Te Kaunihera Rata
o Aotearoa

Medical Council of New Zealand

Prevocational medical training accreditation – report for: Hutt Valley District Health Board

Date of site visit: 12 and 28 October 2020

Date of report: 14 April 2021

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 Hutt Valley District Health Board

Te Kaunihera Rata o Aotearoa
Medical Council of New Zealand

Name of training provider:	Hutt Valley District Health Board (DHB)
Name of sites:	Hutt Hospital
Date of training provider accreditation visit:	12 and 28 October 2020
Accreditation visit team members:	Prof John Nacey (Accreditation team Chair) Dr Curtis Walker Dr Adam Mullan Dr Philip Ruppeldt Ms Kath Fox Ms Emily Douglas Ms Krystiarna Jarnet/Ms Hollie Bennett Ms Holly Diepraam
Date of previous training provider accreditation visit:	4 August 2016
Key staff the accreditation visit team met:	
Chief Executive:	Ms Fionnagh Dougan
Chief Medical Officer:	Dr Sisira Jayathissa
Prevocational Educational Supervisors:	Dr Jo Williams Dr Ravi Ramiah Dr Marianne Falconer
RMO unit and support staff:	Ms Linda Wilson Ms Renee Oliver Ms Bronwyn Hamilton Ms Tracey Millar Mrs Sandra Clark
Key data about the training provider:	
Number of interns at training provider: 29	
Number of PGY1s: 22	Number of PGY2s: 7
Number of accredited clinical attachments (current):	31
Number of accredited community based attachments:	4

Section A – Executive Summary

High standards of medical practice, education and training are key strategic priorities for Hutt Valley DHB and as part of this, the DHB is committed to providing a high quality environment for prevocational medical education and training. The DHB has a clinical governance structure reflecting the priority given to teaching and learning and there are clear lines of responsibility and accountability for prevocational medical training. There are effective operational structures to oversee the intern training program and this includes the medical training committee which oversees prevocational medical education. The 3 DHB model means that Hutt Valley DHB works closely with Capital and Coast and Wairarapa DHBs in recruiting and allocating interns. The DHB is currently considering whether there should be a single CMO across both Hutt Valley and Capital and Coast DHBs.

The DHB and its staff are committed to providing a comprehensive training programme for its interns. This includes a highly committed team of prevocational educational supervisors who are dedicated to ensuring interns receive a high quality experience. Of concern is that some interns reported a lack of communication about high-risk patients due to inconsistency in the handover process. In addition, while the DHB has a clear policy in place which aligns with Council's statement on informed consent some interns reported being asked to consent for procedures when they were uncomfortable to do so.

Orientation at the start of the year is reported by the interns as being of a high standard and the RMO handbook provides helpful DHB specific information. However, interns reported that there was inconsistent orientation to clinical attachments with most orientation being informal and often dependent on interns approaching those interns previously allocated.

The DHB currently meets the appropriate ratio of prevocational educational supervisors to interns. However, at times the number of interns at the DHB fluctuates and exceeds 10 interns to one supervisor. As the DHB has a small number of prevocational educational supervisors each supervisor takes on a large portfolio.

Hutt Valley DHB is to be commended on the strategic priority assigned to teaching and learning and the high level of engagement with the prevocational training programme. In general, there is a high level of satisfaction from interns who greatly value the teaching and learning experience that has being provided for them.

Overall, Hutt Valley DHB has met 19 of the 21 sets of Council's *Accreditation standards for training providers.* Two sets of standards are substantially met:

1. 3.1 Programme components
2. 3.4 Orientation

Four required actions were identified, along with one recommendation and one commendation. The required actions are:

1. The DHB must continue to ensure that interns are allocated to a CBA over the course of their 2 year internship and report to Council by 17 December 2021 on the number of their PGY1s and PGY2s who have completed a CBA (Standard 3.1.6).
2. The DHB must ensure interns participate in a structured afternoon handover (Standard 3.1.9).
3. The DHB must ensure that interns do not consent for procedures for which they do not have sufficient knowledge (Standard 3.1.10).
4. Interns must be provided with a structured orientation to each clinical attachment to ensure they are familiar with relevant key staff, systems, policies and processes (Standard 3.4.2).

