



Community Based Attachments in Prevocational Medical Training

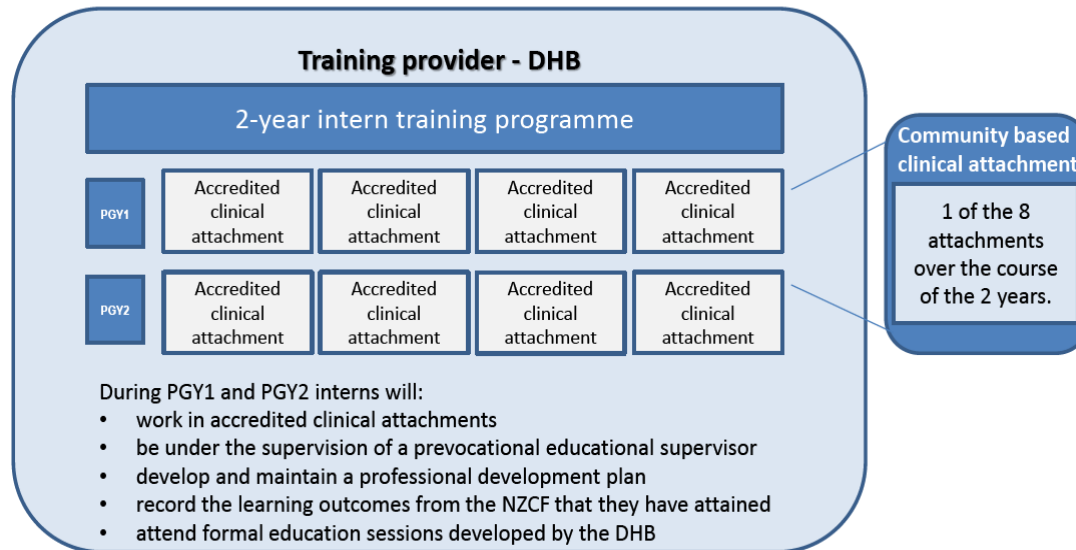
Conference for General Practice 2017
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Joan Crawford
Strategic Programme Manager

Council's requirements for interns

- One clinical attachment in a community based setting over the two year internship.
- Working towards 100% compliance by 2020.

Prevocational training programme



Why a community-based attachment?



- To expose interns to clinical practice outside the four walls of the hospital
- See how medicine is delivered
- Think how it *could* be delivered
- To help interns to understand the interface between primary and secondary care

The CBA programme contributes to the National Health Strategy

Figure 6:
Five strategic themes
of the Strategy



Key principles

- The intern will remain employed by the DHB
- The intern will retain their prevocational educational supervisor
- Community based clinical supervisors will use ePort to record feedback and complete assessments
- The intern should, where possible, participate in the DHB's formal education programme



Possible setting for community attachments

- General Practice
- Urgent Care
- Community Psychiatry services
- Community Paediatrics
- Aged care environment
- Hospice & Palliative care
- Integrated care
- ? Public health



The key is that the experience is focused on a community care

Support for community practices

- **Governance Group** – Chaired by Council
- **Management Group** – led by HWNZ
 - Representatives from medical schools, RNZCGP, PHOs, DHBs



Progress



- Every DHB has CBA options
- Currently 65 accredited CBA attachments
 - 36 in General Practice
 - 29 in non-General Practice
 - Could accommodate 260 interns in 12 months
- 2017 expectations:
 - 139 interns will complete a CBA
 - Around half in general practice and half in other
 - 30% of interns

Feedback from interns

NZRDA has surveyed those who have done a CBA

- Excellent supervision
- Clinical exposure & procedural experience excellent
- Has opened eyes to non-hospital career possibilities
- Has identified some orientation issues



Challenges

- Imperative to avoid displacing other learners
- Physical capacity in general practices
- Reluctance by some DHBs
 - Lessening but still a risk

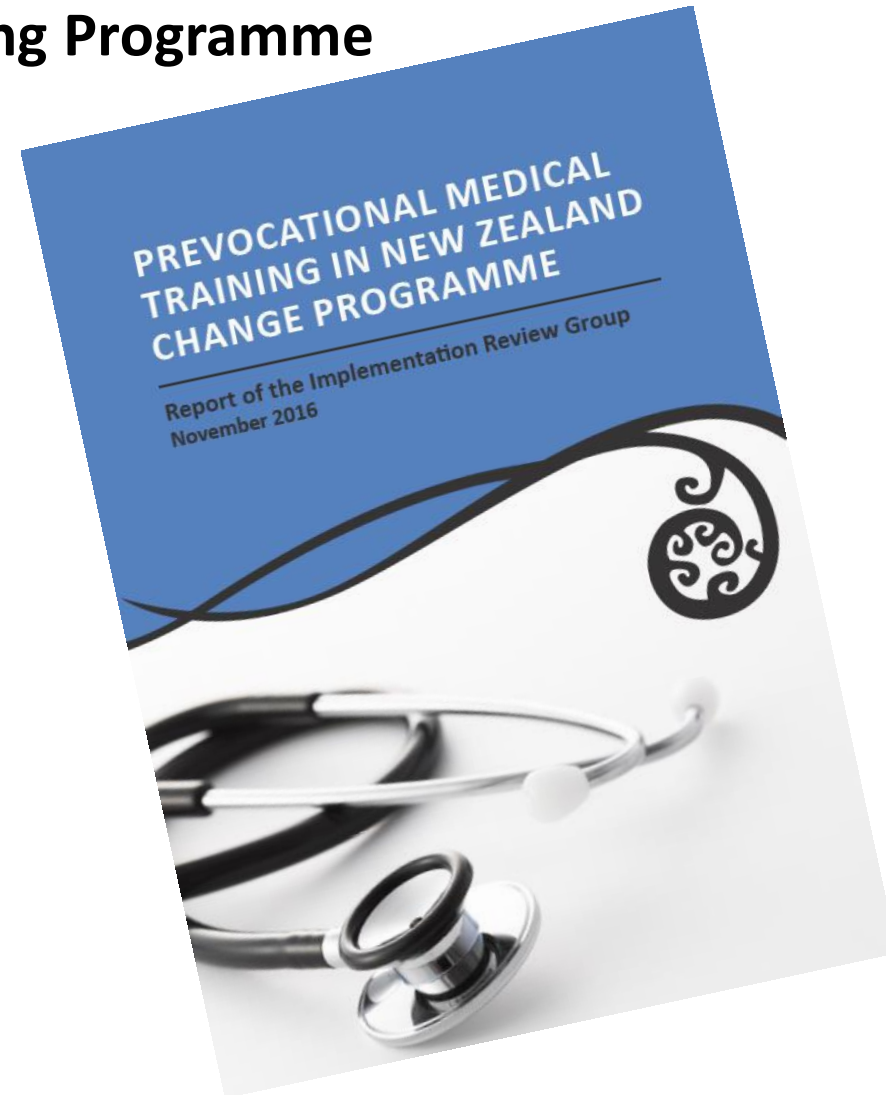


MCNZ has published an independent report on the review of the implementation of changes to the New Zealand Prevocational Medical Training Programme

Review report available from:

www.mcnz.org.nz

- Media releases



Next steps...

Council is encouraging each individual DHB to work towards the goal of having 50% interns complete a community attachment in 2018

This requires innovation and dedication!

