

# New Zealand Curriculum Framework for Prevocational Medical Training



Version 1.0, Released February 2014

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## To navigate this document:

- This document contains a series of links to make it simple and easy to navigate.
- All links are underlined.
- The links above take you to an overview of the content of each of the five sections of this curriculum framework. From the overview page you can view the learning outcomes associated with a particular heading by clicking on the heading.
- To go back to the section overview from the list of learning outcomes click on any of the headings underlined on the page.

Comments or requests for further information about the *New Zealand Curriculum Framework for Prevocational Medical Training* should be emailed to [prevocationalfeedback@mcnz.org.nz](mailto:prevocationalfeedback@mcnz.org.nz).

## Introduction

Prevocational medical training spans the two years following graduation from medical school and includes both postgraduate year 1 (PGY1) and postgraduate year 2 (PGY2). The *New Zealand Curriculum Framework for Prevocational Medical Training* (NZCF) outlines the learning outcomes to be substantively completed in PGY1 and by the end of PGY2. These outcomes are to be achieved through clinical attachments, educational programmes and individual learning, in order to promote safe quality healthcare.

The NZCF builds on the prior learning, experience, competencies, attitudes and behaviours acquired during medical school, particularly the Trainee Intern (TI) year. A mix of clinical attachments, and other educational support, over PGY1 and PGY2 will ensure a breadth of exposure and opportunity to achieve the learning outcomes.

It is important to note:

- that assessment will be on the job and multi-faceted
- the record of learning will allow an Intern to track their own progress against the NZCF
- that at the beginning of PGY1 Interns will be able to identify and take into account learning from the prior years
- assessment will be based on a high level of trust that assumes that nearly all Interns will exceed the minimum levels of competence.

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## **Purpose**

The NZCF aims to:

- build on undergraduate education by guiding recently graduated doctors to develop and consolidate the attributes needed for professionalism, communication and patient care
- guide generic training that ensures PGY1 and PGY2 doctors develop and demonstrate a range of essential interpersonal and clinical skills for managing patients with both acute and long-term conditions, regardless of the specialty
- guide the seeking of opportunities to develop leadership, team working and supervisory skills in order to deliver care in the setting of a contemporary multidisciplinary team and to begin to make independent clinical decisions with appropriate support
- guide decisions on career choice.

## **Learning outcomes**

The NZCF should be used to guide a doctor's continuum of learning from medical school through to PGY1 and PGY2. It outlines the desired learning outcomes, however it is recognised that proficiency in achievement of the capabilities will occur at different stages in training.

At the end of PGY1 doctors should have gained the necessary competencies to gain registration in a general scope of practice. During PGY2 doctors should continue their learning to ensure they are competent to enter vocational training or to work in independent practice in a collegial relationship with a senior doctor at the end of PGY2.

When commencing new clinical attachments, the NZCF provides an essential guide for discussing and identifying the learning opportunities that are available from a given attachment. It will help to identify particular opportunities that may be taken during the attachment in order to assist learning.

The learning outcomes in the NZCF are underpinned by two central concepts:

### **1. Patient safety**

Patient safety must be at the centre of healthcare and depends on both individual practice and also effective multidisciplinary team work.

### **2. Personal development**

Throughout their careers, doctors must strive to improve their performance to ensure their progression from competent, through proficient to expert practitioner, with the aspiration always to provide the highest possible quality of healthcare.

PGY1 and PGY2 doctors are expected to develop critical thinking and professional judgement, especially where there is clinical uncertainty. PGY1 and PGY2 doctors should regularly reflect on what they perform well and which aspects of performance could be improved in order to develop their skills, understanding and clinical acumen.

## **Who should use the NZCF**

The NZCF will be used by PGY1 and PGY2 doctors, prevocational educators, supervisors, employers, and others responsible for high quality patient care.

## **How to use the NZCF**

The Medical Council of New Zealand expects that PGY1 and PGY2 doctors will be proactive in managing their continuing education and career development. PGY1 and PGY2 doctors must work closely with their supervisors and multidisciplinary team to ensure maximum benefit from the learning opportunities that are available in the prevocational years.

## Structure

The NZCF is split into five sections.

<u>Professionalism</u>	<u>Communication</u>	<u>Clinical management</u>	<u>Clinical problems and conditions</u>	<u>Procedures and interventions</u>
<ul style="list-style-type: none"><li>– Doctor and society</li><li>– Professional behaviour</li><li>– Teaching, learning and supervision</li></ul>	<ul style="list-style-type: none"><li>– Patient interaction</li><li>– Working in teams</li><li>– Managing information</li></ul>	<ul style="list-style-type: none"><li>– Safe patient care</li><li>– Patient assessment</li><li>– Emergencies</li><li>– Patient management</li></ul>		

The learning outcomes within each of the sections are broken into:

- A list of core competencies a doctor must substantively attain by the end of PGY1.
- Competencies that a doctor should develop and consolidate by the end of PGY2. Competencies should be extended with the acquisition of new skills including those relevant to future vocational training.