Section B – Overall outcome of the accreditation assessment

The overall rating for the accreditation of Hutt Valley DHB as a training provider for prevocational medical training	**Substantially met**

Hutt Valley District Health Board holds accreditation until **30 April 2025**, subject to Council receiving progress reports, satisfying Council that the required actions set out below have been addressed:

By 31 October 2021:

2. The DHB must ensure interns participate in a structured afternoon handover (Standard 3.1.9).
3. The DHB must ensure that interns do not consent for procedures for which they do not have sufficient knowledge (Standard 3.1.10).
4. Interns must be provided with a structured orientation to each clinical attachment to ensure they are familiar with relevant key staff, systems, policies and processes (Standard 3.4.2).

By 17 December 2021:

1. The DHB must continue to ensure that interns are allocated to a community-based attachment (CBA) over the course of their 2 year internship and report to Council by 17 December 2021 on the number of their PGY1s and PGY2s who have completed a CBA (Standard 3.1.6).

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:

Hutt Valley DHB's stated objective is to be the best medium sized hospital for excellent patient care and training in New Zealand. The DHB is proud to be a teaching hospital and aspires to provide high quality teaching.

The DHB's strategic plan for medical training is included in its "Our Vision for Change and Mission Statements". The commitment to training and education of interns is reflected in the DHB's Medical Training Strategy.

There is a strong strategic focus on addressing health equity for the DHB's population with the DHB focusing on equity as a foundation within the DHB decision making processes. This is clearly documented in Te Pae Amorangi Hutt Valley DHB Māori Health Strategy 2018 – 2027 and Pāolo mo tagata ole Moana Pacific Health Action Plan 2015 - 2018.

Hutt Valley DHB has a clearly demonstrated enthusiasm and commitment to ensuring the ongoing support and development of interns taking part in its intern training programme. The DHB aspires to be a centre of excellence for undergraduate and postgraduate training and this is underpinned by the very strong commitment of its Chief Medical Officer (CMO), prevocational educational supervisors, senior medical officers and the Resident Medical Officers (RMO) Unit.

The DHB has the resources and mechanisms to plan, implement, develop and review the intern training programme. There is clear and effective leadership of the programme with the overall clinical responsibility of the interns resting with the CMO. This reflects the importance of intern training within the organisation. Effective engagement with interns is demonstrated with appropriate intern representation in the governance of the intern training programme.

We note the new initiative of the Medical Training Committee, which is chaired by the CMO with intern representation. This group discusses training issues at all levels within the DHB including reviewing all hospital service accreditation reports.

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:
Hutt Valley DHB clearly demonstrates that appropriate resources are dedicated to the intern training programme. The prevocational educational supervisors have adequate administrative support to assist with organising teaching sessions and meeting with interns. They also work closely with and are well supported by the RMO Unit, although with the small number of supervisors, ensuring the level of support remains sufficient is important.

The CMO has clear executive accountability for the intern training programme, and has a close working relationship with the prevocational educational supervisors. The CMO Chairs the DHB's Medical Training Committee, which has oversight of the intern training programme.

Interns and clinical supervisors appreciate the CMO's active involvement and support of the training programme. As a result of the clear lines of accountability for meeting prevocational education and training standards, interns are effectively managed within the prevocational training programme.

The DHB is in discussion with Capital and Coast and Wairarapa DHBs, which may impact the intern training programme. The DHB has undertaken to ensure Council is informed of any changes which may affect the programme.

Commendations:
The oversight and support of the CMO towards prevocational educational supervisors, clinical supervisors and interns is a strength of the Hutt Valley DHB intern training programme.

