



## **Policy on the accreditation of prevocational medical training providers – August 2019**

### **Policy Statement**

Section 118 of the Health Practitioners Competence Assurance Act 2003 (HPCAA) sets out the functions of the Medical Council of New Zealand (Council). These include:

- (a) prescribing the qualifications required for scopes of practice, and, for that purpose to accredit and monitor educational institutions and degrees, courses of studies, or programmes
- (e) recognising, accrediting, and setting programmes to ensure the ongoing competence of health practitioners.

The Council will accredit training providers to provide prevocational medical education and training through the delivery of an intern training programme who have:

- structures and systems in place to ensure interns have sufficient opportunity:
  - to attain the learning outcomes of the *New Zealand Curriculum Framework for Prevocational Medical Training* (NZCF), and
  - to satisfactorily complete the requirements for prevocational medical training over the course of PGY1 and PGY2
- an integrated system of education, support and supervision for interns
- individual clinical attachments that meet Council's accreditation standards and provide a breadth of clinical experience and high quality education and learning.

The standards for accreditation of training providers identify the core criteria that must exist in all accredited intern training programmes while allowing flexibility in the ways in which the training provider can demonstrate they meet the accreditation standards.

### **Introduction**

This document sets out Council's policy in regards to accrediting training providers of prevocational medical training (training providers) and their clinical attachments. It outlines the components of the accreditation assessment.

Prevocational medical training (the intern training programme) spans the two years following registration with Council and includes both postgraduate year 1 (PGY1) and postgraduate year 2 (PGY2). Prevocational medical training must be completed by all graduates of New Zealand and Australian accredited medical schools and doctors who have sat and passed the New Zealand Registration Examination (NZREX Clinical). Doctors undertaking this training are referred to as interns.

Interns must complete their internship in an intern training programme provided by an accredited training provider. Interns complete a variety of accredited clinical attachments, which take place in a mix of both hospital and community settings<sup>1</sup>. Clinical attachments may only be accredited if they form part of the intern training programme provided by an accredited training provider.

### **Purpose**

The principal purpose of the HPCAA is to protect the health and safety of members of the public by providing for mechanisms to ensure that doctors are competent and fit to practise. One of these mechanisms is by way of Council's mandate, to set standards for training provider of prevocational medical training and to accredit its intern training programmes to ensure intern doctors' ongoing competence.

Prevocational medical training ensures that interns further develop their clinical and professional skills. This is achieved by interns satisfactorily completing four accredited clinical attachments in each of the two prevocational years, setting and completing goals in their professional development plan (PDP) and recording the attainment of the learning outcomes in the NZCF.

The purpose of accrediting prevocational medical training providers and its intern training programme is to ensure that the training provider meets Council's standards for the provision of education and training of interns.

The purpose of accrediting clinical attachments for prevocational medical training is to ensure interns have access to quality feedback and assessment and supervision, as well as a breadth of experience with opportunity to achieve the learning outcomes in the NZCF.

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<sup>1</sup> Doctors who have passed NZREX Clinical prior to 30 November 2014 and who meet the specified criteria, are eligible to complete all of their PGY1 requirements in a primary care setting. Please refer to Appendix 1 for more information.

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## Contents

Accreditation of training providers.....	4
1. <u>Process for the assessment of intern training programmes and accreditation of training providers</u> .....	4
2. <u>Accreditation team</u> .....	4
3. <u>Accreditation report – Assessing each set of standards</u> .....	5
4. <u>Accreditation report – Overall rating outcomes</u> .....	6
5. <u>Council consideration of report</u> .....	6
6. <u>Action to be taken where the overall rating is ‘not met’</u> .....	7
7. <u>Interim report(s)</u> .....	7
8. <u>Concerns raised about the intern training programme outside of the accreditation process</u> ..	8
Accreditation of clinical attachments ~ intern training programme component.....	8
9. <u>Accreditation of clinical attachments</u> .....	8
10. <u>Concerns raised about a clinical attachment</u> .....	10
11. <u>Community-based attachments</u> .....	10
12. <u>Related documents</u> .....	10
13. <u>Glossary</u> .....	11
<u>Appendix 1 – Fees for accreditation assessment</u> .....	14
<u>Appendix 2 – Prevocational medical training accreditation process map</u> .....	15

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## Accreditation of training providers

### Scope of assessment for accreditation

The intern training programme provided by training providers are assessed for accreditation against Council's *Accreditation standards for training providers*.

