MCNZ) to provide this training.

Category A posts may be in an affiliated non-base hospital if accredited by the MCNZ. A First Year House Surgeon may have up to two three month Category A posts in a non-base hospital but no more than six months of the probationary registration year experience can take place in a non-base hospital.

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

You will have established linkages with the following:

- EC, MCNZ
- Schools of Medicine.
- Patient Advocates for Code of Health and Disability Services Consumer Rights and Privacy Issues.

6.0 PURCHASE UNIT

An eligible First Year House Surgeon undertaking the probationary registration year in an approved training post.

Refer to Section 3.1 above.

7.0 QUALITY STANDARDS: PROGRAMME SPECIFIC

*Please refer to Schedule 1 Part 3 of the CTA Head Agreement, which specifies **generic** quality standards for all programmes provided under the contract.*

The provider will demonstrate their commitment to training by:

- Having policies in place detailing the roles and responsibilities of supervising consultants.
- Ensuring all supervising consultants are aware of the objectives of training and supervision.

The Educational Supervisor will ensure:

- Adequate processes are in place for identifying and assisting First Year House Surgeons and supervising consultants requiring additional support.

8.0 REPORTING REQUIREMENTS: PROGRAMME SPECIFIC

*Please refer to Schedule 1 Part 1 of the CTA Head Agreement which specifies **generic** reporting requirements for all programmes provided under the contract.*