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:
Hutt Valley DHB's prevocational programme provides formal teaching sessions based on the *New Zealand Curriculum Framework*. The prevocational educational supervisors contribute to the success of the intern training programme. Their diverse clinical backgrounds provides a range of perspectives on the programme. One of the prevocational educational supervisors also has a post-graduate certificate in Medical Education. Multimodal learning is provided through grand rounds, morbidity and mortality meetings, simulation training and departmental teaching sessions. This is further augmented by the close working relationship between clinical supervisors and interns, which delivers teaching and clinical experiences through an apprenticeship model of learning.

By utilising a wide range of health professionals to deliver the teaching programme, including senior doctors, pharmacists, laboratory scientists and other allied health professionals, the DHB ensures appropriate medical expertise is in place. Māori and Pasifika health sessions are provided by staff from those faculties. As the DHB is part of a regional training programme with Capital and Coast and Wairarapa DHBs, certain education sessions are delivered by clinicians from Capital and Coast DHB, for example haematology and dermatology.

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:
Hutt Valley DHB is part of a regional training programme with Capital and Coast and Wairarapa DHBs. Interns may rotate between the three DHBs throughout PGY1 and PGY2 and are allocated in coordination with the two other DHBs. This requires cooperation and regular communication between the three DHBs. The prevocational educational supervisors attend quarterly meetings with the other two DHBs, where training and education issues are discussed.

In addition, the DHB uses expertise from the University of Otago Wellington School of Medicine to provide education on learning in clinical settings.

The overall coordination of the training programme with external providers is effective and contributes to a high quality educational experience for interns within the regional programme.

Education sessions on Māori health are provided by staff from the Māori Health Development Unit. The DHB is planning to implement a 1-day Māori health immersion programme for junior medical staff, and this would strengthen the current programme considerably.

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:
Hutt Valley DHB offers a comprehensive training programme that meets intern learning objectives as outlined in the New Zealand Curriculum Framework, and this is anticipated to map to the new 14 learning outcomes.

The training programme provides interns with eight, thirteen week clinical attachments allocated to ensure that sufficient breadth of clinical experience is gained.

Interns are allocated to attachments on a regional basis across Capital and Coast, Hutt Valley and Wairarapa DHBs and interns usually spend time in all DHBs. Individual intern attachment preferences are taken into consideration for this process. In PGY2 the prevocational educational supervisors allocate interns based on individual training needs.

Clinical attachments are commensurate with the expected level of complexity and workload for interns and taken in totality across PGY1 and PGY2, provide sufficient clinical exposure for interns to achieve the necessary learning goals.

There is a clear commitment to provide culturally safe care as outlined in Te Pae Amorangi, the DHB's Māori Health Strategy, and Pāolo mo tagata ole Moana, the Pacific Health Action Plan and opportunities for interns to develop culturally safe practice are supported by the Pacific Health Unit and Māori Health Unit.

At least one community-based attachment (CBA) is offered to interns before completion of PGY2 from 4 placements which include General Practice, Hospice, Older Persons Rehabilitation Service, and more recently Public Health. A quality improvement project supervised by the Quality Unit is available to interns during these placements. Council recognises that COVID-19 redeployment may have affected the universal approach to these attachments on a temporary basis but that the DHB would still be able to meet its target of every intern completing a CBA by November 2021. It is important that the DHB continues to prioritise ensuring that every intern completes a CBA during their internship.

Interns are not rostered to nights until a medical clinical attachment has been completed (quarter 2 of PGY1 at the earliest).

There is a clear process for providing clinical supervision and support for interns on nights. There is additional support until 23:30 provided by the Patient at Risk Service.

