

SPECIFICATION FOR ADVANCED VOCATIONAL TRAINING IN ADULT INTERNAL MEDICINE

1.0 PREAMBLE

This specification describes the requirements for advanced training in adult internal medicine. It is based on the current handbook 'Requirements for Physician Training Adult Internal Medicine,' published by the Royal Australasian College of Physicians (RACP) in 2004, and the guidelines formulated by the Specialist Advisory Committees (SACs), subcommittees of the Committee for Physician Training (CPT). Additional information has also been provided by the College, its members, and other information sources.

This training leads to the award of the specialist diploma and Fellowship of the Royal Australasian College of Physicians (FRACP), the generic specialist qualification in adult internal medicine. It is not awarded by subspecialty.

This training follows on from Basic Physician Training as detailed in a separate specification.

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

The RACP describes advanced training as a minimum of three years of approved training following completion of all basic physician training requirements.

Training may be undertaken in the following 20 subspecialties

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| ◇ | general medicine | ◇ | infectious diseases |
| ◇ | cardiology | ◇ | clinical genetics |
| ◇ | medical oncology | ◇ | nephrology |
| ◇ | clinical immunology | ◇ | neurology |
| ◇ | clinical pharmacology | ◇ | nuclear medicine |
| ◇ | dermatology | ◇ | palliative medicine |
| ◇ | endocrinology | ◇ | respiratory and sleep medicine |
| ◇ | gastroenterology | ◇ | rheumatology |
| ◇ | geriatric medicine | ◇ | haematology |

Training in haematology and immunology may be taken jointly with the Royal College of Pathologists of Australasia (RCPA). This training takes a minimum of four years.

The prescriptions for advanced training are formulated by the SAC's (or Joint SAC's for joint training), which are advisory to the CPT.

Advanced training is a minimum of three full-time equivalent years' duration, including two years of 'core' training and a further year of 'non-core' training.

- **Core training** is undertaken in approved posts in which the registrar has direct clinical responsibility for the care of inpatients and outpatients. In this period the registrar is expected to acquire appropriate clinical experience in the specialty, and detailed knowledge and understanding of relevant diagnostic and therapeutic procedures.
- **Non-Core training** may be further clinical, laboratory or research experience relevant to the overall training programme prescribed by the SAC.

Non-core training can only be undertaken if the core clinical training will be adequate and appropriate by the end of the total period of advanced training. Joint training (RACP/RCPA) is a minimum of four years and includes laboratory and clinical work.

Providers of training may offer core training, non-core training, or both, in any sub specialty area.

All training must be approved by the RACP (and other Colleges for joint training) prospectively, and is assessed retrospectively. If a period of training is not considered adequate by the RACP, a further equivalent period of training may be required.

The programme should include preparation for health leadership and management. This is likely to include effective service delivery and resource management, the management and policy environment in the New Zealand health system (including some understanding of the concept of health economics), models of health service delivery, and exploration of how multidisciplinary teams work. Aspects of population health, epidemiology, statistics and research techniques should also be included.

During training, the registrar is expected to acquire an in-depth knowledge of their specialty and, by the time of award of the FRACP, be self-directed in their clinical practice. This requires both clinical and other educational opportunities in a supported learning environment. Such learning is facilitated through clinical interactions between the registrar and patients, interactions with a wide range of other health professionals, clinical and educational supervision, scientific meetings, and individual study.

2.1 LEARNING ENVIRONMENT

Advanced training should take place in an environment of excellence, and in a range of stimulating clinical and academic settings.

Advanced training is based mainly on an apprenticeship model, with little formal teaching. The close relationship between the registrar and supervisor is a key element in the success of the training experience. Exposure to more than one supervisor, and a range of other physicians, is highly desirable over the total training period. Other medical specialists and other health professionals also contribute significantly to the overall training experience.

Registrars shall be released from service to attend theoretical training, and receive supervision and training, and are expected to keep a log-book which should be examined by the Supervisor of Training at a minimum of three monthly intervals.

Learning takes place in a variety of settings, including:

- In the clinical environment of wards, departments, outpatient clinics, and other ambulatory clinics.
- In laboratory and other diagnostic settings.
- By research, both clinical and laboratory based.
- By teaching (formal and informal), sharing knowledge with, and overseeing, the work of others.
- By access to, and an active participation in, regular continuing medical education sessions such as journal clubs, grand rounds, departmental meetings and research seminars provided by the employer for the benefit (ongoing education) of all medical staff.