## Acknowledgements

**The Medical Council of New Zealand (Council) would like to acknowledge the Confederation of Postgraduate Medical Education Councils (CPMEC) for allowing us to use the Australian Curriculum Framework for Junior Doctors (ACF) as a basis for the *New Zealand Curriculum Framework for Prevocational Medical Training (NZCF)*.**

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- Mr Philip Pigou, Chief Executive, MCNZ
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# Professionalism

Doctors should be able to provide safe treatment to patients by practising medicine in a professional manner. The following outcome statements apply to all aspects of professionalism.

## PGY1

By the end of PGY1 doctors are able to practise medicine in a professional manner, while recognising the limits of their personal capabilities. They should be able to recognise complex or uncertain situations and seek advice appropriately.

## PGY2

By the end of PGY2 the core professional skills identified for PGY1 should be developed and consolidated. In addition, competencies should be extended with the acquisition of new skills including those relevant to future vocational training.

<u>DOCTORS AND SOCIETY</u>	<u>PROFESSIONAL BEHAVIOUR</u>	<u>TEACHING LEARNING AND SUPERVISION</u>
<a href="#">Access to healthcare</a> <a href="#">Cultural competence</a> <a href="#">Health promotion</a> <a href="#">Health and work</a> <a href="#">Healthcare resources</a> <a href="#">Māori patients and their whānau</a> <a href="#">Medicine and the law</a> <a href="#">Pacific patients and their families</a> <a href="#">Professional standards</a>	<a href="#">Doctors as leaders</a> <a href="#">Ethical practice</a> <a href="#">Personal well-being</a> <a href="#">Professional development</a> <a href="#">Practitioner in difficulty</a> <a href="#">Professional responsibility</a> <a href="#">Time management</a>	<a href="#">Assessment and feedback</a> <a href="#">Self-directed learning</a> <a href="#">Supervision</a> <a href="#">Teaching</a>

# Communication

Doctors should be able to provide safe treatment to patients through effective communication. The following outcome statements apply to all aspects of communication.

## PGY1

By the end of PGY1 doctors are able to identify and practise effective communication, while recognising the limits of their personal capabilities. They should be able to recognise complex or uncertain situations and seek advice appropriately.

## PGY2

By the end of PGY2 the core communication skills identified for PGY1 should be developed and consolidated. In addition, competencies should be extended with the acquisition of new skills including those relevant to future vocational training.

<u>PATIENT INTERACTION</u>	<u>WORKING IN TEAMS</u>	<u>MANAGING INFORMATION</u>
<a href="#">Breaking bad news</a> <a href="#">Complaints</a> <a href="#">Context</a> <a href="#">Meetings with families and whānau, or carers</a> <a href="#">Open disclosure</a> <a href="#">Providing information</a> <a href="#">Respect</a>	<a href="#">Communication in healthcare teams</a> <a href="#">Team structure</a> <a href="#">Working in health care teams</a>	<a href="#">Electronic</a> <a href="#">Health records</a> <a href="#">Written</a>

# Clinical Management

Doctors should be able to provide safe treatment to patients by delivering appropriate clinical management. The following outcome statements apply to all aspects of clinical management.

## PGY1

By the end of PGY1 doctors are able to demonstrate the following clinical management skills, while recognising the limits of their personal capabilities. They should be able to recognise complex or uncertain situations and seek advice appropriately.

## PGY2

During PGY2 the ability to recognise and demonstrate important aspects of clinical management as provided for in PGY1 should be developed and consolidated. In addition, competencies should be extended, and new clinical management skills acquired, including those relevant to future vocational training.

