Te Kaunihera Rata
o Aotearoa

Medical Council of New Zealand

Prevocational medical training accreditation – site visit report for: Hawke's Bay District Health Board

Date of site visit: 2 and 3 July 2019

Medical Council of New Zealand

Background

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

(a) prescribing the qualifications required for scopes of practice, and, for that purpose to accredit and monitor educational institutions and degrees, courses of studies, or programmes

(e) recognising, accrediting, and setting programmes to ensure the ongoing competence of health practitioners.

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

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

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

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

Interns must complete their internship in an intern training programme provided by an accredited training provider. Interns complete a variety of accredited clinical attachments, which take place in a mix of both hospital and community settings[1]. 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 3 years. However, interim 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] Doctors who have passed NZREX Clinical prior to 30 November 2014 and who meet the specified criteria, are eligible to complete all of their PGY1 requirements in a primary care setting. Please refer to Council's prevocational medical training policy.

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

Te Kaunihera Rata o Aotearoa
Medical Council of New Zealand

Name of training provider:	Hawke's Bay District Health Board (DHB)
Name of sites:	Hawke's Bay Fallen Soldiers' Memorial Hospital
Date of training provider accreditation visit:	2 and 3 July 2019
Accreditation visit team members:	Dr Ainsley Goodman (Accreditation team Chair) Professor John Nacey Ms Kim Ngārimu Dr Stuart Caldwell Dr Cameron Wells Ms Aleyna Hall Ms Hollie Bennett Ms Kaylah Swanson
Date of previous training provider accreditation visit:	4 May 2016

Key staff the accreditation visit team met:

Chief Executive:	Mr Kevin Snee
Chief Medical Officer:	Dr Robin Whyman
Director of Clinical Training (or equivalent):	Dr Katharine Robertshaw
Prevocational Educational Supervisors:	Dr Oliver Schulte Dr Tim Frendin Dr Elizabeth King Dr Elizabeth Ritchie
RMO Unit staff:	Ms Jacqui Mabin (Acting Manager), Ms Vicki Harman, Ms Jane Kavanagh, Ms Amelia Meech

Other key people who have a role within the prevocational training programme:

Librarian	Ms Viv Kerr
Executive Director – People and Quality	Ms Kate Coley

Key data about the training provider:

Number of interns at training provider:	40		
Number of PGY1s:	19	Number of PGY2s:	21

Number of accredited clinical attachments (current): 27
Number of accredited community based attachments: 4

Section A – Executive summary

The population of Hawke's Bay is approximately 165,000 and, compared to the national average, is an older population with a higher proportion of Māori. High rates of socioeconomic deprivation have resulted in significant unmet health needs across the region.

The DHB's Clinical Services Plan, based on person and whānau-centred care, emphasises whānau wellness models supported by primary health care multidisciplinary teams and demonstrates the DHB's commitment to improving health inequity and health outcomes.

Recent media reports have highlighted the challenges and intense pressure that DHBs nationwide are currently facing. The Hawke's Bay DHB believes there has been significant under investment in health services in the region, which has been compounded by an increase in acute demand and workforce shortages. Clinician vacancies, resulting in unfilled rosters and cross cover requirements, have contributed to a workforce under pressure and this is reflected in the stress that many interns are experiencing.

Nevertheless, the DHB encourages a safe working environment which is free from bullying, discrimination, and sexual harassment. The DHB's work on 'He Mana Tangata - Growing our People by Living our Values' and 'Build, Korero' and 'Big Listen' reinforces these values.

The strategic emphasis on prevocational training describes the establishment of a sector-wide workforce development plan that includes pre-vocational training and strategies for the delivery of a wide variety of both clinical and non-clinical education programmes. The intern training programme is comprehensive and is underpinned by sound educational principles. Although resource limitations have prevented the training programme from achieving its full potential the DHB remains committed to fully implementing its teaching and learning policies.

The DHB has systems in place to ensure all those involved in prevocational training understand the requirements of the intern training programme. Programme requirements are addressed in depth at orientation and are clearly specified in the comprehensive RMO Handbook.

The prevocational educational supervisors' dedication and commitment to prevocational medical training is commendable.

The handover process between the clinical teams within several departments is inconsistent and it is essential that this process is formalised to ensure continuity of quality care. The lack of structure is particularly evident in the handover from weekday-to-weekend and weekday-to-rostered days off. In contrast, the interns report that the long-day-to-night shift handover follows a more robust process. There has been good progress in developing community-based attachments and the DHB has a close and strong working relationship with the community providers.

