Te Kaunihera Rata
o Aotearoa

Medical Council of New Zealand

Prevocational medical training accreditation – report for: Canterbury District Health Board

Date of site visit: 24 and 25 September 2019
Date of report: 4 December 2019

Medical Council of New Zealand

Background

The Council accredits[1] training providers to provide prevocational medical education and training through the delivery of an intern training programme.

To be accredited, training providers must 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 requirements 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.

Prevocational medical training (the intern training programme) covers 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. Clinical attachments may only be accredited if they form part of the intern training programme provided by an accredited training provider.

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.

Training providers are accredited for the provision of education and training for interns (prevocational medical training) for a period of 4 years. However, progress reports may be requested during this period.

Please refer to Council's *Policy on the accreditation of prevocational medical training providers* for further information.

[1] Section 118 of the Health Practitioners Competence Assurance Act 2003

The Medical Council of New Zealand's accreditation of Canterbury District Health Board

Te Kaunihera Rata o Aotearoa
Medical Council of New Zealand

Name of training provider:	Canterbury District Health Board (DHB)
Name of sites:	Burwood Hospital Christchurch Hospital Grey Base Hospital Hillmorton Hospital Princess Margaret Hospital Ashburton Hospital
Date of training provider accreditation visit:	24 and 25 September 2019
Accreditation visit team members:	Prof John Nacey (Accreditation team Chair) Dr Ainsley Goodman Ms Laura Mueller Dr Amy Leuthauser Dr Cameron Wells Ms Raylene Bateman Ms Hollie Bennett
Date of previous training provider accreditation visit:	5 and 6 November 2015
Key staff the accreditation visit team met:	
Chief Executive:	David Meates (not present)
Chief Medical Officer:	Sue Nightingale
Director of Prevocational Training:	John Thwaites
Prevocational Educational Supervisors:	John Geddes, Mark Birch, Laura Joyce, Josie Todd, Richard Tapper, Christian Brett, Carol Dean, Ange Beard, David McGregor, Maggie Meeks, Giovanni Losco
RMO unit staff:	David Brandts-Giesen, Janelle Butcher, Karen Schaab, Alan Pithie
Medical education unit staff	Karyn Dunn, Karen Dreaver, Brenda Falcone
Other key people who have a role within the prevocational training programme:	Mark Jeffery Pauline Clark Allan Katzef
Key data about the training provider:	
Number of interns at training provider: 116	
Number of PGY1s: 57	Number of PGY2s: 59
Number of accredited clinical attachments (current):	104
Number of accredited community based attachments:	13

Section A – Executive Summary

The Medical Council of New Zealand (Council) has previously acknowledged the significant impact of the Christchurch earthquakes, not only on Canterbury DHB's physical facilities but also on its staff and interns. Council now acknowledge the impact of the Christchurch shooting and commends the staff of the DHB for their unwavering commitment to maintaining the highest standards of care during an immensely challenging period.

Canterbury DHB is committed to providing a high quality environment for prevocational medical education and training. There is a stated intention that the DHB will continue to match the training experience to its vision of an integrated health system that will include improved coordination and cooperation. The DHB recognises prevocational medical education in its strategic priorities and has demonstrated an enthusiasm and commitment to make sure that these priorities are met. Council commends the executive leadership and senior clinicians, who have demonstrated high level engagement in the intern training programme.

Council also commends the Medical Education and Training Unit for its comprehensive resources, initiatives, including the 'Check Mate' mentorship scheme and oversight of intern education and training requirements. This is supported by clear and effective leadership in the organisation which includes executive accountability for prevocational educational training and close collaboration with the Resident Doctors Support Team. The DHB has developed a training programme with significant depth and breadth of medical education expertise. This is underpinned by a close collaboration with the University of Otago. Council commends the DHB on this relationship and for its development and implementation of the new Hui process.

The DHB offers a robust training programme with continued innovations including state of the art simulations and clinical learning opportunities. This includes interprofessional learning. Interns are well supported at night by the Clinical Team Coordinators, who provide proactive guidance and assurance. Council commends the DHB for the implementation of this resource.

There are formal and informal handover processes in different services and between shifts. However, handover is service dependant. There is inconsistency in handover between interns, particularly from the weekday shifts to those covering rostered days off and other absences. Of particular concern is that interns reported that the Friday early afternoon general medical handover is poorly attended because post-acute ward rounds are still in progress, so the handover is incomplete.

With respect to informed consent, the interns report that they are being asked to consent for procedures that they are unfamiliar with, which is contrary to Council's policy. The interns gave several examples of feeling unsupported in the process of obtaining consent. Specifically, these included Cardiology, Obstetrics and Gynaecology and Gastroenterology. Council is encouraged that the DHB is reviewing its informed consent procedures, which includes double signing or co-signing of the consent form by the intern and the person carrying out the procedure.

Recent changes to rostering of interns on some general medical attachments has resulted in a significantly limited ability for interns to attend protected teaching sessions. The DHB departmental processes should not affect the intern's ability to attend formal education sessions. Council recommends that the DHB provide opportunity for interns to attend at least two thirds of formal educational sessions. The DHB has also advised that not all interns complete a community based attachment (CBA) during their two prevocational years. This is due to resourcing and funding limitations. Nevertheless, the DHB must ensure that over the course of the two intern years each intern spends at least one clinical attachment in a community setting.

The prevocational educational supervisors are highly engaged and represent a wide variety of specialties and experience. They provide effective and supportive guidance for interns. The prevocational educational

supervisors also work cooperatively with clinical supervisors, the Medical Education and Training Unit and the Resident Doctors Support Team to provide comprehensive support for interns.