A structured handover occurs for the transition from evening to night shift which was recognised to function well. An additional meeting occurs at 23:30 in the emergency department including senior nursing staff. Interns advised due to work pressures they are not always able to make this handover. Senior Medical Officers attend the medical morning handover. At the weekend, an electronic handover system is in place. Interns reported that the handover process for the transition from afternoon to evening shift was fragmented and at times ineffective. Interns reported that there had been instances where unexpected alterations in the clinical status of patients later in the day may have been anticipated by improved communication at this handover point. This has resulted in a required action.

The policy around informed consent is in line with Council's recommendations. A teaching session on informed consent is led by a senior medical officer and attended by the Chief Medical Officer. Information on informed consent is also provided in the House Surgeon Survival Guide. However, interns described being asked to consent for endoscopic retrograde cholangiopancreatography, endoscopy and insertion of percutaneous endoscopic gastrostomy tubes without supervision and where their knowledge was insufficient to carry this out, contrary to Council's policy. The accreditation team was concerned that interns reported the need to refer to an external, non-DHB website for information, rather than being sufficiently supervised and supported by information provided by the DHB. This has resulted in a required action.

Required actions:

1. The DHB must continue to ensure that interns are allocated to a CBA over the course of their 2 year internship and report to Council by 17 December 2021 on the number of their PGY1s and PGY2s who have completed a CBA.
2. The DHB must ensure interns participate in a structured afternoon handover.

3. The DHB must ensure that interns do not consent for procedures for which they do not have sufficient knowledge.

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:
Using ePort as a means to record training and learning is highlighted at orientation and thereafter by prevocational educational supervisors at quarterly meetings. Formal monitoring of intern progress is largely monitored by the prevocational educational supervisors.

PDP development is encouraged by both clinical and prevocational educational supervisors and incorporated into quarterly meetings. This goal setting takes into account the NZCF (and learning outcomes), specific opportunities available in clinical attachments, previous feedback and individual vocational goals.

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 provides a formal education programme offering teaching sessions twice weekly to ensure coverage of topics in the NZCF which may not be included in clinical attachments. This is supported by a

teaching faculty which draws from a wide range of specialties and across senior medical, nursing and allied health practitioners. Interns reported some weighting towards service delivery and expressed a desire for a greater focus on clinical teaching.

There is a clear commitment to ensure at least two thirds of interns are able to attend the teaching sessions. The RMO office facilitates this by holding pagers and attendance is regularly reviewed by the prevocational educational supervisors. During the COVID-19 lockdown restrictions, teleconference sessions were available that linked interns to the Capital and Coast DHB teaching sessions.

PGY2s have access to a wide range of specialty specific training which they attend along with Registrars. In addition, a training programme has been developed specifically for PGY2s with monthly sessions focussing on topics chosen by interns.

The Māori Health Unit provides teaching sessions as part of the formal education programme. These are case based and use the principles of the Treaty of Waitangi to illustrate how cultural safety can be practically applied to achieve health equity. The Māori Health Unit is available to interns as a source of information and support. E-learning modules on Māori culture are also available, and the formal teaching programme includes teaching on Pasifika cultures.

Peer support sessions occur every 6 weeks as part of the formal teaching programme to encourage discussion of concerns in a safe environment, with subsequent prevocational educational supervisor support if requested. The teaching programme includes a contribution from PGY2s on time management and organisational skills and this is supported by the House Officer Survival Guide. Teaching is provided by the DHB's Human Resources team on dignity at work and bullying.

There are additional learning opportunities at morbidity and mortality, radiology and pathology meetings. Training also occurs in a simulated environment in the Acute Life Threatening Events Recognition and Treatment (ALERT) Course during orientation, resuscitation training and a broad range of practical sessions in the Clinical Training Unit.

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:
There is a comprehensive orientation programme at the start of PGY1 which runs over five days and includes the ALERT course, resuscitation training, a range of practical sessions and a half day orientation with the first attachment team. An abbreviated orientation is provided for interns joining the DHB later in the year and additional mentorship is provided. The House Surgeon Survival Guide is also a valuable resource.