Hawke's Bay DHB has met 19 of the 21 sets of Council's standards *Accreditation standards for training providers.* One standard was substantially met:

- 3.1 – Programme Components

One standard was not met:

- 3.5 – Flexible training

Two required actions were identified, along with 1 recommendation and 2 commendations. The required actions are:

1. The DHB must ensure safe handover process are implemented and followed, consistent with Medical Council requirements (Standard 3.1.9).
2. The DHB must develop and implement a flexible training policy (Standard 3.5.1).

Section B – Overall outcome of the accreditation assessment

The overall rating for the accreditation of Hawke's Bay DHB as a training provider for prevocational medical training	**Substantially Met**

Hawke's Bay District Health Board holds accreditation until **30 September 2023**, subject to:

a. Hawke's Bay DHB providing a progress report that satisfies Council that the following required actions specified below have been addressed by **30 April 2020**:
   1. The DHB must ensure safe handover process are implemented and followed, consistent with Medical Council requirements (Standard 3.1.9).
   2. The DHB must develop and implement a flexible training policy (Standard 3.5.1).

b. Hawke's Bay DHB provides a satisfactory progress report to Council before **28 February 2022** that informs Council of:
   1. The DHB's progress in meeting Council's requirement around community based attachments (CBA). As you will be aware, the requirement is that interns must complete a CBA over the course of their two prevocational years by 2020. Council's expectation is that all interns who are beginning PGY2 in November 2020 will have completed a CBA by the time they complete PGY2.

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:

Following the Medical Council's accreditation of Hawke's Bay DHB in 2016 the DHB has undertaken a review of prevocational training. This has led to the establishment of the position of Director of Medical Training (DMT). The DMT works in conjunction with the Clinical Directors, the Chief Medical and Dental Officer Service Directors and staff of the Resident Medical Officer (RMO) Unit. Importantly, the DMT meets regularly with the Chief Executive to provide support for any changes that may enhance the quality of intern training. Following the review of prevocational training this is now a key strategic priority of the DHB where the requirements for ensuring high standards of medical practice, education and training are clearly articulated.

The strategic emphasis on prevocational training is described in the DHB's "People Strategy". This high level strategic document describes the establishment of a sector-wide workforce development plan that includes pre-vocational training and strategies for the delivery of a wide variety of both clinical and non-clinical education programmes.

The DHB's strategic vision is encapsulated by the Clinical Services Plan. This plan is community focussed and details the provision for staff training to meet the community's needs. This is particularly with respect to reducing health inequity and improving Māori health. In addition, the DMT is tasked with ensuring a relationship with the Māori Health Unit that facilitates a better cultural understanding and competency among interns.

The DHB has clear lines of responsibility and accountability for intern training. The DMT has primary responsibility for intern training and receives direct reports from the prevocational educational supervisors. The DMT reports directly to the Chief Medical and Dental Officer. This structure allows intern-related issues to be raised at a directorate level with effective communication to Heads of Department and Clinical Supervisors.

Interns are represented at the RMO Training and Advisory Group and have made a positive contribution to the governance of the training programme. In addition, interns are encouraged to join working groups

considering issues that have a direct impact on intern training such as the development of IT resources and the efficient management of out-of-hours workload.

The DHB is committed to engaging in the regular three year accreditation cycle of Council.

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:

The intern training programme is operating within the broader context of staff capacity challenges (arising from both recruitment and rostering pressures), and high levels of patient demand. These external pressures impact on the nature and frequency of each interns interaction with senior medical staff, and consequently on the intern training programme.

Against this backdrop, the intern training programme is comprehensive and is highly valued by interns. There is a high level of senior management and clinician engagement in, and responsibility for, the programme.

However, there is scope for broader input from interns into the mechanisms for review of the training programme as a whole and in its ongoing improvement.

Over recent years there has been high turnover within the RMO Unit. This has now been resolved and management systems are improving.

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 intern training programme is underpinned by sound educational principles and expertise. As well as in-house staff involvement in the intern training programme, efforts are being made to connect more broadly with other DHBs and the University of Otago.

Resource limitations have prevented the training programme from achieving its full potential. In spite of these limitations, the DHB remains committed to fully implementing its teaching and learning policies.

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 intern training programme is primarily delivered through the DHB's in-house expertise. The DHB has established connections with community organisations and the University of Otago. It has made efforts to connect with other DHBs to support the development and delivery of its intern training programme. The DHB is not part of a regional training hub.

The DHB accesses expertise from within its Māori Health Unit to support intern training. While this is a valuable resource, there is scope for the DHB to further develop and strengthen its relationships across the Māori health provider sector.

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 processes 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:

The intern training programme is structured so that the interns achieve goals and meet the learning objectives of the New Zealand Curriculum Framework (NZCF). The RMO Unit, DMT and prevocational educational supervisors work collaboratively on allocating interns' clinical attachment preferences, taking into consideration the learning needs of each intern.