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#### 1. Process for the assessment of intern training programmes and accreditation of training providers

The process of accrediting a training provider begins with notification to the provider of the upcoming accreditation assessment and the scheduling of a date for the accreditation site visit. This notification will be given at least six months prior to the expiry of the provider's accreditation. The process concludes when the provider is advised of the final Council decisions on the assessment outcome and the provider's accreditation status. A process diagram is attached as Appendix 2.

The accreditation process can take up to nine months. It comprises:

1. The appointment by Council of an accreditation team. The proposed membership of the accreditation team will be provided to the training provider for comment.
2. The submission of a self-assessment by the training provider based on the *Self-assessment: For training provider's to apply for accreditation for prevocational medical training*.
3. A pre-visit teleconference of the accreditation team to discuss the information provided by the provider in the self-assessment. If the accreditation team require further additional information, this is requested prior to the site visit.
4. A site visit by the accreditation team. At the site visit, the accreditation team meets with the provider's senior management, prevocational educational supervisors, individuals and groups responsible for the intern training programme, and interns. At the end of the site visit, the accreditation team presents its preliminary findings to the provider's senior management.
5. Training providers are assessed against the accreditation standards based on the information and evidence provided in the self-assessment and findings from the accreditation visit. The accreditation team assess the self-assessment and information gathered from the accreditation visit, to ensure the assessment of the provider is accurate and there is a robust factual base for the assessment and the assessment is informed by a range of perspectives.
6. Preparation of a draft accreditation report by the accreditation team. The draft accreditation report is sent to the training provider for comment on any factual inaccuracies.
7. Consideration of the draft accreditation report and any response from the training provider by Council's Education Committee (the Committee). The Committee will make recommendations on the accreditation of the training provider to Council.
8. Council considers the Committee's recommendations and makes a final decision regarding accreditation. The final report along with Council's decision is provided to the training provider. The report is published on Council's [website](#) 30 days after notifying the training provider of Council's decision.

Further detail regarding the accreditation process is outlined in the following documents:

- *Process for assessment and accreditation of training providers – prevocational medical training*
  - *Accreditation team guide*
  - *Information for completing the self-assessment – training provider*
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#### 2. Accreditation team

The accreditation team is responsible for the assessment of the provider's intern training programme against the Council's *Accreditation standards for training providers* and for producing a report detailing its assessment (the accreditation report).

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The accreditation team must include at a minimum:

- a current (or former) medical member of Council or Council's Education Committee, and
- a current (or former) Council lay member, and
- a prevocational educational supervisor (from a different training provider), and
- a PGY1 to PGY4 doctor (from a different training provider), and
- a senior Council staff member, and
- a Council Education team staff member.

Each accreditation team must include at least one current member of Council. The accreditation team Chair must be a Council or Education Committee Chair.

On occasion the accreditation team may include additional members. This is usually for training purposes.

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### **3. Accreditation report – Assessing each set of standards**

The training provider will be provided with a draft accreditation report **within 4 - 6 weeks** of the accreditation site visit. The Chair is responsible for ensuring the draft report is completed within this time period.

The Chair of the accreditation team must ensure that the report addresses each set of accreditation standards. The accreditation team provides a recommendation to Council on the overall rating of each set of the accreditation standards. If the accreditation team recommends to Council that the training provider does not meet a standard or only substantially meets a standard, a set of required actions for that standard must be included in the report. The required actions must specify the areas in which the provider must improve or take further action in relation to the content, implementation or administration of its programme, in order to meet the standard.

#### **Assessment ratings**

The overall rating of each section of the accreditation report must be one of the following:

##### **Met**

- The training provider meets all of the accreditation standards in this section.
- There may be recommendations for areas for improvement but no required actions.

##### **Substantially met**

- There are areas that are minor in nature that do not meet the accreditation standards in this section. However, it is likely that the training provider will be able to meet the standards within 6 months. **OR**
- Everything is in place but not consistently applied across all aspects of the intern training programme. **OR**
- All processes are in place but are not fully documented.  
***There must be required actions that inform the training provider what it needs to do to meet this set of accreditation standards. There may also be recommendations for areas for improvement.***

##### **Not met**

- There are major deficiencies in the set of accreditation standards and the provider's delivery is substantively below the accreditation standards.  
***The report must have required actions that inform the training provider what it needs to do to meet this set of accreditation standards. There may be recommendations on areas for improvement.***

Accreditation team members are assigned report writing responsibilities during the pre-visit teleconference, with the team Chair providing oversight of this process. The Education Coordinator collates the report, and reviews the report with the Chair of the accreditation team. Following this, a first draft of the report is sent to the accreditation team for comment. The report is then sent to the Chair of the Committee for review. The complete report must be sent to the accreditation team for final comment before it is sent to the training provider.