Council commends the DHB on its process by which it identifies, monitors and provides regular oversight to interns in difficulty. This is discussed at the prevocational educational supervisor monthly meetings, with proactive management, support and services. Council also commends the exceptional administrative support provided by the Medical Education and Training Unit and the Resident Doctors Support Team.

Some clinical supervisors are not aware that training is available and that this is a requirement of the position. As such the DHB must ensure that all clinical supervisors undertake relevant training in supervision and assessment after commencing their supervisory role. This must be within 12 months of their appointment as a clinical supervisor.

The DHB is committed to support interns and foster wellbeing. Council commends the DHB for providing additional welfare and support services for interns, such as access to clinical psychologists and Connect Communications courses. Council is aware that external factors have contributed to an increase in the required number of relief attachments and this has led to concerns about the quality of the educational experience and supervision. Interns in relief attachments do not have regular supervision, with some instances of interns not having any contact with the supervising consultant. This has led to supervisors being unable to provide effective and meaningful feedback to interns on their performance. The DHB must ensure that supervision and education of interns in relief attachments is consistent with the delivery of high quality training and safe patient care.

Council acknowledges the progress the DHB has made since the earthquakes. This is particularly with respect to the soon to be completed Hagley Building, which is to include innovative design and technology to provide the highest quality patient care. In addition, the Manawa building provides comprehensive state of the art learning facilities including a simulation suite and quality meeting and training venues for medical education sessions.

Canterbury DHB is to be commended on making teaching and learning a strategic priority and the high level of engagement with the prevocational training programme from its leadership. There is a high level of satisfaction from interns who greatly value the teaching and learning experience that has been provided for them.

Overall, Canterbury DHB has met 18 of the 21 sets of Council's standards *Accreditation standards for training providers.* Three sets of standards are substantially met:

1. 3.1 – Programme components
2. 4.3 – Supervision – Clinical supervisors
3. 6.2 – Welfare and support

Four required actions were identified, along with 2 recommendations and 9 commendations. The required actions are:

1. Canterbury DHB must ensure that over the course of the 2 intern years each intern spends at least one clinical attachment in a community setting. (Standard 3.1.6)
2. Canterbury DHB must ensure adherence to Council's policy on obtaining informed consent. (Standard 3.1.10)
3. Canterbury DHB must ensure that all clinical supervisors must undertake relevant training in supervision and assessment after commencing their supervisory role. This must be within 12 months as appointment as a clinical supervisor. (Standard 4.3.3)
4. Canterbury DHB must ensure that supervision and education of interns in relief attachments is consistent with the delivery of high quality training and safe patient care. (Standard 6.2.1).

Section B – Overall outcome of the accreditation assessment

The overall rating for the accreditation of Canterbury DHB as a training provider for prevocational medical training	**Substantially Met**

Canterbury DHB holds accreditation **until 31 March 2024**, on the condition that Canterbury DHB provide a progress report(s) that satisfy Council that the required actions specified below have been addressed by **30 June 2020:**

1. Canterbury DHB must ensure that over the course of the 2 intern years each intern spends at least one clinical attachment in a community setting. (Standard 3.1.6)
2. Canterbury DHB must ensure adherence to Council's policy on obtaining informed consent. (Standard 3.1.10)
3. Canterbury DHB must ensure that all clinical supervisors must undertake relevant training in supervision and assessment after commencing their supervisory role. This must be within 12 months as appointment as a clinical supervisor. (Standard 4.3.3)
4. Canterbury DHB must ensure that supervision and education of interns in relief attachments is consistent with the delivery of high quality training and safe patient care. (Standard 6.2.1).

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

Section C – Accreditation Standards

1 Strategic priorities

1	Strategic priorities
1.1	High standards of medical practice, education, and training are key strategic priorities for the training provider.
1.2	The training provider has a strategic plan for ongoing development and support of high quality prevocational medical training and education.
1.3	The training provider's strategic plan addresses Māori health.
1.4	The training provider has clinical governance and quality assurance processes that ensure clear lines of responsibility and accountability for intern training in the overall context of quality medical practice.
1.5	The training provider ensures intern representation in the governance of the intern training programme.
1.6	The training provider will engage in the regular accreditation cycle of the Council, which will occur at least every three years.

1. Strategic priorities			
	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:

Canterbury DHB is committed to providing a high quality environment for prevocational medical education and training. This is evidenced by highly effective clinical governance and operational structures and processes to support prevocational training across the DHB.

There is a stated intention that the DHB will continue to match the training experience to the vision of an integrated health system that will include improved coordination and cooperation. The DHB recognises prevocational medical education in its strategic priorities and has demonstrated an enthusiasm and commitment to make sure that these priorities are met. Included in the strategic priorities is an expectation that interns will be supported to develop and enhance their knowledge of Māori health and culture. This acknowledges the commitment in the South Island Health Service Plan to reducing health inequities and improving health outcomes for Māori.

The DHB has clear lines of responsibility and accountability for intern training. The Medical Education and Training Unit has general oversight of the intern training programme and has enthusiastic and highly capable staff. Prevocational Educational Supervisors meet regularly with the Director of Medical Clinical Training to discuss issues relevant to intern training. In addition, there is a Resident Medical Officer Training Committee that meets on a regular basis and provides an important forum for considering any aspect of intern training including feedback on teaching and service matters.

Intern involvement is highly valued. This is reflected in appropriate intern representation in the governance of the intern training program that ensures an opportunity for issues and concerns to be raised. In addition, the Medical Education and Training Unit solicits feedback from interns when required.