Interns reported that orientation to new clinical attachments was less robust and often depended on informal approaches to interns previously allocated to the attachment rather than a formal orientation programme.

Required actions:

4. Interns must be provided with a structured orientation to each clinical attachment to ensure they are familiar with relevant key staff, systems, policies and processes.

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:

There is limited experience at Hutt Valley DHB with interns requesting part time training however a small number of trainees have not been able to contribute to after-hours service due to health issues. Support has been provided to ensure that interns have still received adequate clinical exposure in these instances.

Interns who wish to undertake flexible training are reviewed on a case-by-case basis. These requests are considered by the RMO unit, prevocational educational and clinical supervisors along with the Clinical Head of Department, service manager and the CMO. The DHB supports those wishing to undertake part-time training.

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:

There are robust systems in place across Hutt Valley DHB which ensure that all interns and those involved in prevocational training understand the requirements of the intern training programme.

Prevocational education supervisors and clinical supervisors receive training from Council and/or specialty colleges to fulfil their supervisory roles. Presentations outlining the intern training programme are made at meetings with clinical heads of departments. Staff involved in intern training demonstrated a high degree of enthusiasm for their training and supervision commitments. Hutt Valley DHB holds a two-monthly Medical Training Committee where all staff involved in intern training meet to discuss

pertinent issues. Training issues are also discussed at regular meetings between prevocational educational supervisors across the three Wellington regional DHBs.

Interns are familiarised with the intern training programme as part of a structured orientation programme at the start of the year and they displayed a strong understanding of prevocational training 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 currently meets the appropriate ratio of prevocational educational supervisors to interns. However, the number of interns at the DHB fluctuates and at times exceeds 10 interns to one supervisor.

All prevocational educational supervisors attend the annual Council meeting and the DHB maintains records of attendance.

Prevocational educational supervisors report directly to the CMO who maintains a strong oversight and interest in intern training. The DHB holds regular Medical Training Committee meetings where intern training matters are discussed. These meetings are attended by the CMO, prevocational educational supervisors and other staff involved in training.

Administrative support for prevocational educational supervisors is provided by the RMO unit in the form of assistance with tasks such as organising rooms for weekly teaching sessions and sending interns reminders for their ePort meetings. Nevertheless, as the DHB has a small number of prevocational educational supervisors, these supervisors take on a large administrative portfolio, for example organising the formal education and orientation programmes.

Recommendation:

- It is recommended that the DHB monitor the ratio of prevocational educational supervisors to interns and ensure that the prevocational educational supervisors have the administrative support they require to carry out their roles with maximal focus on intern education.

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:

Hutt Valley DHB supports clinical supervisors in undertaking relevant training in supervision and assessment. Robust records are maintained for each clinical supervisor and relevant training undertaken, of the supervision courses attended. Clinical supervisors demonstrated a strong understanding of the requirements of their role and felt well-supported by their DHB in pursuing further training opportunities. Intern feedback regarding clinical supervision was positive.

Interns are supervised to a level that is appropriate for their experience, abilities and responsibilities. Interns reported feeling comfortable with the level of senior support available at work, including on night duties.

Hutt Valley DHB maintains a small pool of experienced clinical supervisors to supervise interns on relief attachments and these supervisors demonstrated a strong understanding of the unique challenges involved in supervising interns undertaking relief attachments.

Clinical supervisors have access to Council's online supervision training and their specialty college training.

Required actions:

Nil.

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:
Regular meetings are held between clinical supervisors, prevocational educational supervisors and interns to ensure satisfactory ePort progress. RMO unit staff send reminders to interns to attend these meetings. Interns and staff demonstrated a strong understanding of ePort and supervisor meeting requirements. Interns had generally positive feedback regarding the quality of feedback received.