The DHB has processes in place to ensure interns receive supervision and opportunities to develop their cultural competence, in conjunction with the Māori Health Unit team.

There has been good progress in the development of community based attachments and the DHB has a close working relationship with the community providers. These attachments, and in particular the hospice attachment, are highly valued by the interns.

Rostering of PGY1s on nights occurs at 6 months and the interns feel well supported by registrars, SMOs and the clinical resource nurse overnight. The RMO Handbook is-an excellent additional resource for out-of-hours work.

There are inconsistencies in the handover process within most departments. This is particularly evident in the handover from weekday-to-weekend and weekday-to-rostered days off. By contrast, the long-day-to-night shift handover follows a more robust process. The DHB attributes the inconsistencies to recent changes in shift patterns. Efforts to resolve the problem using IT solutions are in the early stages of development.

The interns are confident and knowledgeable about their role in the informed consent process.

Commendation:

- Council commends the DHB on its informed consent policy and that the interns are aware of their role in obtaining informed consent.

Required actions:

1. The DHB must ensure safe handover process are implemented and followed, consistent with Medical Council requirements to promote continuity of quality care. (Standard 3.1.9)

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:

The DHB has a system in place to ensure that each intern maintains their ePort as a record of their learning and training experiences from their clinical attachments and other learning activities.

The DHB has 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. The RMO Unit monitors compliance.

Professional development plans are discussed within the first month of the training programme and are reviewed with the prevocational educational supervisors on a quarterly basis.

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 well-structured education programme which is supported by senior clinicians. The programme's educational content is determined by the RMO Training and Advisory Group with significant input from the DMT, prevocational educational supervisors and intern feedback.

Teaching time is protected to enable interns to attend the minimum two thirds required and Education Centre staff facilitate this by providing support and facilities for the interns.

Interns stated that they are unable to make the most of teaching opportunities due to workload pressures. Teachers/trainers noted similar difficulties with their ability to provide best teaching practise while managing increased workloads.

The formal education programme includes content on Māori health, wellbeing, work-life balance, pastoral care, role play and communication skills and is well regarded by interns.

Opportunities for additional work-based teaching and training include bedside and registrar teaching in addition to presentations, grand round and journal club. Work towards a formalised PGY2 professional skills programme is progressing.

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 has a robust orientation programme for interns commencing employment at the beginning of the intern year and for interns commencing employment partway through the year. Orientation is overseen by a prevocational educational supervisor and is well regarded by the interns.

Orientation is provided at the beginning of each clinical attachment to ensure interns are familiar with staff, systems, policies and processes relevant to the attachment.

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: There is currently no flexible training policy. **Required actions:** 2. The DHB must develop and implement and flexible training policy.

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: Hawke's Bay DHB has systems in place to ensure all those involved in prevocational training understand the requirements of the intern training programme. Programme requirements are addressed in depth at orientation and are clearly specified in the comprehensive RMO Handbook, which is updated on a regular basis. In addition, the RMO Unit produce a quarterly bulletin detailing important training information updates. Frequent meetings are scheduled to discuss relevant issues and concerns arising within the intern training programme and to reinforce programme requirements. The DMT and prevocational educational supervisors meet at least monthly and there are open lines of communication outside these times. The formal education programme includes a regular quarterly meeting between the interns and the prevocational educational supervisors. Interns are also represented on RMO Training and Advisory Group which has several functions, including a focus on meeting Council requirements for training. The DHB has reviewed every clinical service this year to ensure clinical attachment plans are up to date and that all clinical supervisors understand attachment supervisory requirements. **Commendation:** • The requirements for the intern training programme are clearly specified in the RMO Handbook. **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:

There is currently an appropriate ratio of prevocational educational supervisors to interns being supervised at Hawke's Bay DHB. It is evident that there is a high level of dedication and commitment to prevocational medical training from the prevocational educational supervisors. Formal recruitment processes to fill two vacancies as a result of recent resignations will begin shortly.

The DHB supports all prevocational educational supervisors to attend the annual meeting organised by Council.

The DMT provides oversight of the prevocational educational supervisors to ensure they are effectively fulfilling the obligations of their role. The DMT meets monthly with each prevocational educational supervisor. Annual assessment of the prevocational educational supervisors is obtained via an anonymous prevocational educational supervisor feedback survey completed by the interns and an appraisal meeting with each supervisor.

Administrative support provided by the RMO office includes arranging end of quarter meetings with interns, assistance with submitting claim forms, Postgraduate Hospital Educational Environment Measure (PHEEM) feedback collation and email reminders to the clinical supervisors regarding meetings and ePort completion.

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:

Clinical supervisors are committed to their training roles. As patient numbers have increased, there have been more teaching opportunities on the more frequent consultant ward rounds. The clinical bedside teaching provided by clinical supervisors is particularly valued by the interns. Departmental teaching and lectures during the formal education programme are also appreciated.