<u>SAFE PATIENT CARE</u>	<u>PATIENT ASSESSMENT</u>	<u>EMERGENCIES</u>	<u>PATIENT MANAGEMENT</u>
<a href="#">Adverse events and near misses</a> <a href="#">Infection control</a> <a href="#">Medication safety</a> <a href="#">Public health</a> <a href="#">Radiation safety</a> <a href="#">Risk and prevention of error and / or harm</a> <a href="#">Systems</a>	<a href="#">Evidence-based practice</a> <a href="#">History and examination</a> <a href="#">Investigations</a> <a href="#">Patient identification</a> <a href="#">Problem formulation</a> <a href="#">Referral and consultation</a>	<a href="#">Advanced Cardiac Life Support</a> <a href="#">Assessment</a> <a href="#">Basic life support</a> <a href="#">Prioritisation</a> <a href="#">Disasters</a>	<a href="#">Return to work, ambulatory and community care</a> <a href="#">Discharge planning / transfer of care</a> <a href="#">End of life care</a> <a href="#">Fluid, electrolyte and blood product management</a> <a href="#">Management options</a> <a href="#">Pain management</a> <a href="#">Therapeutics</a>

# Clinical problems and conditions

Doctors should be able to adequately identify common or important conditions through history taking, eliciting the relevant signs at examination and investigations. They should then formulate a differential diagnosis and establish and monitor an initial management plan.

## PGY1

By the end of PGY1 doctors are able to recognise and manage core clinical problems and conditions, while recognising the limits of their personal capabilities. They should be able to recognise complex or uncertain situations and seek advice appropriately.

## PGY2

Doctors should have acquired greater knowledge and broader clinical skills to manage all of the clinical problems and conditions listed for PGY1. Doctors should also have extended the range of clinical problems and conditions they are able to manage including those relevant to future vocational training.

<a href="#">General</a>	<a href="#">Endocrine</a>	<a href="#">Immunology</a>	<a href="#">Obstetric</a>
<a href="#">Abnormal investigation results</a>	<a href="#">Eyes (Ophthalmology)</a>	<a href="#">Infectious diseases</a>	<a href="#">Oncological emergency</a>
<a href="#">Circulatory</a>	<a href="#">Gastrointestinal</a>	<a href="#">Musculoskeletal</a>	<a href="#">Oral disease</a>
<a href="#">Dermatological</a>	<a href="#">Genito Urinary</a>	<a href="#">Nephrology</a>	<a href="#">Pharmacology / Toxicology</a>
<a href="#">Domestic violence</a>	<a href="#">Gynaecological</a>	<a href="#">Neurological</a>	<a href="#">Psychiatric / Drug and Alcohol</a>
<a href="#">Ear, Nose and Throat</a>	<a href="#">Haemopoietic</a>	<a href="#">Nutrition / Metabolic</a>	<a href="#">Respiratory</a>

# Procedures and interventions

Doctors should be able to provide safe treatment to patients by competently performing certain procedural and assessment skills. The following outcome statements apply to all procedures and interventions.

<a href="#">Decision-making</a> <a href="#">Informed consent</a>	<a href="#">Preparation</a> <a href="#">Procedures</a>	<a href="#">Post-procedure</a> <a href="#">Prescribing</a>
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## PGY1

By the end of PGY1 doctors are able to perform the following procedures and interventions, while recognising the limits of their personal capabilities. They should also be able to recognise complex or uncertain situations and seek advice appropriately.

<a href="#">Cardiopulmonary</a> <a href="#">Diagnostic</a> <a href="#">Ear, Nose and Throat</a>	<a href="#">Injections</a> <a href="#">Intravenous / Intravascular</a> <a href="#">Mental health</a>	<a href="#">Ophthalmic</a> <a href="#">Respiratory</a> <a href="#">Surgical</a>	<a href="#">Trauma</a> <a href="#">Urogenital</a> <a href="#">Women's health</a>
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## PGY2

By the end of PGY2 the core procedural skills and interventions identified for PGY1 should be developed and consolidated. In addition, competencies should be extended with the acquisition of new skills including those relevant to future vocational training.

# Professionalism

Doctors should be able to provide safe treatment to patients by practising medicine in a professional manner. The following outcome statements apply to all aspects of professionalism.

## PGY1

By the end of PGY1 doctors are able to practise medicine in a professional manner, while recognising the limits of their personal capabilities. They should be able to recognise complex or uncertain situations and seek advice appropriately.

## DOCTOR AND SOCIETY

### Access to healthcare

- Demonstrate a non-discriminatory approach to patient care
- Facilitate access to culturally appropriate healthcare
- Identify how access to and use of healthcare is influenced by the patient's ethnicity and education
- Identify how physical or cognitive disability can limit patients' access to and use of healthcare services

### Cultural competence

- Demonstrate an awareness of the general beliefs, values, behaviours and health practices of particular cultural groups most often encountered, and demonstrate knowledge of how this can be applied in the clinical situation
- Demonstrate an awareness of the limitations of their knowledge and an openness to ongoing learning and development in partnership with patients
- Demonstrate an awareness that cultural factors influence health and illness, including disease prevalence and response to treatment
- Demonstrate respect for patients and an understanding of their cultural beliefs, values and practices
- Develop a rapport and communicate effectively with patients of other cultures
- Identify the cultural issues which might impact on the doctor-patient relationship
- Recognise their own cultural values and the influence these may have on their interactions with patients
- Seek appropriate cultural advice
- Work with the patient's cultural beliefs, values and practices in developing a relevant management plan