Commendation:

- Council commends the executive leadership and senior clinicians, who have demonstrated a high level of engagement in the intern training programme.

- Despite financial pressures the DHB has shown its ongoing commitment to investing in educational training facilities. Council commends the DHB on this commitment.
- Council commends the DHB on its strategic plan that addresses Maori health and the need to address health inequity.

Required actions:
Nil.

2 Organisational and operational structures

2.1 The context of intern training

2.1.1 The training provider demonstrates that it has the mechanisms and appropriate resources to plan, develop, implement and review the intern training programme.
2.1.2 The chief medical officer (CMO) or their delegate (for example a Clinical Director of Training) has executive accountability for meeting prevocational education and training standards and for the quality of training and education.
2.1.3 There are effective organisational and operational structures to manage interns.
2.1.4 There are clear procedures to notify Council of changes in a health service or the intern training programme that may have a significant effect on intern training.

2.1 The context of intern training

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:
Canterbury DHB has the appropriate resources and mechanisms to effectively deliver the intern training programme. This is supported by clear and effective leadership at the highest level of the organisation. The Medical Education and Training Unit is designed and staffed to develop, implement, support and review the intern training programme. The Medical Education and Training Unit collaborates closely with the Medical Education Coordinators and the Resident Doctors Support Team and provides full-time administration.

The Director of Medical Clinical Training has delegated authority and executive accountability for ensuring that prevocational educational and training standards are met and that high quality education and training is provided.

The Medical Education and Training Unit has comprehensive resources, structures and initiatives to support and manage interns. The Medical Education and Training Unit works closely with the Resident Doctors Support Team to provide for the operational needs of interns, including rosters, access to leave, study leave and the allocation of clinical attachments. The Medical Education and Training Unit also works closely with the Prevocational Educational Supervisors, Medical Education Coordinators and Clinical Supervisors to manage interns. There are clear lines of communication and regular meetings between staff in the Medical Education and Training Unit, Medical Education Coordinators, the Resident Doctors Support Team and the RMO Training Committee.

The Medical Education and Training Unit and the Resident Doctors Support Team work together on multiple projects to support interns. Of particular note is the Check Mate mentoring programme. The prevocational educational supervisors are from a broad range of medical specialties and have considerable experience and expertise in medical education, many having formal Medical College educator roles.

There are clear procedures through the Director of Medical Clinical Training and prevocational educational supervisors to notify Council of any changes in the health service or the intern training programme that might have a significant impact on intern training.

Commendation:

- Council commends the Medical Education and Training Unit for its comprehensive resources and initiatives – including the 'Check Mate' mentorship scheme – and oversight of intern education and training requirements.

Required actions

Nil.

2.2 Educational expertise

2.2.1 The training provider demonstrates that the intern training programme is underpinned by sound medical educational principles.

2.2.2 The training provider has appropriate medical educational expertise to deliver the intern training programme.

2.2 Educational expertise

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:

The teaching programme at Canterbury DHB is aligned to the New Zealand Curriculum Framework to ensure interns are exposed to a breadth and depth of training opportunities. This ensures that the interns' training objectives are met.

A variety of teaching methods are implemented to meet intern learning needs. These include work-place based teaching, formal teaching sessions, case studies, practical skills, simulations, rapid-fire scenarios, online resources and one-to-one teaching sessions.

DHB staff involved with the prevocational medical training programme attend relevant conferences to ensure they are kept up to date with current trends, practices and topics in medical education. This includes regular attendance by registrars and staff from the Clinical Skills Unit.

The Medical Education and Training Unit is staffed with highly qualified and experienced professionals. The Medical Education and Training Unit also outsources qualified experts and organisations to contribute to a high level of medical education and training.

Required actions:

Nil.

2.3 Relationships to support medical education

2.3.1 There are effective working relationships with external organisations involved in training and education.

2.3.2 The training provider coordinates the local delivery of the intern training programme, or collaborates in such coordination when it is part of a network programme.

2.3.3 The training provider has effective partnerships with Māori health providers to support intern training and education.

2.3 Relationships to support medical education

	Met	Substantially met	Not met

Rating	X		
Commentary:			

Comments:
The DHB has a number of working relationships with external organisations to support the prevocational medical training programme. This includes a commitment to work alongside West Coast DHB. The DHB provides access to distance training and education opportunities for interns working at West Coast DHB, as well as an on-site prevocational educational supervisor.

The DHB has developed a training programme with significant depth and breadth of medical education expertise. This is underpinned by close collaboration with the University of Otago. The DHB has established a working group that meets regularly to ensure the continuum of medical education and training, from trainee interns through the PGY1 and PGY2 years.

The DHB also collaborates with the NZ Blood Service, ACC, the 100% Project, the Positive Woman's Bureau, Style for You, BOC Gases and other external providers for additional skills training. The DHB has strong links with the Southern Hub and other South Island DHBs, which share teaching sessions via videoconferencing.

The Director of Medical Clinical Training works with the Medical Education Coordinators to develop and facilitate the prevocational medical training programme and ensure the delivery of formal teaching sessions twice a week. Information is disseminated via weekly emails, texts, notice boards and the Medical Education and Training Unit intranet.

The DHB has demonstrated a high level of commitment to working with Māori health providers to support intern training and education. One prevocational educational supervisor has a specific portfolio to support Māori interns and also contributes and advises on cultural competence in the education and training programme. The Medical Education and Training Unit also works and consults with the DHB's Executive Director of Māori and Pacific Health.

Commendation:
- Council commends Canterbury DHB on its close relationship with the University of Otago to ensure the continuum of medical education and training and to develop and implement the new Hui process/Meihana model.