Knowledge is advancing quickly in medicine, and therefore an important element of training is to gain self-directed learning skills to enable registrars to keep up to date with, and evaluate, current findings. These skills form the basis of lifelong learning.

Training includes the development of specialist medical professional competence and wider aspects of vocational training.

Experience gained by the registrar in basic training should be extended in advanced training, and includes developing:

- Advanced skills in, and in-depth knowledge of, the theory and practice of Internal Medicine, with particular reference to the chosen sub-specialty.
- Advanced skills in history taking, physical examination, diagnosis, therapeutics and rehabilitation.
- Excellent skills in communication with patients, their relatives/caregivers, and other health professional staff including general practitioners.
- Advanced skills in the collation and presentation of clinical information for mutual learning.

- Responsibility for total management for patients in Internal Medicine, including medico-legal and ethical considerations.
- An ability to work effectively as part of a multidisciplinary team in the therapeutic environment, including appropriate referral to other health professionals and appropriate, effective delegation to junior medical and other staff.
- Expertise in the efficient organisation of patient care, including discharge planning, and effective communication with those having ongoing responsibility for the patient (general practitioners and other primary health care providers).
- An understanding of the importance, and practical application, of quality assurance and monitoring of outcomes to maintain standards and improve efficiency.
- An understanding of the application of evidence-based guidelines including technology assessments.

The wider vocational skills required for specialist practice include:

- Health services management, including resource allocation and health economics.
- Population health and the broader aspects of healthcare across disciplines.
- Development and application of evidence-based guidelines including technology assessment.
- Epidemiology, research and statistics.
- Teaching.

The overall objectives for training will be provided to the registrar and supervisors, and the registrar's performance will be assessed against these objectives at regular intervals. The objectives may be met through clinical placements, formal and informal teaching, scientific meetings, and other educational opportunities.

Standard of Practice: Trainees and Fellows will be expected to practise in a manner that is consistent with Medical Council of New Zealand standards of clinical competence, cultural competence and ethical conduct.

2.1.1 Clinical Placements

General Requirements

Clinical placement for a registrar shall be to a clinical team with responsibility for patients in the specialties of internal medicine and subspecialties, on either an inpatient or outpatient basis, or both. These placements should be designed to develop a graded responsibility through each year of training.

The range of duties/activities should be sufficient to allow the training objectives to be met. This may require supplementary sessions or secondments to give the registrar the required range of experience.

Research placements for a registrar shall be to research institutes or groups of good standing, usually supported by a research grant from a bona fide granting agency. All research will require appropriate ethical approval.

The principles of culturally appropriate care shall be applied to all aspects of clinical practice.

A knowledge of, and good practice in, medico-legal and ethical aspects of professional practice is also a requirement of training.

Workplace safety issues are the responsibility of the service provider and will apply to all registrars.

Specific requirements

All registrars and supervisors must receive and agree on specific educational objectives for each individual placement. Evaluation of the placement, and assessment of registrars' progress, are measured against these objectives.

Practical procedures and specialised techniques are taught under direct supervision, and teaching will include safety aspects relevant to the procedure.

For registrars in general internal medicine likely to work as generalists in provincial hospitals, part of their training will include experience in such hospitals.

2.1.2 Formal Teaching Programme

The small number of registrars in any subspecialty at one location means that teaching is mainly on a one to one basis. Courses and workshops may be organised on a national basis for the subspecialties.

Support will be available for the registrar to attend courses of study, tutorials, and scientific meetings directly related to their specialty training programme. This responsibility is shared between employers and registrars and is likely to be on average two hours per week of employed time.

2.1.3 Access to Resources

Access to resources required to meet training objectives include:

- Facilities for teaching in a clinical or research setting.
- Facilities for meetings, case discussion, and group teaching sessions.
- Equipment and therapeutic modalities appropriate to the specialty.
- Diagnostic resources, including pathology and diagnostic imaging.

- A library containing recognised texts, a relevant range of current journals, and ideally a computerised database.
- A quality assurance programme.
- Audio-visual teaching equipment.