### Health promotion

- Advocate for healthy lifestyles and discuss environmental and lifestyle risks to patient health
- Distinguish the positive and negative aspects of health screening and prevention when making healthcare decisions
- Use a non-judgemental approach to patients' lifestyle choices, for example discuss options, offer choices

### Health and work

- Describe the key relationship between employment status and health status and be able to help formulate a safe plan to either stay at work or return to work
- Promote the use of work as a part of safe treatment and rehabilitation

### **Healthcare resources**

- Identify the impact of resource constraint on patient care
- Use healthcare resources wisely to achieve the best outcomes

### **Māori patients and their whānau**

- Ask patients about their ethnic background
- Assist patients to understand their condition and treatment plan
- Demonstrate a willingness to develop a rapport with Māori patients
- Demonstrate an awareness of the general beliefs, values, behaviours and health practices of Māori, and demonstrate knowledge of how this can be applied in the clinical situation
- Involve whānau when a patient brings them to a consultation
- Seek appropriate cultural advice
- Show awareness of the health disparities that exist in Māori communities and their origins

### **Medicine and the law**

- Complete required medico-legal documentation appropriately
- Comply with the legal requirements in patient care, for example Mental Health Act 1992, Privacy Act 1993, death certification, coronial legislation
- Comply with the *Code of Health and Disability Services Consumers' Rights 1996*
- Liaise with legal and statutory authorities, including mandatory reporting where applicable

### **Pacific patients and their families**

- Demonstrate an awareness of the general beliefs, values, behaviours and health practices of Pacific peoples, and demonstrate knowledge of how this can be applied in the clinical situation
- Show awareness of the family based decision making that may apply
- Show awareness of the health disparities that exist in Pacific communities

### **Professional standards**

- Adhere to professional standards and professional codes of conduct
- Comply with the legal requirements of being a doctor, for example maintaining registration
- Maintain professional boundaries
- Respect patient privacy and confidentiality

## **PROFESSIONAL BEHAVIOUR**

### **Doctors as leaders**

- Commit to improving the performance of others and the system in which they work
- Exhibit the qualities of a good leader and take the leadership role when required
- Show an ability to work well with and lead others

### **Ethical practice**

- Accept responsibility for ethical decisions
- Behave in ways which acknowledge the ethical complexity of practice and follow professional and ethical codes
- Consult colleagues about ethical concerns
- Show integrity, honesty and moral reasoning

### **Personal well-being**

- Balance availability to others with care for personal health, managing fatigue, stress and illness
- Behave in ways which mitigate the potential risk to others from own health status, for example infection
- Have their own GP
- Show awareness of and optimise personal health and well-being

### **Professional development**

- Demonstrate a commitment to improving performance
- Participate in a variety of continuing education opportunities

### **Practitioner in difficulty**

- Identify the support services available
- Recognise the signs of a colleague in difficulty
- Refer appropriately and respond with empathy

### **Professional responsibility**

- Act as a role model of professional behaviour both within the workplace and outside including the appropriate use of social media
- Demonstrate accountability for their practice
- Demonstrate reliability and fulfil obligations
- Demonstrate respectful and effective interactions with others in the health system
- Maintain an appropriate standard of professional practice and work within personal capabilities
- Reflect on and learn from personal experiences, actions and decision-making

### **Time management**

- Demonstrate punctuality
- Prioritise workload to maximise patient outcomes and health service functions

## **TEACHING, LEARNING AND SUPERVISION**

### **Assessment and feedback**

- Participate in feedback and assessment processes

- Provide constructive, timely and specific feedback based on observation of performance
- Seek and respond to feedback

### **Self-directed learning**

- Commit to continuous improvement of performance through lifelong learning
- Take opportunities to participate in research where appropriate
- Establish and use current evidence based resources to support learning
- Identify and address personal learning objectives
- Participate in clinical audit
- Participate in quality improvement activities
- Seek opportunities to reflect on and learn from clinical practice

### **Supervision**

- Adapt level of supervision to the learner's performance and confidence
- Commit to developing skills to become an effective supervisor
- Provide effective supervision, for example by being available, offering an orientation, learning opportunities, and by being a role model

### **Teaching**

- Commit to helping other health professionals learn
- Incorporate teaching into clinical work
- Use approaches that are responsive to the learning needs of others

## **PGY2**

**By the end of PGY2 the core professional skills identified for PGY1 should be developed and consolidated. In addition, competencies should be extended with the acquisition of new skills including those relevant to future vocational training.**

### **Examples include:**

- Exhibit the qualities of a good leader and take the leadership role when required
- New Zealand Triple Aim for quality improvement:
  - Improved quality, safety and experience of care
  - Improved health and equity for all populations
  - Best value for public health system resources
- Participate in formalised educational opportunities in relation to professionalism and ethics
- Participate in quality improvement
- Participate in research

# Communication

Doctors should be able to provide safe treatment to patients through effective communication. The following outcome statements apply to all aspects of communication.