Required actions:
Nil.

3 The intern training programme

3.1 Programme components

3.1.1	The intern training programme is structured to support interns to attain the learning outcomes in the NZCF (75% by the end of PGY1 and at least 95% by the end of PGY2).
3.1.2	The intern training programme requires the satisfactory completion of eight 13-week accredited clinical attachments, which in aggregate provide a broad based experience of medical practice.
3.1.3	The training provider has a system to ensure that interns' preferences for clinical attachments are considered, mindful of the overall learning objectives of the NZCF and their individual PDP goals in the context of available positions.
3.1.4	The training provider selects suitable clinical attachments for training on the basis of the experiences that interns can expect to achieve, including the:

- workload for the intern and the clinical unit
- complexity of the given clinical setting
- mix of training experiences across the selected clinical attachments and how they are combined to support achievement of the goals of the intern training programme.

3.1.5 The training provider has processes that ensure that interns receive the supervision and opportunities to develop their cultural competence in order to deliver patient care in a culturally-safe manner.

3.1.6 The training provider, in discussion with the intern and the prevocational educational supervisor, must ensure that over the course of the two intern years each intern spends at least one clinical attachment in a community setting.

3.1.7 Interns are not rostered on nights during the first six weeks of PGY1.

3.1.8 The training provider has process to ensure that interns working on nights are appropriately supported. Protocols are in place that clearly detail how the intern may access assistance and guidance on contacting senior medical staff.

3.1.9 The training provider ensures there are procedures in place for structured handovers between clinical teams and between shifts (morning, evening, nights and weekends) to promote continuity of quality care. The training provider ensures that interns understand their role and responsibilities in handover.

3.1.10 The training provider ensures adherence to the Council's policy on obtaining informed consent.

3.1 Programme components

	Met	Substantially met	Not met
Rating		**X**	

Commentary:

Comments:

Canterbury DHB offers a robust training program with continued innovations including state of the art simulations and clinical learning opportunities.

The prevocational medical training program is structured to achieve the required New Zealand Curriculum Framework learning outcomes, and the prevocational educational supervisors are actively involved in monitoring the interns' progress in achieving these. Some examples include lectures, case presentations, on-line modules, practical skill labs and one-on-one sessions.

Interns are exposed to a broad range of clinical experience during their attachments. They have the ability to express which attachments they would prefer to be assigned to.

Over the last year, there has been an increasing number of relief attachments, which the DHB is attempting to organise so that these attachments provide an educational learning experience for interns as well as meeting service demand. Attachments have been organised into blocks to include two medical attachments, two surgical, one psychiatric, and one community based attachment.

The intern training includes exposure to a number of sessions with interprofessional learning, which helps to foster cooperation across the allied health professions.

Interns are not rostered on nights until they have completed three months of clinical runs and a general medical attachment, or after six months if they have not completed a medical attachment. The DHB also assists interns during their night shift by implementing a night shift "Clinical Team Coordinator" in the nursing team to provide additional guidance for new interns at night.

There is on-going effective cooperation between the office of the Medical Education and Training Unit and the Resident Doctors Support Team, which ensures a continued high standard of training. There are continued improvements in the education curriculum based on feedback from the interns.

There are formal and informal handover processes found in different services and between shifts. However, handover is service dependant. There are inconsistencies in handover between interns, particularly from the weekday shifts to those covering rostered days off and other absences. Of particular concern is that interns reported that the Friday early afternoon general medical handover is poorly attended because post-acute ward rounds are still in progress, so the handover is incomplete.

With respect to informed consent, interns reported that they are being asked to consent for procedures that they are unfamiliar with, which is contrary to Council's policy. The interns gave several examples of feeling unsupported in the process of obtaining consent. These included Cardiology procedures, Obstetrics and gynaecology and Gastroenterology. The DHB is currently reviewing its informed consent procedures, which includes double signing or co-signing of the consent form by the intern and the person carrying out the procedure. The interns are also provided with teaching on how to obtain informed consent.

The DHB has made efforts to continue to develop the number and variety of community based attachments that are offered to the interns. There are currently 13 available. A request for funding to provide the required number of community based attachments was made, however funding was not made available at this time.

Commendation:

- The DHB is commended for the implementation of the Clinical Team Coordinator programme to provide assistance and guidance to interns during night shifts.

Recommendation:

- The DHB should develop consistent handover processes across services to ensure patient safety and continuity of care.

Required actions:

1. Canterbury DHB must ensure adherence to Council's policy on obtaining informed consent.
2. Canterbury DHB must ensure that over the course of the two intern years each intern spends at least one clinical attachment in a community setting.

3.2 ePort

3.2.1 There is a system to ensure that each intern maintains their ePort as an adequate record of their learning and training experiences from their clinical attachments and other learning activities.

3.2.2 There is a system to ensure that each intern maintains a PDP in ePort that identifies their goals and learning objectives which are informed by the NZCF, mid and end of clinical attachment assessments, personal interests and vocational aspirations.

3.2.3 There are mechanisms to ensure that the clinical supervisor and the prevocational educational supervisor regularly review the goals in the intern's PDP with the intern.

3.2.4 The training provider facilitates training for PGY1s on goal setting in the PDP within the first month of the intern training programme.

3.2 ePort

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:

During the course of the orientation program for interns, they are trained on ePort and their PDP requirements.

Interns meet with their prevocational educational supervisor early on to develop and review their PDP. The DHB reporting on ePort statistics demonstrates a commitment to comply with the requirements on meetings and recording of an interns PDP.

Required actions:
Nil.