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#### **4. Accreditation report – Overall rating outcomes**

The accreditation team Chair provides a recommendation, within the accreditation report, to the Committee about the overall rating for the accreditation assessment based on the ratings of each set of standards.

The overall outcome rating is considered by the Committee which is asked to endorse the accreditation report and to make a recommendation to Council on the overall rating of the training provider.

The training provider will have one of the following overall outcome ratings based on the accreditation assessment:

- 'Met'.
- 'Substantially Met'.
- 'Not Met'.

A rating of 'not met' will be applied if the intern training programme has major deficiencies and is substantively below the accreditation standards for training providers.

If a rating of 'not met' is recommended by the accreditation team Chair and there are immediate concerns, the report will go straight to the next Council meeting.

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#### **5. Council consideration of report**

Council considers the report and the recommended overall rating. Council will grant accreditation if it is satisfied that the provider's intern training programme:

- meets the accreditation standards OR
- substantially meets the accreditation standards and the imposition of conditions on the approval will ensure the provider's intern training programme meets the standard within a reasonable timeframe.

If Council resolves that the overall rating of the accreditation report is:

**'Met'**

Council will grant accreditation for a period of 3 years.

**'Substantially met'**

Council will grant accreditation for a period of 3 years subject to the training provider satisfactorily addressing the required actions, outlined in Council's decision, in interim report(s). The interim report(s) must address the required actions and outline the developments since the last accreditation report. If, 12 months after accreditation has been granted, the training provider has not satisfactorily addressed all of the required actions, a further accreditation assessment and visit will be required within 6 months of Council's decision.

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### **‘Not met’**

There are major deficiencies in the provider’s intern training programme and is substantively below the accreditation standards for training providers. Council will:

- accredit the training provider for a limited time period (interim accreditation period) and
- impose conditions on the accreditation and
- give notice that the accreditation will not be approved past a specific date unless specified required actions are met and
- require a further accreditation assessment and site visit.

Council’s final accreditation decision together with the reasons for the decision and any conditions or reporting requirements will be sent to the training provider. The final complete report is published on Council’s website 30 days after notifying the training provider of Council’s decision.

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### **6. Action to be taken where the overall rating is ‘not met’**

A provider’s intern training programme that receives an overall rating of ‘not met’ must address the required actions within the period stated by Council and undertake a further accreditation assessment and site visit.

A suggested date for the further accreditation assessment and site visit will be proposed within the letter to the training provider outlining Council’s decision. The date for the further accreditation site visit will be during the interim accreditation period.

The further accreditation assessment and site visit follow the same process as outlined in earlier sections of this policy. The accreditation team is likely to comprise at least one member from the original accreditation team and at least one new member. The proposed membership of the accreditation team will be provided to the training provider for comment.

Once complete, the further accreditation report will be considered by Council at its next meeting, along with the first accreditation report, and all responses received from the training provider.

If Council resolves that the required actions are not satisfactorily addressed by the conclusion of the interim accreditation period, the training provider will be notified that the accreditation will not be accredited from a date stipulated by Council. This date will be no earlier than 90 days from the date the notice is received by training provider. In setting the date Council will take into consideration:

- the timing of the end date of clinical attachments offered by the training provider and
- a transition period while the necessary arrangements are being made.

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### **7. Interim report(s)**

Where Council has granted accreditation, subject to interim report(s), these must be provided by the provider within the timeframe specified by Council and must show evidence that the required actions outlined in the last accreditation report have been satisfactorily addressed. Each interim report is considered by the Committee at its next available meeting, in conjunction with the last accreditation report.

The Committee makes recommendations to Council about whether the required actions have been addressed satisfactorily. The Committee’s recommendation will be considered by Council at its next available meeting.

Council will consider whether the required actions have been satisfactorily addressed. The training provider will be informed of Council’s decision. The decision will accompany the original accreditation report on Council’s website 30 days after notifying the training provider of Council’s decision.

If, 12 months after accreditation has been granted, the training provider has not satisfactorily addressed all of the required actions, a further accreditation assessment and visit will be required within 6 months of Council's decision.

If there are concerns regarding the interim report, the Education Coordinator, in liaison with the Committee Chair, has discretion to send the interim report directly to Council.