## PGY1

By the end of PGY1 doctors are able to identify and practise effective communication, while recognising the limits of their personal capabilities. They should be able to recognise complex or uncertain situations and seek advice appropriately.

## PATIENT INTERACTION

### Breaking bad news

- Participate in breaking potentially distressing news to patients and carers
- Recognise and manage potentially distressing communications with patients and carers
- Show empathy and compassion

### Complaints

- Identify factors likely to lead to complaints and act appropriately to minimise the risk of complaints
- Use local protocols to respond to complaints, including notifying more senior staff

### Context

- Arrange an appropriate environment for communication, for example private, no interruptions
- Use effective strategies to deal with difficult situations or vulnerable patients
- Use principles of good communication to ensure effective healthcare relationships

### Meetings with families and whānau, or carers

- Ensure relevant family/whānau/carers are included appropriately in meetings and decision-making
- Identify the impact of family dynamics on effective communication
- Respect the role of families/whānau in patient health care

### Open disclosure

- Explain and participate in implementing the principles of open disclosure
- Help ensure patients and carers are supported and cared for after an adverse event

### Providing information

- Apply the principles of good communication (verbal and non verbal) and communicate with patients and carers in ways they understand
- Involve patients in discussions and decisions about their care

- Use interpreters for non English speaking backgrounds, or communication impairments, when appropriate

### **Respect**

- Ask patients about their preferences and be willing to follow their lead
- Build rapport and demonstrate empathy and compassion
- Demonstrate politeness, courtesy and patience
- Maintain privacy and confidentiality
- Provide clear and honest information to patients and respect their treatment choices
- Treat patients courteously and respectfully, showing awareness and sensitivity to different backgrounds

## **WORKING IN TEAMS**

### **Communication in healthcare teams**

- Communicate effectively with team members in a variety of situations, including acute settings, team meetings, ward rounds, telephone consultations
- Concisely present cases to senior medical staff and other healthcare professionals in a range of contexts
- Engage patients and carers in the team decision-making process where possible
- Perform effective written and verbal handover at different stages of medical care for patient safety and continuity of care (for example team member to team member, service to service, hospital to general practice)

### **Team structure**

- Adopt an appropriate role within a healthcare team
- Recognise and understand the role and functions of a range of healthcare teams and team members, including teams which extend outside the hospital
- Recognise, understand and respect the roles and responsibilities of multidisciplinary team members
- Understand the characteristics of effective teams, leaders and team members

### **Working in health care teams**

- Contribute to teamwork by behaving in ways that maximise the team's effectiveness
- Demonstrate an ability to work with others
- Demonstrate flexibility and ability to adapt to change
- Lead when appropriate
- Seek to prevent or resolve conflicts that may arise

## **MANAGING INFORMATION**

### **Electronic**

- Comply with policies regarding information technology for example passwords, e-mail and internet
- Use electronic patient records to optimise patient care where available

- Use electronic resources appropriately in patient care, for example decision support systems, electronic access to results, completion of discharge summaries, and referencing pharmacopoeia

### Health records

- Comply with legal/institutional requirements for health records
- Facilitate appropriate coding and classification by accurate documentation

### Written

- Accurately document drug prescription and administration
- Comply with organisational policies regarding timely and accurate documentation
- Demonstrate high quality written skills in all clinical communications (writes legible, concise and informative discharge summaries)

## **PGY2**

**By the end of PGY2 the core communication skills identified for PGY1 should be developed and consolidated. In addition, competencies should be extended with the acquisition of new skills including those relevant to future vocational training.**

### **Examples include:**

- Undertake formalised communication courses that are offered by Medical Colleges

## **Clinical management**

**Doctors should be able to provide safe treatment to patients by delivering appropriate clinical management. The following outcome statements apply to all aspects of clinical management.**

## **PGY1**

**By the end of PGY1 doctors are able to demonstrate the following clinical management skills, while recognising the limits of their personal capabilities. They should be able to recognise complex or uncertain situations and seek advice appropriately.**