3.3 Formal education programme

3.3.1 The intern training programme includes a formal education programme that supports interns to achieve NCZF learning outcomes that are not generally available through the completion of clinical attachments.

3.3.2 The intern training programme is structured so that interns in PGY1 can attend at least two thirds of formal educational sessions.

3.3.3 The training provider ensures that all PGY2s attend structured education sessions.

3.3.4 The formal education programme provides content on Māori health and culture, and achieving Māori health equity, including the relationship between culture and health.

3.3.5 The training provider ensures the formal education programme provides opportunity for interns to develop skills in self-care and peer support, including time management, and identifying and managing stress and burn-out.

3.3.6 The training provider provides opportunities for additional work-based teaching and training.

3.3 Formal education programme

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:
The DHB has a well-developed and comprehensively evaluated formal education programme. It is designed to cover information not necessarily obtained during the clinical attachments. Formal teaching is held on Wednesday afternoons, as well as during a Thursday lunchtime session. The types of teaching cover a wide variety of methods delivered by a wide range of presenters.

Particular note is made of the rapid-fire sessions to assist interns with high yield practical skills necessary for their clinical responsibilities. A new health, research, and education facility “Manawa” was opened in 2018. This has provided the interns with a state of the art teaching site, where “sick and deteriorating patient” scenarios are run. This assists the interns with the practical skills needed early in their training.

There are sessions to cover topics like wellness, resilience, and empathy. As far as career planning, there are sessions to expose interns to the different vocational training pathways. Feedback is actively sought on the teaching sessions, and the curriculum has been amended based on that feedback.

There is a Māori cultural education program developed with the University of Otago, which serves to address cultural awareness and address health inequities.

The DHB has mechanisms to ensure that interns are supported to attend teaching sessions. However, recent changes to rostering of interns on some general medical attachments has resulted in a significantly limited ability for interns to attend protected teaching sessions while working on this attachment.

Recommendation:

- Canterbury DHB should provide the opportunity for interns to attend at least two thirds of formal educational sessions

Required actions:
Nil.

3.4 Orientation

3.4.1 An orientation programme is provided for interns commencing employment at the beginning of the intern year and for interns commencing employment partway through the year, to ensure familiarity with the training provider policies and processes relevant to their practice and the intern training programme.

3.4.2 Orientation is provided at the start of each clinical attachment, ensuring familiarity with key staff, systems, policies and processes relevant to that clinical attachment.

3.4 Orientation

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:
The DHB holds a comprehensive orientation at the start of the intern year. There are also systems in place to orientate interns that start their training partway through the year. The general orientation includes a buddy-system to pair interns with a colleague to assist them with becoming familiar with the health system.

There is an online orientation module that has been developed by the Resident Doctors Support Team and the Medical Education and Training Unit, which is provided to the interns to access before their arrival at the DHB.

The DHB provides a section on the intranet for interns to orientate to new attachments. This provides attachment-specific practical information.

Required actions:
Nil.

3.5 Flexible training

3.5.1 Procedures are in place and followed, to guide and support supervisors and interns in the implementation and review of flexible training arrangements.

3.5 Flexible training

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:
The DHB is committed to flexible training arrangements, which in the past has included return to work programmes, parental leave, interns in difficulty, and interns who choose to pursue other extra-curricular goals.

This process, if requested by the intern, starts with a discussion with their prevocational educational supervisor and the Resident Doctors Support Team.

When interns are at off-site locations, they have access to formal teaching sessions, either by video conferencing or by travelling to the main hospital site to attend the sessions in person.

Required actions:
Nil.

4 Assessment and supervision

4.1 Process and systems			
4.1.1 There are systems in place to ensure that all interns and those involved in prevocational training understand the requirements of the intern training programme.			
4.1 Process and systems			
	Met	Substantially met	Not met
Rating	**X**		
Commentary:			

Comments:
Interns receive information about the requirements of the prevocational training program during their orientation with a comprehensive overview delivered by the Medical Education and Training Unit team. This information is reinforced during the initial meetings between interns and their prevocational educational supervisors within 2 weeks of starting at Canterbury DHB.

Interns are given training on using ePort to record their educational experiences, PDP, goals, learning outcomes and learning activities. Before each quarterly meeting, prevocational educational supervisors are sent a report on their interns showing teaching attendance and any significant leave that has been taken. Interns are closely monitored by the prevocational educational supervisors and the Medical Education and Training Unit to ensure they are making satisfactory progress towards meeting the requirements for general registration. Processes are in place to identify and address any issues with underperforming interns.

The Medical Education and Training Unit meets monthly with prevocational educational supervisors to discuss any issues that arise regarding the intern training programme and a standing agenda item is a round-table discussion about any interns in difficulty. A comprehensive assessment of the issues regarding an intern in difficulty are discussed and strategies to support them are developed and implemented.

The Clinical Supervisors' roles in intern training are reinforced through PowerPoint refresher courses and short presentations made at departmental meetings called "Whistle Stop Tour of the PGY1 and PGY2 Years", which also serve to inform other consultants of the importance of the intern training programme requirements.

Required actions:
Nil.

4.2 Supervision – Prevocational educational supervisors			
4.2.1 The training provider has an appropriate ratio of prevocational educational supervisors in place to oversee the training and education of interns in both PGY1 and PGY2.			
4.2.2 Prevocational educational supervisors attend an annual prevocational educational supervisor meeting conducted by Council.			
4.2.3 There is oversight of the prevocational educational supervisors by the CMO (or delegate) to ensure that they are effectively fulfilling the obligations of their role.			
4.2.4 Administrative support is available to prevocational educational supervisors so they can carry out their roles effectively.			
4.2 Supervision – Prevocational educational supervisors			
	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:

The DHB has the appropriate ratio of prevocational education supervisors to interns to meet Council requirements. There are currently 11 prevocational educational supervisors at Canterbury DHB and one at West Coast DHB, who oversees interns working at Grey Base Hospital.