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## **8. Concerns raised about the intern training programme outside of the accreditation process**

In circumstances where concerns are raised with Council about an intern training programme or training provider outside of the normal accreditation process:

- Council will review the information provided.
- If deemed necessary, Council will inform the training provider of its concerns and the grounds on which they are based.
- The training provider will be given an opportunity to respond to the statement of concerns.

If Council continues to have concerns regarding an intern training programme or training provider it may propose a further full accreditation assessment and site visit to the training provider.

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## **Accreditation of clinical attachments ~ intern training programme component**

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### **9. Accreditation of clinical attachments**

The accreditation of clinical attachments is designed to allow training providers to develop clinical attachments that provide quality feedback and assessment and supervision and to provide interns a breadth of experience with opportunity to achieve the learning outcomes in the NZCF.

Interns must work in accredited clinical attachments provided by their training provider. Each clinical attachment is 13 weeks duration. Clinical attachments are accredited against Council's *Accreditation standards for clinical attachments*.

Applications for the accreditation of clinical attachments must be submitted by the training provider via ePort. The clinical attachment application form is based on the *Accreditation standards for clinical attachments*. Resident Medical Officer (RMO) unit coordinators, prevocational educational supervisors, clinical directors of training and Chief Medical Officers have the functionality to create and complete the clinical attachment application. A prevocational educational supervisor must review the content of the clinical attachment before submitting the application to Council<sup>2</sup>.

The application for accreditation of clinical attachments does not ask for evidence of how the training provider meets the standards, however, as part of the training provider accreditation process, the accreditation team may review a random selection of accredited clinical attachments to test the information provided in the application for accreditation. The accreditation team may do this by:

- speaking with the named clinical supervisors
- speaking with interns who have completed the attachment
- reviewing collated end of clinical attachment feedback, and the training provider's response
- reviewing the information about the clinical attachment in ePort.

Council's Medical Adviser and Committee Chair review the application for accreditation. If the application is approved, the clinical attachment is allocated a unique number. If the application is declined, a notification is sent to the 'creator' and prevocational educational supervisor who reviewed the application, advising why the application has been declined.

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<sup>2</sup> If the 'creator' is a prevocational educational supervisor, there is no need for an additional prevocational educational supervisor to review the application.



An intern may not be allocated to a clinical attachment, nor commence work within a clinical attachment, until the attachment has been accredited.

### **Changes to clinical attachments**

If the training provider needs to amend an accredited clinical attachment, for example to:

- reduce the number of clinical supervisors to one, or
- significantly increase or decrease the number of learning outcomes allocated to the clinical attachment, or
- change the location of the clinical attachment,

the amended attachment will need to be reconsidered for accreditation. The above process will apply.

### **Rolling the accreditation of the clinical attachment over to the following year**

Each year the training provider must review all of their accredited clinical attachments to ensure that the information about the clinical attachment is correct and current, including the approved clinical supervisor(s) allocated to the attachment.

If the clinical attachment is to be available in the following year, the training provider must change the year of the clinical attachment to make this available for interns. This is completed in ePort.

### **Clinical supervisors**

Clinical supervisors are nominated by the training provider and approved by Council as part of the application for accreditation of clinical attachments. Clinical supervisors must be vocationally registered in the relevant scope of practice and in good standing with Council<sup>3</sup>. Refer to *Policy on appointment of Council agents* for further information.

Council requires more than one (and a maximum of four) clinical supervisors to be approved for each clinical attachment. Prior to the attachment commencing each quarter, the training provider must ensure a primary supervisor for the attachment has been identified. The primary supervisor is responsible for meeting with the intern at the beginning, middle and end of the attachment and recording feedback in ePort. There must be clear processes for the handover of supervision responsibilities should the primary supervisor be unavailable. However if that supervisor is away for any reason then there is at least one other who provides day to day supervision and can also access the intern's ePort. There needs to be communication to ensure the supervisor and intern are clear about who is providing supervision.

Council recognises that there may be rare cases where there is only one vocationally registered doctor in a service. For these cases Council will consider an application to have only one named clinical supervisor. The application will need to be accompanied by additional information explaining why there is only one clinical supervisor and a description of what will be in place to ensure ongoing support and supervision for the intern(s) at all times. If there is more than one vocationally registered doctor in a service then there must be more than one clinical supervisor nominated for that attachment. This is to provide ongoing intern support and cover for clinical supervisor leave.