## **SAFE PATIENT CARE**

### **Adverse events and near misses**

- Document and report adverse events in accordance with local incident reporting systems
- Manage adverse events and near misses
- Recognise harm caused by adverse events and near misses

### **Infection control**

- Practise correct hand-hygiene and aseptic techniques
- Use antibiotics appropriately and rationally with consideration given to cost implications and appropriate prescribing guidelines
- Use methods to minimise transmission of infection between patients

### **Medication safety**

- Document patient allergies in every case
- Identify the medications most commonly involved in prescribing and administration errors
- Prescribe and administer medications safely
- Provide adverse drug reaction reporting
- Routinely report medication errors and near misses in accordance with local requirements

### **Public health**

- Inform authorities of each case of a 'notifiable disease'
- Recognise which diseases are notifiable

### **Radiation safety**

- Minimise the risk to patient or self associated with exposure to radiological investigations or procedures
- Request appropriate radiological investigations and procedures

### **Risk and prevention of error and / or harm**

- Explain and report potential risks to patients and staff
- Minimise risk and identify the main sources of error to prevent harm where possible
- Recognise and act on personal factors which may contribute to patient and staff risk

### **Systems**

- Advocate for the improvement of systems
- Identify and understand concept of system errors
- Participate in continuous quality improvement, for example clinical audit
- Use mechanisms that minimise error, for example checklists, clinical pathways

## **PATIENT ASSESSMENT**

### **Evidence-based practice**

- Critically appraise evidence and information
- Describe the principles of evidence-based practice and hierarchy of evidence
- Use best available evidence in clinical decision-making

### **History and examination**

- Elicit symptoms and signs relevant to the presenting of problems or conditions
- Recognise how patients present with common acute and chronic problems and conditions
- Undertake and can justify clinically relevant patient assessments
- Undertake specific examinations for example a bimanual pelvic examination, rectal examination and bedside neurocognitive examination/mental state examination where indicated

### **Investigations**

- Follow up and interpret investigation results appropriately to guide patient management
- Identify and provide relevant and succinct information when ordering investigations
- Negotiate with patients the need for tests and explains results
- Select, request and justify investigations in the course and context of particular patient presentation

### **Patient identification**

- Comply with the organisation's procedures for avoiding patient misidentification
- Follow the stages of a verification process to ensure the correct identification of a patient

### **Problem formulation**

- Establish a possible differential diagnosis relevant to patients presenting problems or conditions
- Regularly re-evaluate the patient problem list as part of the clinical reasoning process
- Synthesise clinical information to generate a ranked problem list containing appropriate provisional diagnoses

### **Referral and consultation**

- Apply the criteria for referral or consultation relevant to a particular problem or condition
- Collaborate with other health professionals in patient assessment
- Identify and provide relevant and succinct information

## **EMERGENCIES**

### **Advanced Cardiac Life Support**

- Deliver Advanced Cardiac Life Support (ACLS) at a Level 7 standard
- Participate in decision-making, and debriefing after cessation of resuscitation

### **Assessment**

- Initiate resuscitation when clinically indicated
- Recognise and effectively assess potentially acutely ill, deteriorating or dying patients
- Recognise the abnormal physiology and clinical manifestations of critical illness

### **Basic life support**

- Effectively use semi-automatic and automatic defibrillators
- Implement basic airway management, ventilatory and circulatory support

### **Prioritisation**

- Describe the principles of triage
- Identify patients requiring immediate resuscitation and when and how to call for help
- Provide clinical care in order of medical priority

### **Disasters**

- Describe their own role in the organisation's disaster management plan

## **PATIENT MANAGEMENT**

### **Return to work, ambulatory and community care**

- Identify and appropriately certify work capacity
- Identify and arrange ambulatory and community care services appropriate for each patient
- Identify patients suitable for aged care, rehabilitation or palliative care programmes
- Identify available community care services

### **Discharge planning/transfer of care**

- Follow organisational guidelines to ensure smooth discharge and transfer
- Liaise with appropriate health professionals, family and other support personnel to ensure proper discharge or transfer of care
- Undertake effective discharge planning

### **End of life care**

- Contribute to team plans involving initiation and coordination of palliative care
- Manage the confirmation and certification of death and complete death certificates under supervision
- Recognise cases that may need to be referred to the Coroner
- Identify and follow the Coroner's procedures

### **Fluid, electrolyte and blood product management**

- Develop, implement, evaluate and maintain an individualised patient management plan for fluid, electrolyte and blood product use
- Identify the indications for and risks of fluid and electrolyte therapy and use of blood products
- Manage blood transfusion reactions
- Recognise and manage the clinical consequences of fluid and electrolyte imbalance in a patient