The prevocational educational supervisors attend an annual prevocational education supervisor meeting held by Council.

The Director of Medical Clinical Training, as the Chief Medical Officer delegate, has oversight of the prevocational educational supervisors and they report directly to him. The Director of Medical Clinical Training chairs the monthly prevocational educational supervisor meetings, which includes the Medical Education Coordinators and the Team Leader of the Resident Doctors Support Team. The Director of Medical Clinical Training also meets formally with each prevocational educational supervisor twice a year and is readily available for informal meetings or communication.

Comprehensive administrative support for the prevocational educational supervisors is provided by the Medical Education and Training Unit, the Medical Education Coordinators and the Resident Doctors Support Team. The full-time Medical Education and Training Unit administrator coordinates the meetings between prevocational educational supervisors and interns, scheduling and sending out reminders.

The Medical Education Coordinators send quarterly updates on interns to prevocational educational supervisors and contacts them immediately if any concerns arise. The Medical Education Coordinators also provide support and assistance with prevocational educational supervisor-led teaching sessions, as well as communicating positive feedback to interns or prevocational educational supervisors when received.

The prevocational educational supervisors are highly engaged and represent a wide variety of specialties and experience. They provide effective and supportive guidance for interns. The prevocational educational supervisors also work cooperatively with clinical supervisors and the Medical Education and Training Unit, the Medical Education Coordinators and the Resident Doctors Support Team to provide comprehensive support for interns.

There is a full handover process for the occasions when an intern changes prevocational educational supervisors within the DHB or between DHBs.

Commendation:

- Council commends the administrative support provided to the prevocational educational supervisors by the Medical Education and Training Unit, Medical Education Coordinators and the Resident Doctors Support Team.

Required actions:

Nil.

4.3 Supervision – Clinical supervisors

4.3.1	Mechanisms are in place to ensure clinical supervisors have the appropriate competencies, skills, knowledge, authority, time and resources to meet the requirements of their role.
4.3.2	Interns are clinically supervised at a level appropriate to their experience and responsibilities at all times.
4.3.3	Clinical supervisors undertake relevant training in supervision and assessment as soon as practicable after commencing their supervisory role. This must be within 12 months of appointment as a clinical supervisor.

4.3.4 The training provider maintains a small group of clinical supervisors for relief clinical attachments.

4.3.5 All staff involved in intern training have access to professional development activities to support their teaching and educational practice and the quality of the intern training programme.

4.3 Supervision – Clinical supervisors

	Met	Substantially met	Not met
Rating		**X**	

Commentary:

Comments:

The DHB requires all appointed clinical supervisors to be vocationally trained and have the appropriate competencies, time and resources to carry out their role in the intern training programme. The clinical supervisors assist interns to achieve their learning outcomes by oversight, apprenticeship and providing constructive feedback.

All clinical attachments are accredited to ensure they provide clinical supervision at the level appropriate to the intern's experience and responsibilities. Clinical attachments requiring a higher level of responsibility are reserved for PGY2s.

Most clinical supervisors have completed training on supervision and assessment through their respective vocational colleges. Training is also available online through ePort. The last DHB-led training for clinical supervisors was at the end of 2017 and one planned for 2019 has not yet occurred. Some clinical supervisors were unaware that training was available on ePort or that the training is a Council requirement.

The DHB has identified clinical supervisors for each relief attachment and these are noted in the handover documentation for the incoming intern. However, it has been identified that some interns have no contact with the clinical supervisor on a relief attachment, particularly if the intern is only there briefly.

At night, interns have additional support and supervision by Clinical Team Coordinators, made up of senior nurses, to assist when clinical supervisors are not present. The interns appreciated the support and guidance provided by the Clinical Team Coordinators.

The DHB ensures that all clinical supervisors and prevocational educational supervisors have access to professional development activities through their CME funding, which helps to support their clinical and educational practice and therefore enhances their contribution to the intern training programme.

Required actions:

3. Canterbury DHB must ensure that all Clinical Supervisors undertake relevant training in supervision and assessment within 12 months of commencing their role as a Clinical Supervisor.

4.4 Feedback and assessment

4.4.1 Systems are in place to ensure that regular, formal feedback is provided to interns and documented in ePort on their performance within each clinical attachment, including end of clinical attachment assessments. This should also cover the intern's progress in completing the goals in their PDP and in attaining the learning outcomes in the NZCF.

4.4.2 There are processes to identify interns who are not performing at the required standard of competence. These ensure that the clinical supervisor discusses concerns with the intern, the prevocational educational supervisor, and that the CMO (or delegate) is advised when appropriate. A remediation plan must be developed, documented and implemented with a focus on supporting the intern and patient safety.

4.4.3 There are processes in place to ensure prevocational educational supervisors inform Council in a timely manner of interns not performing at the required standard of competence.

4.4 Feedback and assessment

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:

The DHB has achieved nearly 100% compliance with the requirement for start, middle and end of year attachment meetings. The interns receive reminders via ePort and if required, the Medical Education and Training Unit will remind clinical supervisors of their obligation to complete and record these meetings.

All information entered into ePort by clinical supervisors is reviewed by the prevocational educational supervisors and discussed with the intern. The interns' goals, PDP and learning outcomes are regularly reviewed and discussed.