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<sup>3</sup> In assessing good standing, Council staff check for: any fitness to practise issues; a current complaint or concern being investigated (an appointment will not be made until the outcome is known); or any adverse decisions in the Health Practitioners Disciplinary Tribunal. Council recognises that there are situations where the only suitable doctor may not meet the criteria for appointment. In rare cases, Council's Registrar might consider an appointment notwithstanding such a concern or Tribunal finding. In these instances the Registrar will take into consideration:

- whether the situation was an isolated lapse in a usually competent standard
- whether the doctor's name was removed from the register, or had conditions put on his or her scope of practice
- the extent to which the circumstances are relevant to the position the doctor is being considered for.

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## 10. Concerns raised about a clinical attachment

In circumstances where concerns are raised to Council about an accredited clinical attachment:

- Council will review the information provided.
- If deemed necessary Council will inform the training provider of its concerns and the grounds on which they are based.
- The training provider will be given an opportunity to respond to the statement of concerns.

If Council continues to have concerns it may propose a site visit or other action to gain feedback from interns working in the clinical attachment. If the issues raised have not been addressed and/or are unlikely to be addressed within a reasonable timeframe then the accreditation of the clinical attachment may be withdrawn until such time that Council is satisfied that the required actions have been met.

If Council was to withdraw accreditation of a clinical attachment, the training provider will be notified that they are unable to place interns on the attachment from a date stipulated by Council. This is likely to be the start date of the following quarter.

Should Council be notified of concerns regarding a specific attachment whilst conducting an accreditation assessment of the training provider, the concerns will be managed as part of the training provider accreditation process.

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## 11. Community-based attachments

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.

Refer to the [definition](#) and the [Accreditation standards for clinical attachments](#) for further information.

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## 12. Related documents

[Accreditation standards for clinical attachments](#)

[Accreditation standards for training providers](#)

[Accreditation team guide](#)

[Definition of a community-based attachment](#)

[Guide for clinical supervisors of prevocational medical training](#)

[Guide for prevocational educational supervisors](#)

[Information, choice of treatment and informed consent](#)

[Information for completing the self-assessment – training provider](#)

[New Zealand Curriculum Framework for Prevocational Medical Training](#)

[Policy on prevocational medical training](#)

[Process for assessment and accreditation of training providers – prevocational medical training](#)

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### 13. Glossary

<b>Term</b>	<b>Explanation</b>
6 <sup>th</sup> year medical student	<p>A medical student in the final year of medical school where students participate in medical teams in a junior capacity.</p> <p>Also known as a trainee intern (TI).</p>
<i>Accreditation standards for clinical attachments</i>	<p>Clinical attachments must meet these standards in order to be accredited by Council. Interns must work in accredited clinical attachments.</p>
<i>Accreditation standards for training providers</i>	<p>Training providers must meet these standards in order to be accredited to train interns. Interns may only work in accredited training providers.</p>
<i>Additional accreditation standards for community based attachments</i>	<p>Clinical attachments that take place in the community must meet the clinical attachments standards as well as these additional standards to be accredited by Council.</p>
Advisory Panel	<p>Advisory Panel(s) are established at each training provider to assess each PGY1's overall performance and decide whether they have met the required standard to be registered in a general scope of practice and may proceed to the next stage of training.</p> <p>The use of an Advisory Panel adds further robustness to the assessment of interns. Each Advisory Panel comprises:</p> <ul style="list-style-type: none"><li>• a Chief Medical Officer (CMO) (or their delegate)</li><li>• two prevocational educational supervisors (the interns own and one other)</li><li>• a lay person.</li></ul> <p>The Advisory Panel will make a recommendation to Council, who as regulator is the decision maker.</p>
Clinical attachment	<p>A Council accredited 13 week (14 weeks maximum) rotation worked by an intern.</p> <p>Prior to 2014, referred to as a 'run'.</p>
Clinical supervisor	<p>A vocationally registered senior medical officer named as a supervisor of interns as part of the accreditation of a clinical attachment.</p> <p>Previously referred to as a 'run supervisor'.</p>
Community based attachment	<p>A community based attachment is defined as an educational experience in a Council accredited clinical attachment led by a specialist (vocationally registered doctor) in a community focused service in which the intern is engaged in caring for the patient and managing their illness in the context of their family and community.</p>