### **Management options**

- Identify and justify the patient management options for common problems and conditions
- Implement and evaluate the management plan in consultation with the patient
- Provide appropriate advice in situations where a patient's lifestyle may be impacting adversely on their health
- Recognise complex or uncertain situations and seek advice appropriately

### **Pain management**

- Evaluate the pain management plan to ensure it is clinically relevant
- Prescribe pain therapies to match the patient's analgesia requirements
- Specify and can justify the hierarchy of therapies and options for pain control

### **Therapeutics**

- Evaluate the outcomes of medication therapy
- Involve nurses and pharmacists , and other allied health professionals appropriately in medication management
- Prescribe safely for women who are pregnant or breastfeeding
- When prescribing, take account of the interactions and actions, indications and contraindications, monitoring requirements, and potential adverse effects of each medication used

## **PGY2**

**During PGY2 the ability to recognise and demonstrate important aspects of clinical management as provided for in PGY1 should be developed and consolidated. In addition, competencies should be extended, and new clinical management skills acquired, including those relevant to future vocational training.**

### **Examples include:**

- Advance care courses
- General audit and research

## **Clinical problems and conditions**

**Doctors should be able to adequately identify common or important conditions through history taking, eliciting the relevant signs at examination and investigations. They should then formulate a differential diagnosis and establish and monitor an initial management plan.**

## **PGY1**

**By the end of PGY1 doctors are able to recognise and manage core clinical problems and conditions, while recognising the limits of their personal capabilities. They should be able to recognise complex or uncertain situations and seek advice appropriately.**

### **General**

- Cognitive or physical disability
- Early recognition of the deteriorating patient
- Functional decline or impairment
- Injury prevention
- Lifestyle factors adversely impacting on health
- Perioperative care

### **Abnormal investigation results**

- Abnormal blood results
  - Abnormal INR and / or coagulation profile
  - Electrolyte abnormalities
  - Red cell abnormalities
  - White cell abnormalities
  - Arterial blood gases
- Abnormal imaging
- Abnormal pathology results

### **Circulatory**

- Cardiac arrhythmias
- Chest pain
- Electrolyte disturbances
- Heart failure
- Hypertension
- Ischaemic heart disease
- Leg ulcers
- Limb ischaemia
- Reduced urinary output
- Shock
- Thromboembolic disease

### **Dermatological**

- Common skin conditions for example eczema, allergic skin conditions
- Skin malignancies for example basal cell carcinoma (BCC), squamous cell carcinoma (SCC), melanoma

### **Domestic violence**

- Child abuse
- Elder abuse

- Family violence

### **Ear, Nose and Throat**

- Epistaxis
- Upper airway compromise

### **Endocrine**

- Abnormal thyroid functions
- Adrenal disease
- Diabetic ketoacidosis
- General management of diabetes and its complications
- Metabolic syndrome
- Post operative diabetic management

### **Eyes (Ophthalmology)**

- Foreign body identification
- Red eye
- Refractive difficulties
- Sudden loss of vision

### **Gastrointestinal**

- Abdominal pain
- Common liver disease for example alcoholic liver disease, hepatitis, non-alcoholic fatty liver disease
- Constipation
- Diarrhoea
- Gastrointestinal bleeding
- Jaundice
- Nausea and vomiting
- Recognition of acute abdomen

### **Genito Urinary**

- Contraception & sexual health
- Dysuria and/or frequent micturition
- Pyelonephritis and UTIs
- Urinary incontinence
- Urinary retention

### **Gynaecological**

- Abnormal menstruation
- Pain and bleeding in early pregnancy
- Pelvic pain

### **Haemopoietic**

- Abnormal bleeding due to platelet and coagulation disorders
- Anaemia
- Bleeding in the anticoagulated patient
- Cytopenia
- Thromboembolic disease

### **Immunology**

- Anaphylaxis
- Drug reactions
- Urticaria

### **Infectious diseases**

- Local infections
- Meningitis
- Non-specific febrile illness
- Septicaemia
- Sexually Transmitted Infections(STI)

### **Musculoskeletal**

- Acute joint swelling
- Joint disorders
- Minor trauma
- Neck and back pain
- Sprains and strains

### **Nephrology**

- Renal failure

### **Neurological**

- Acute headache
- Delirium
- Falls, especially in the elderly

- Loss of consciousness
- Seizure disorders
- Stroke / TIA
- Subarachnoid haemorrhage
- Syncope

#### **Nutrition / Metabolic**

- Weight gain
- Weight loss

#### **Obstetric**

- Post partum haemorrhage
- Pre-eclampsia
- Pre-term labour

#### **Oncological emergency**

- Spinal cord compression
- Raised intracranial pressure
- Hypercalcaemia
- Neutropenia