The DHB also ensures that any unsolicited positive feedback is fed back to the prevocational educational supervisor and intern. Any special accomplishments by interns are acknowledged and celebrated in the CEO Newsletter.

The DHB has comprehensive and collaborative processes for identifying, monitoring and supporting interns in difficulty. The DHB goes to great lengths to ascertain the level of intervention required to proactively manage and provide ongoing, multi-level support to these interns. These efforts have resulted in positive outcomes for interns that had been struggling.

The prevocational educational supervisors are aware of their responsibility to notify the Council if an intern is not performing at the required standard of competence.

Commendation:

- Council commends the DHB on the process by which it identifies, monitors and provides regular oversight, monitoring and support to interns in difficulty. This is discussed at the monthly prevocational educational supervisor meetings, with proactive management, support and services.

Required actions:

Nil.

4.5 Advisory panel to recommend registration in the General scope of practice

4.5.1 The training provider has established advisory panels to consider progress of each intern at the end of the PGY1 year that comprise:

- a CMO or delegate (who will chair the panel)
- the intern's prevocational educational supervisor
- a second prevocational educational supervisor
- a layperson.

4.5.2 The panel follows Council's *Advisory Panel Guide & ePort guide for Advisory Panel members*.

4.5.3 There is a process in place to monitor that each eligible PGY1 is considered by an advisory panel.

4.5.4 There is a process in place to monitor that all interns who are eligible to apply for registration in the General scope of practice have applied in ePort.

4.5.5 The advisory panel bases its recommendation for registration in the General scope of practice on whether the intern has:

- satisfactorily completed four accredited clinical attachments
- substantively attained the learning outcomes outlined in the NZCF (see standard 3.1.1)
- completed a minimum of 10 weeks (full time equivalent) in each clinical attachment
- developed an acceptable PDP for PGY2, to be completed during PGY2

- advanced cardiac life support (ACLS) certification at the standard of New Zealand Resuscitation Council CORE Advanced less than 12 months old.

4.5 Advisory panel to recommend registration in the General scope of practice			
	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:
The DHB has an established Advisory Panel to comply with Council's requirements. The Advisory Panel considers interns' progress at the end of PGY1.

The panel consists of the Chief Medical Officer or delegate, the interns' prevocational educational supervisor, a second prevocational supervisor and a layperson. The panel members have access to the "Advisory Panel Guide" and the appropriate processes are followed.

The Medical Education and Training Unit monitors ePort for eligible interns and ensures they apply.

The Advisory Panel assesses whether the intern has met the prescribed criteria and, if so, recommends general registration.

Required actions:
Nil.

4.6 End of PGY2 – removal of endorsement on practising certificate

4.6.1 There is a monitoring mechanism in place to ensure that all eligible PGY2s have applied to have the endorsement removed from their practising certificates.

4.6.2 There is a monitoring mechanism in place to ensure that prevocational educational supervisors have reviewed the progress of interns who have applied to have their endorsement removed.

4.6 End of PGY2 – removal of endorsement on practising certificate			
	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:
The Medical Education Coordinators monitor ePort to ensure that all PGY2s apply for removal of their endorsement. The Medical Education Coordinators follow up with the prevocational educational supervisors if there are any outstanding requirements for interns awaiting the removal.

At the meeting at the end of the fourth PGY2 attachment, the prevocational educational supervisor reviews every aspect of ePort with the intern to ensure all requirements are met and will discuss the intern's next steps before approving the removal of the endorsement.

If any concerns are identified, the prevocational educational supervisor confers with the Director of Clinical Medical Training and other prevocational educational supervisors to determine if any further requirements need to be met before the endorsement is removed.

Required actions:
Nil.

5 Monitoring and evaluation of the intern training programme

5	Monitoring and evaluation of the intern training programme
5.1	Processes and systems are in place to monitor the intern training programme with input from interns and supervisors.
5.2	There are mechanisms in place that enable interns to provide anonymous feedback about their educational experience on each clinical attachment.
5.3	There are mechanisms that allow feedback from interns and supervisors to be incorporated into quality improvement strategies for the intern training programme.
5.4	There are mechanisms in place that enable interns to provide anonymous feedback on their prevocational educational supervisors, RMO unit staff and others involved in intern training.
5.5	The training provider routinely evaluates supervisor effectiveness taking into account feedback from interns.
5.6	There is a process to address any matters raised by Council in relation to training, including those arising from accreditation visits.

5. Monitoring and evaluation of the intern training programme			
	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Canterbury DHB has robust processes and systems in place to monitor the intern training programme with input from both interns and supervisors.

Direct feedback occurs via the RMO Training Committee and Directors of Training Committee and more informally via the prevocational educational supervisors and the Medical Education Training Unit staff.

Anonymous intern feedback, using a modified PHEEM tool, is sought quarterly on completion of each clinical attachment. The resulting data is collated by the Medical Education Training Unit staff and qualifies not only the educational experience of that clinical attachment but also the effectiveness of the clinical supervisors. The reports are discussed at the prevocational educational supervisor monthly meetings and distributed to the relevant services.

Feedback on programme delivery, education, training environment and orientation is incorporated into quality improvement strategies for the intern training programme, as applicable. Additional questions about the intern's prevocational educational supervisor, Medical Education Training Unit staff and Resident Doctors Support Team staff are included in the feedback tool every six months.

The DHB has a process to address any matters raised by Council in relation to training, including those arising from accreditation visits.

Required actions:
Nil.

6 Implementing the education and training framework

6.1	Establishing and allocating accredited clinical attachments
6.1.1	Processes and mechanisms are in place to ensure the currency of accredited clinical attachments.