Continuing professional development (CPD)	CPD is involvement in clinical audit, peer review and continuing medical education, aimed at ensuring a doctor is competent to practise medicine.
<i>End of Clinical Attachment Assessment</i>	The electronic form the clinical supervisor completes at the end of a clinical attachment for each PGY1. This form is stored in ePort. A PGY1 requires four satisfactory <i>End of Clinical Attachment Assessments</i> to be considered by the advisory panel who make a recommendation for registration in a general scope of practice.
ePort	An electronic record of learning for each intern to record and track the skills and knowledge acquired.
Formal education programme	The regular formal teaching sessions organised by the training provider and attended by interns. Interns must attend two thirds of these.
General scope of practice with an endorsement	When an intern is approved registration in the General scope of practice, an endorsement reflecting the requirements for PGY2 are included on their practising certificate for PGY2. This endorsement will be removed once the intern has completed PGY2.
Intern	An intern is a PGY1 or PGY2 doctor who has graduated from an accredited New Zealand or Australian medical school or a doctor who has passed the NZREX Clinical. An intern is usually employed as a House Officer and may be referred to as: <ul style="list-style-type: none"> <li>• an intern</li> <li>• a house surgeon</li> <li>• a house officer</li> <li>• a resident medical officer (RMO).</li> </ul>
Intern training programme	The training and education programme for PGY1 and PGY2 doctors at each training provider.
Multisource feedback (MSF)	Feedback collected from the intern's colleagues, multidisciplinary team and patients about the intern's communication and professionalism using a set questionnaire.
<i>New Zealand Curriculum Framework for Prevocational Medical Training</i> (NZCF)	The learning outcomes to be substantively attained by an intern during PGY1 and PGY2.
NZCF log	A record of the learning outcomes from the NZCF that an intern has attained. Stored in ePort.
The New Zealand Registration Examination (NZREX Clinical)	The NZREX Clinical assesses IMGs who are not eligible for any other form of permanent registration. This examination must be passed before the IMG can apply for permanent registration, to ensure they are competent to practise at the level of a PGY1 intern.

Post graduate year 1 (PGY1)	<p>For New Zealand and Australian graduates, the year following graduation from medical school. For doctors who have passed NZREX Clinical, in their provisional general year.</p> <p>PGY1 is a minimum of 12 months, however an intern remains a PGY1 until the requirements for each year are completed.</p>
Post graduate year 2 (PGY2)	<p>For New Zealand and Australian graduates and NZREX doctors the year after first gaining registration in a general scope of practice.</p> <p>PGY2 is a minimum of 12 months, however an intern remains a PGY2 until the requirements for each year are completed.</p>
Provisional general scope of practice	PGY1 interns work in a provisional general scope of practice for the time it takes them to complete the requirements for PGY1.
Prevocational educational supervisor	<p>A Council appointed vocationally registered doctor who has oversight of the overall educational experience of a group of PGY1 and/or PGY2 doctors as part of the intern training programme.</p> <p>Previously referred to as an 'intern supervisor'.</p>
Prevocational medical training	<p>The 2 years* following graduation from an Australian or New Zealand medical school or for doctors that have passed NZREX Clinical, the first 2 years* of registration in New Zealand.</p> <p>*Both PGY1 and PGY2 are a minimum of 12 months, however an intern remains a PGY1 or PGY2 until the requirements for each year are completed. For most interns this will be 2 years.</p>
Intern professional development plan (PDP)	A live electronic document stored in ePort outlining the intern's high level goals and how these will be achieved.
Training provider	The organisation (DHB) accredited by the Council to deliver an intern training programme for PGY1 and PGY2 doctors.

Date	Details
April 2018	Approved by Council
August 2019	Update to section 2 approved by Council
<b>April 2023</b>	Scheduled for review
Policy – Accreditation of training providers of prevocational medical training – August 2019 DM#:8341871	

### **Appendix 1 – Fees for accreditation assessment**

Council introduced an accreditation fee for accrediting providers of prevocational medical training was approved in July 2015 to be implemented at the commencement of the second cycle of accreditation assessments (from June 2018). All training providers undergoing an accreditation assessment (including any further re-assessments if required) will be charged the accreditation fee.

Training providers will be invoiced the fee at the time arrangements are made for the accreditation assessment – usually at least six months prior to the accreditation team’s planned visit.

The fee must be paid to Council at least **three months prior to the site visit**. The accreditation process will proceed upon Council receiving payment of the fee.

Council will follow the *Protocol for the process of charging fees for the accreditation assessment of providers offering prevocational medical training*.

## Appendix 2 – Prevocational medical training accreditation process map