#### **Oral disease**

- Toothache
- Oral infections

#### **Pharmacology / Toxicology**

- Poisoning

#### **Psychiatric / Drug and Alcohol**

- Addiction (smoking, alcohol, drug)
- Anxiety
- Deliberate self-harm
- Dementia
- Depression
- Disturbed or aggressive patient
- Psychosis
- Substance abuse
- Suicide risk assessment

## **Respiratory**

- Asthma
- Breathlessness
- Chronic obstructive pulmonary disease
- Cough
- Obstructive sleep apnoea
- Pneumonia / respiratory infection
- Respiratory failure
- Upper airway obstruction

## **PGY2**

**Doctors should have acquired greater knowledge and broader clinical skills to manage all of the clinical problems and conditions listed for PGY1. Doctors should also have extended the range of clinical problems and conditions they are able to manage including those relevant to future vocational training.**

## **Procedures and interventions**

**Doctors should be able to provide safe treatment to patients by competently performing certain procedural and assessment skills. The following outcome statements apply to all procedures and interventions.**

### **Decision-making**

- Explain the indications and contraindications for common procedures
- Select appropriate procedures with involvement of senior clinicians and the patient

### **Informed consent**

- Apply the principles of informed consent in day to day clinical practice
- Identify the circumstances that require informed consent to be obtained by a more senior clinician
- Provide a full explanation of a procedure to patients when undertaking that procedure

### **Preparation**

- Arrange appropriate equipment and describe its use
- Prepare and position the patient appropriately
- Recognise the indications for local, regional or general anaesthesia

### **Procedures**

- Arrange appropriate support staff and define their roles

- Provide appropriate analgesia

#### **Post-procedure**

- Identify and manage common complications
- Interpret results and evaluate outcomes of treatment
- Monitor the patient and provide appropriate aftercare

#### **Prescribing**

Prescribing is an intervention and expected skills required for this are found under the headings of 'medical safety', 'pain management', 'infection control' and 'therapeutics' in the Clinical Management section of the NZCF.

### **PGY1**

**By the end of PGY1 doctors are able to perform the following procedures and interventions, while recognising the limits of their personal capabilities. They should also be able to recognise complex or uncertain situations and seek advice appropriately.**

#### **Cardiopulmonary**

- 12 lead electrocardiogram recording and interpretation
- Bag and mask ventilation
- Completed ACLS level 7
- Laryngeal mask airway placement
- Oropharyngeal airway
- Oxygen therapy

#### **Diagnostic**

- Blood culture
- Blood glucose testing
- MSU
- Nasal swab
- Throat swab
- Urethral swab
- Wound swab

#### **Ear, Nose and Throat**

- Anterior nasal pack insertion
- Anterior rhinoscopy

### **Injections**

- Intramuscular injections
- Subcutaneous injections

### **Intravenous / Intravascular**

- Arterial and venous blood gas sampling and interpretation
- Blood transfusion
- Intravenous cannulation
- Intravenous electrolyte administration
- Intravenous fluid and drug administration
- Intravenous infusion set-up
- Venepuncture

### **Mental health**

- Alcohol withdrawal scale use

### **Ophthalmic**

- Corneal foreign body removal
- Eye bandage application
- Eye drop administration
- Eye irrigation
- Eyelid eversion

### **Respiratory**

- Nebuliser/inhaler therapy
- Peak flow measurement and interpretation
- Spirometry measurement and interpretation

### **Surgical**

- Administration of local anaesthesia
- Scrub, gown and glove
- Simple skin lesion excision
- Surgical knots and simple wound suturing
- Suture removal
- Wound debridement
- Wound dressing

### **Trauma**

- Apply splints and slings
- Cervical collar application
- In-line immobilisation of cervical spine
- Pressure haemostasis

### **Urogenital**

- Bladder catheterisation (Male and Female)

### **Women's health**

- Genital swabs/cervical smear
- Speculum examination of the vagina and cervix

## **PGY2**

**By the end of PGY2 the core procedural skills and interventions identified for PGY1 should be developed and consolidated. In addition, competencies should be extended with the acquisition of new skills including those relevant to future vocational training.**

### **Examples include:**

- Advanced prescribing
- Anaesthetic techniques, for example simple regional anaesthesia
- Basic surgical techniques, for example simple wound closure
- Critical care interventions, for example non invasive ventilation
- Diagnostic ultrasound
- Invasive diagnostic techniques for example joint aspiration, lumbar puncture, biopsies
- Management of trauma, for example reduction of simple fractures and dislocations
- Psychological interventions, for example behavioural interventions, counselling skills