Hutt Valley DHB has a formal trainee in difficulty pathway that provides clinical and prevocational educational supervisors with a clear framework for escalating concerns regarding struggling interns. The small size of the DHB means there is prompt communication between clinical and prevocational educational supervisors when intern performance issues are identified. Interns in difficulty are discussed between the CMO and prevocational educational supervisors regularly at Medical Training Committee meetings. Numerous steps are taken to address these issues including omitting these interns from relief rosters and creating individual remediation plans.

Of note, there is also robust handover of interns in difficulty regionally with other prevocational educational and clinical supervisors in the wider Wellington region when these interns rotate. Prevocational educational supervisors and the CMO are aware of the need to escalate intern performance issues to Council when indicated, and this has been done appropriately in the past.

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 Hutt Valley DHB Advisory Panel is chaired by the CMO and meets annually in November to review the progress of PGY1 trainees. The panel follows the Council guide for advisory panels and provides these criteria clearly too all members of the panel.

Interns are reminded of Council's intern requirements for prevocational training. A full list of interns to be reviewed by the advisory panel is compiled by the RMO unit. The CMO and prevocational educational supervisors follow-up on progress for those interns that did not meet criteria and guide them on completing any remaining tasks prior to reconsideration by the panel.

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 ePort progress of PGY2 interns is reviewed by clinical and prevocational educational supervisors. If all Council requirements are met at the end of PGY2, these interns are recommended to have the endorsement removed from their practising certificates.

Interns are contacted if they do not meet requirements for endorsement removal and are provided with guidance regarding outstanding tasks.

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:

Comments:
A range of processes and systems are in place to ensure appropriate monitoring and evaluation of the intern training programme. There are various opportunities for intern and supervisor input to the programme.

The DHB's Medical Training Strategy emphasises the DHB's commitment to ensuring high quality training for medical staff, including interns. Priorities for the implementation of this strategy include interns actively participating in directing their training needs, and collecting feedback about teaching and training. The Clinical Governance Board includes workforce as one of its four governance domains.

The hospital wide Medical Training Committee has oversight of prevocational medical training, and its membership includes intern representation.

The RMO Executive and Quality Improvement Partnership (QUIP) meetings provide further opportunities for intern input and participation. Any concerns or issues raised at the RMO Executive meetings are subsequently discussed with supervisors, and can also be referred to the QUIP meeting which is an RMO forum supporting quality improvement. For example, QUIP meeting minutes indicated that suggestions for teaching programme content had been raised and subsequently referred to the prevocational educational supervisors.

A Survey Monkey tool allows interns to provide anonymous feedback about their educational and clinical experiences, and about their supervisors. Information from the Survey Monkey is reviewed quarterly by the prevocational educational supervisors, and feedback given to clinical supervisors and teachers. The CMO is also advised of any matters arising from the feedback. There was evidence provided of various quality improvements initiated in response to feedback. Examples include streamlining orientation, introducing teaching sessions focussing on PGY2 interns, improved career advice, and strategies for improved workload management. A report outlining feedback themes and subsequent action taken is also provided to the Medical Training Committee.

Interns reported overall satisfaction with supervisors and with the RMO Unit. The RMO Executive also commented on the approachability of supervisors and Heads of Department in regard to discussing any matters relevant to the training programme.

Monitoring and evaluation information reinforce the DHB's commitment to ensuring that interns experience a high quality training programme, and a culture of collegiality and ongoing quality improvement.

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:

Comments:
The DHB has appropriate mechanisms in place to ensure all clinical attachments are accredited by Council with the RMO Unit having appropriate oversight and maintaining a record of clinical supervisors allocated to each clinical attachment.

New clinical attachments are created when required. This usually involves a business case with CMO support that is approved at service manager and leadership level.

There is a clear process for allocating interns to clinical attachments with effort made to allocate attachments that align with each intern's preferences and career goals.