A broad range of staff are expected to have input into the registrar's learning experience.

2.2 SUPERVISION

2.2.1 Clinical Supervision

A fundamental principle of advanced training is that it is carried out under supervision. The clinical supervisor is normally the physician working with the registrar as part of a clinical rotation who will be appointed. It is highly desirable that the registrar has a range of supervisors during the overall training experience.

Clinical Supervisors will ensure trainees receive a minimum of four hours per week clinical supervision. Trainees are required to record their clinical experiences in their logbooks or personal learning portfolios.

The level of supervision is dependent on the registrar's ability and stage of training. Opportunities for directly supervised, indirectly supervised and monitored, and independent practice will be provided.

Normal lines of clinical service responsibility and accountability shall apply to registrars at all times.

The registrar is essentially apprenticed (i.e. works with and learns from the clinical supervisor). As well as the direct clinical responsibility carried by the specialist for the work of all of the medical members of the clinical team, the additional responsibilities of a clinical or research supervisor are:

- To review the training objectives for each placement with the registrar at the beginning of each placement, and to objectively assess progress against these objectives at least every three months and at the end of each placement.
- To create a suitable learning environment for the registrar.
- To ensure that a wide range of opportunities for clinical, research and teaching skills development are available to the registrar.
- To give a level of training supervision which is appropriate to the skill level of the registrar.
- To provide guidance and advice to trainees regarding the cultural appropriateness of care provided.
- To give interim progress reports on registrars at the end of each attachment, or at least six monthly, to the Specialist Advisory Committees.

2.2.2 Educational Supervision

Educational supervision is usually carried out as part of clinical/research supervision, as the clinical/research supervisor is usually the educational supervisor.

The additional duties carried out by an educational supervisor for an advanced registrar, in addition to those required of any specialist with a team of junior staff, are to:

- Give educational guidance to the registrar, including advice on learning methods and techniques, and the need for self-directed and lifelong learning.
- Discuss clinical cases or research topic cases with respect to training.
- Ensure that the registrar develops an understanding of the wider aspects of vocational training.
- Monitor clinical/research and academic progress throughout the year. If performance falls below expectation as set by the objectives for the placement, to discuss this with the registrar and plan appropriate action to rectify this.
- Report to the Honorary Secretary of the NZ Committee for Physician Training annually on the performance of the registrar near the end of the training period. These reports are due on either 31 May or 31 October each year, depending on the individual registrar's programme. For registrars undertaking research, this will include publications and progress towards academic goals where applicable.
- Give constructive feedback on the contents of the supervisor's report to the registrar.
- Advise the ongoing training pathway for the registrar that ensures the registrar will complete all RACP requirements.

Educational supervisors will be trained in the principles of adult learning and the skills required for effective supervision.

Ensure trainees receive a minimum of four hours per week educational supervision. Trainees are required to record their educational experiences in their logbooks or personal learning portfolios.

It is noted that the College encourages each registrar to choose a 'mentor' to guide them through their career development in addition to his / her clinical/educational supervisor, to advise on general career planning and to support the registrar through his / her training experience.

2.3 PROGRAMME CO-ORDINATION

Specialist Advisory Committees (SACs) supervise training in each of the sub-specialty areas. They are national committees of at least five (5) members, three nominated by the relevant special society or association, a representative of the Committee for Examinations (RACP), and a representative of the Committee for Physician Training (RACP). They report to the Committee for Physician Training (CPT). Joint Specialist Advisory Committees (JSACs) with the RCPA supervise joint training.

Any period of training reported as unsatisfactory by the supervisor is investigated by the SAC through a verification interview (Independent Review of Training – IRT) with the supervisor, and other relevant staff associated with the registrar during the period. The outcome is discussed with the registrar, and appropriate action taken. This may include a further period of training.

2.4 EXPECTED OUTCOMES

At the end of each year, the registrar's progress is assessed by the supervisor and reported to the CPT. The expected outcome is that the Committee accredits that period of advanced training.

Progress in training for a registrar depends on the satisfactory annual assessment of the year's training experience and accreditation of the period of training.