6.1.2 The training provider has processes for establishing new clinical attachments.
6.1.3 The process of allocation of interns to clinical attachments is transparent and fair.

6.1 Establishing and allocating accredited clinical attachments			
	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Processes and mechanisms are in place to ensure the currency of accredited clinical attachments, and these are regularly reviewed by the Medical Education Training Unit and Resident Doctors Support Team. Clear processes are also in place to review attachments if concerns are expressed by interns or the clinical service.

There are clear processes for the development of new clinical attachments, with input from the Medical Education Training Unit, Resident Doctors Support Team, Prevocational Educational Supervisors, and the relevant service(s).

There are transparent and fair processes for allocating interns to clinical attachments, incorporating the preferences of interns where possible.

Required actions:
Nil.

6.2 Welfare and support

6.2.1 The duties, rostering, working hours and supervision of interns are consistent with the delivery of high quality training and safe patient care.
6.2.2 The training provider ensures a safe working and training environment, which is free from bullying, discrimination and sexual harassment.
6.2.3 The training provider ensures a culturally-safe environment.
6.2.4 Interns have access to personal counselling, and career advice. These services are publicised to interns and their supervisors.
6.2.5 The procedure for accessing appropriate professional development leave is published, fair and practical.
6.2.6 The training provider actively encourages interns to maintain their own health and welfare and to register with a general practitioner.
6.2.7 Applications for annual leave are dealt with fairly and transparently.
6.2.8 The training provider recognises that Māori interns may have additional cultural obligations, and has flexible processes to enable those obligations to be met.

6.2 Welfare and support			
	Met	Substantially met	Not met
Rating		**X**	

Commentary:

Comments:
A number of external factors have recently contributed to an increase in the number of interns in relief attachments at Canterbury DHB. Both interns and supervisors expressed concerns about the impact of relief attachments on the quality of the educational experience. Interns in relief attachments are not regularly supervised, and there are instances of interns not having any contact with the supervising consultant. This has led to supervisors being unable to provide effective and meaningful feedback to interns on their performance.

The DHB provides a safe working and training environment, and there are clear pathways for dealing with bullying, discrimination, and sexual harassment.

The DHB is committed to supporting interns and fostering wellbeing. There are multiple support services available to interns including clinical and prevocational supervisors, the Medical Education Training Unit staff, EAP, and chaplaincy services. Of particular note was the DHB's additional support of interns in the form of the Check Mate Mentor Programme, independent clinical psychologists, and Connect Communications courses.

Policies for accessing both annual leave and professional development leave is fair, practical, and accessible to interns. Cultural safety is a focus for the DHB and there is a prevocational educational supervisor who is specifically responsible for supporting Māori interns.

Interns are encouraged and supported to maintain their own personal health and well-being, both through the orientation programme, and multiple resources available on the DHB's intranet.

Commendation:

- Council commends Canterbury DHB for providing additional welfare and support services for interns, such as access to clinical psychologists and Connect Communications courses.

Required actions:

4. Canterbury DHB must ensure that supervision and education of interns in relief attachments is consistent with the delivery of high quality training and safe patient care.

6.3 Communication with interns

6.3.1 Clear and easily accessible information about the intern training programme is provided to interns.

6.3 Communication with interns

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:

There is clear and regular communication with interns regarding the intern training programme. Communication with interns occurs through a variety of channels, including weekly emails from the Medical Education Training Unit, text messages, the intranet website, and noticeboards in key locations.

Required actions:

Nil.

6.4 Resolution of training problems and disputes

6.4.1 There are processes to support interns to address problems with training supervision and training requirements that maintain appropriate confidentiality.

6.4.2 There are clear and impartial pathways for timely resolution of training-related disputes.

6.4 Resolution of training problems and disputes

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:

Multiple sources of feedback, support, and confidential advice is available to interns experiencing problems with training supervision and requirements. These include prevocational educational supervisors, clinical supervisors, the Director of Clinical Medical Training, the Medical Education Training Unit, and the Resident Doctors Support Team.

The DHB has clear and impartial pathways for timely resolution of training-related disputes.

Required actions:
Nil.

7 Facilities

7 Facilities			
7.1	Interns have access to appropriate educational resources, facilities and infrastructure to support their training.		
7. Facilities			
	Met	Substantially met	Not met
Rating	**X**		
Commentary:			

Following the 2011 earthquake, a redevelopment plan has been in place for Christchurch Hospital.

Canterbury DHB continues to make steady progress towards completing its state of the art hospital rebuild, the Hagley Building, which will further enhance the provision of high-quality clinical care and educational opportunities for interns. The rebuild has not affected the interns' access to well-resourced educational facilities within the DHB.

Facilities currently in use include the new Health Research Education Facility (Manawa) with an impressive simulation suite, which is greatly valued by the interns. ACLS courses and "Sick and Deteriorating Patient Scenarios", are held at Manawa as are interprofessional educational activities. There is also a computer suite and smaller meeting and practical skills rooms to support medical education and training.

Interns have access to the well-equipped University of Otago Medical School library, online eLearning modules and resources such as 'Up to Date'. Further educational resources on the Medical Education Training Unit intranet include links to clinical sites such as Canterbury Hospital and Community Health pathways and non-clinical resources such as Council links, the RMO handbook and the DHB consent policy.

Formal teaching takes place in a lecture theatre with capacity for 80 people and videoconferencing capability for off-site interns.

The RMO lounge, while small, is furnished with couches, fridge, microwave, desktop computer and a noticeboard detailing relevant educational opportunities. Further computer terminals and reclining chairs may be found in the RMO quiet room.

Required actions:
Nil.