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:
The DHB prides itself on a culture of supporting learning for interns in which honesty and respect are paramount. This positive culture was emphasised by interns who reported that there is 'a good community vibe' at Hutt Valley DHB and they particularly valued the approachability of staff. Rosters are prepared by the RMO unit and appear consistent with Hutt Valley DHB being able to deliver both high quality training and safe patient care.

The House Surgeon Survival Guide that is provided to all new interns clearly sets out the DHB's zero tolerance policy towards workplace bullying and that issues of harassment can be reported to prevocational educational supervisors, the RMO Unit, Occupational Health or to the CMO. Full Information about this is available in the 3DHB *Workplace Bullying, Harassment, Discrimination and Victimisation Prevention* policy.

Interns are encouraged to have a general practitioner (GP) with a list of local GPs available on the DHB's website. The House Surgeon Survival Guide also emphasises the importance of having a regular GP with the Occupational Health Unit at Hutt Hospital maintaining an up to date list of GPs.

The DHB has recently launched its Wellbeing Strategy, which has resulted in several initiatives impacting on interns, in particular all doctors who experience an adverse event now have the opportunity to speak to a trained senior medical officer to ensure they receive peer support based on the principles of a "just culture".

The DHB has published processes for dealing with annual leave applications and medical education leave. Individual applications to attend training courses are discussed at quarterly 3DHB Regional meetings to ensure an equitable approach across the region. Interns report some concerns on the on the timing of applying for medical education leave, noting that the leave may only be approved shortly before the course was due to begin, making planning and logistics difficult.

The DHB acknowledges the cultural diversity of its interns, in particular it recognises that Maori interns may have wider community obligations and makes an effort to accommodate interns' individual needs.

Required actions:
Nil.

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:
The DHB has well established communication networks with interns with key communication occurring through email, text messages and the DHB's intranet.

When starting at Hutt Valley DHB, each intern receives a copy of the 'House Surgeon Survival Guide', which is reviewed annually. It includes information about professionalism, communication skills, hospital processes and clinical attachments.

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:
Effective systems are in place and available to interns to assist with any training or supervision concerns and these processes are clearly outlined to interns during orientation at the beginning of the year. Interns are comfortable approaching their prevocational educational supervisor with any training issues or, if the issue is with that particular prevocational educational supervisor they know to contact another prevocational educational supervisor or the CMO. Training related disputes are dealt with by the prevocational educational supervisors and the CMO. The DHB follows an established Trainee in difficulty framework.

There are clear processes around managing intern performance with issues with under-performing interns limited to the prevocational educational supervisor, CMO and clinical supervisor to maintain appropriate confidentiality. The DHB holds quarterly meetings with Capital and Coast and Wairarapa DHBs, which given that interns rotate around these 3 DHBs is important in ensuring continuity of information.

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:

Comments:
Hutt Valley DHB has a comprehensive medical library staffed by librarians. Interns have access to printed and electronic resources, including access to a number of electronic databases.

There are four computers available in the library for interns with internet and intranet facilities available. There are also two computer rooms, with eight networked PCs, and computer access in the Resident Medical Officer lounge. Further computers and laptops are available on the wards.

Networked computers provide access to hospital policies, clinical management guidelines, and the RMO handbook as well as access to the library and other learning resources.

Hutt Valley DHB has a Clinical Training Unit (CTU) which provides training to clinical staff. The unit provides simulation training and is also the site of the formal education sessions as well as the Acute Life-threatening Events Recognition and Treatment and resuscitation training courses. The unit supports hospital-wide development of skills training, and is the site of their Thursday formal education training programme sessions and Friday morning PGY1 programme.

eLearning facilities are readily available with content including medical staff specific modules e.g. Safe Handling for medical staff, and Safe Prescribing for Doctors, as well as general and national modules such as Health Information and Privacy, Unconscious Bias, Pacific Cultural Awareness, and Te Tiriti o Waitangi.

A common room is available with Sky TV, computer access, sofas and a kitchen.

Required actions:
Nil.