On completion of the required period of accredited training, the registrar is expected to have acquired an in-depth knowledge of their specialty, to be self-directed and able to practise as an independent physician in that specialty. The Specialist Advisory Committee reviews the whole of the trainee's training to make a recommendation to the Committee for Physician Training (CPT) that training is complete and the CPT then decides whether to recommend the trainee to the Board of Censors for Admission. The award of FRACP is then made subject to all requirements being fulfilled. There is normally no exit examination. However, time spent in supervised project work is recommended.

Standard of Practice: Trainees and Fellows will be expected to practise in a manner that is consistent with Medical Council of New Zealand standards of clinical competence, cultural competence and ethical conduct.

3.0 ELIGIBILITY

3.1 REGISTRAR ELIGIBILITY

Registrars must be accepted by the RACP into the training programme and

- 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.

Entry into advanced training:

- Requires completion of the requirements of basic physician training.
- In addition, the registrar is required to submit an advanced training programme proposal for prospective approval to the relevant SAC for each year of advanced training. Approval is granted for the period of training detailed in the programme (usually six or twelve months).
- All approved training programmes are required to be supervised, and approval is not granted if supervision is not available. Approval must be obtained prospectively. The location must be specified.

The registrar should ensure that the post to which he/she is being appointed fulfils the requirements of the RACP for approval of the training programme.

A registrar who has completed three years of basic training and applies to sit the FRACP examination in the following year may apply to have an advanced training programme approved in anticipation of success in the examination. If this proves to be the case, some or all of this period of training may be accredited by the RACP as advanced training.

3.2 PROVIDER ELIGIBILITY

An advanced training programme normally requires appointment to a post in a hospital which offers a full specialty service in the relevant discipline, and provides a range of other services. This normally requires at least one full time specialist in the discipline, or disciplines, to whom the registrar is directly responsible

Main centre hospitals with established training histories are usually suitable for training, but each registrar's programme, including the post he/she will hold, is assessed individually by the RACP.

Training in a provincial hospital is similarly assessed as part of a registrar's programme. Part, but not all, of any individual's training may be undertaken at a provincial hospital which fulfils the RACP's requirements for training.

In some subspecialties, the registrar is encouraged to spend no more than two years in any one centre regardless of size.

4.0 LOCATION AND SETTING

Training takes place in approved placements in hospitals which offer a broad specialty service and have appropriate facilities and staffing in the relevant discipline(s) as determined by the RACP Committee for Physician Training.

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 established internal and external linkages with:

- The RACP and its CPT and other Colleges where training is undertaken jointly.
- Relevant specialist societies.
- Any basic registrars in Adult Medicine at the same location, including the Director of Basic Physician Training.
- Other hospitals, including provincial hospitals, offering specialist training in relevant disciplines.
- Research institutes undertaking research relevant to the specialties.
- Other provider-based Continuing Professional Development programmes.
- Schools of Medicine.
- Patient Advocates for Code of Health and Disability Services Consumer Rights and Privacy Issues.
- Other relevant providers, e.g. Maori health providers

6.0 PURCHASE UNIT

A RACP-registered registrar with a programme approved by RACP for advanced physician training.

Fundable Part-time registrars are those who work no less than a 0.5 full time equivalent (FTE) week.

It is expected that registrars will complete the Advanced programme in three years and funding will support this. In exceptional circumstances funding for a fourth year may be considered on a case by case basis. Maximum funding per trainee for Advanced training will be four years

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 requirements for all programmes provided under the Contract.*

The Provider will:

- Ensure supervisors understand the objectives of supervision and review supervisors' practices regularly.
- Provide an opportunity for supervisors to attend the College's workshop on supervision, which is now a requirement of providing supervision.

The Clinical Supervisor will:

- Ensure all registrars are provided with a written copy of general and specific objectives for each clinical placement and that evaluations are based on these objectives.
- Assess and report on registrars' performance at the end of each run and at least every six months.

The Educational Supervisor will:

- Provide a detailed report on the progress of all registrars at the end of any attachment, and least every six months, as required by the RACP.
- Encourage registrars to select a mentor for the period of their training.

8.0 REPORTING REQUIREMENTS: PROGRAMME SPECIFIC

*This section should be read in conjunction with Schedule 1 Part 1 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 1 of the CTA Head Agreement require a summary of the programme. Schedule 1 Part 3 of the Contract requires that you 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 supervision.