Anonymous intern feedback in the form of a PHEEM tool is reviewed quarterly by the DMT and issues concerning clinical supervisors are dealt with as identified. Results are collated annually for each service. This year all clinical attachments were reviewed and feedback given to each department.

Interns are receiving clinical supervision at a level appropriate to their experience and responsibilities. Previous concern voiced by interns that they were conducting post-acute cardiology ward rounds unsupervised has been addressed and is no longer occurring.

Clinical supervisors undertake relevant training in supervision and assessment within 12 months of appointment to the role. The DHB strongly encourages clinical supervisors to complete formal supervision training. This includes the training provided by vocational training programmes and Connect Communications was engaged to provide a refresher training course this year.

The DHB maintains a small group of clinical supervisors for relief clinical attachments and has recently developed a relief log book to better monitor interns on relief attachments. The clinical supervisors sign the log book in a process that is overseen by the intern's prevocational educational supervisor.
All staff involved in intern training have access to professional development activities to support their teaching and educational practice.

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 formal feedback is provided to interns and documented in ePort. Council ePort data indicates that recording of the beginning and middle clinical attachment meetings in ePort is not being undertaken in a timely manner. This is acknowledged by the DHB.

Recent intern concern about meetings with supervisors taking place in a shared workplace have been rectified.

The DHB has a guideline "Supporting the RMO in Difficulty" with a remediation plan template to help support management of the poorly performing intern. It clearly documents an escalation plan from clinical supervisor to Chief Medical and Dental Officer notification as required, and includes guidance on notification to Council, if appropriate.

Recommendation:
- Council recommends that the DHB ensure that beginning and middle clinical attachment meetings are recorded in ePort in a timely manner.

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 chaired by the DMT, delegated by the Chief Medical and Dental Officer. The panel follows Council's *Advisory Panel Guide and ePort guide for Advisory Panel members* and ensures each intern has met the required criteria to recommend registration in the General scope of practice. Six weeks after the panel meeting the ePort administrator checks that eligible interns have applied in ePort.

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 DHB has processes in place to monitor applications by PGY2s for removal of endorsement from their practising certificates. Prevocational educational supervisors remind PGY2s to apply at their eighth quarter meeting, with follow up by the ePort administrator.

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:
Anonymous feedback is collected from the interns after each clinical attachment using the PHEEM tool. The DMT reviews these results quarterly and provides annual reports to the Heads of Department, Service Directors, Medical Directors and the Chief Medical and Dental Officer. Interns may also provide feedback through the RMO Training and Advisory Group forum.

Interns are surveyed to provide anonymous feedback on their prevocational educational supervisors and this feedback contributes to the prevocational educational supervisors' annual appraisal.

The DHB also has mechanisms in place to review clinical attachments and implement quality improvement strategies for intern education.

Any concerns raised by Council in relation to training are primarily addressed by the DMT.

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:
There are effective processes and mechanisms in place to ensure the currency of clinical attachments. These are co-ordinated primarily by the prevocational educational supervisor and the DMT.

There is a process for establishing new CBAs, which is comprehensive and sets out the provider requirements.

Clinical attachments are described in the RMO Handbook and in the 'Procedure for Allocation of Attachments in PGY1 and PGY2' document. The process for allocation of interns to clinical attachments was reported by the interns as being fair and transparent.

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:
In preparation for the visit, Council surveyed the interns, who reported high levels of satisfaction in their role. However, during the site visit the interns indicated high levels of recent stress and distress. The stress appears to be the result of external pressures impacting on the interns' workloads. Nevertheless, the DHB provides a supportive and collegial work environment which encourages an enjoyable and high quality learning experience for interns.

The DHB encourages a safe working environment, which is free from bullying, discrimination and sexual harassment. The DHB's work on 'He Mana Tangata Growing our People by Living our Values' and its courses 'Build, Korero' and 'Big Listen' reinforce these values.

During orientation, the interns are encouraged to register with a general practitioner on the 'Health Hawke's Bay' website. The DHB provides access to counselling and career advice.

The DHB has recently revised its guideline on professional development leave, which clearly explains processes that are required for leave applications.

Annual leave is available on a first-come first-served basis.

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 RMO Handbook is comprehensive and provides detailed information about the intern training programme. This is currently in hardcopy with the intention that it become an electronic resource.

There are clear and accessible communication networks established with interns.

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 available to interns to assist with training or supervision concerns. These systems ensure appropriate confidentiality for interns and other staff.

There are clear and impartial pathways for timely resolution of training-related disputes. Processes are set out in the 'Medical Education Leave Guideline for RMOs' and the document 'Guideline for Supporting the Resident Medical Officer in Difficulty'.

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:
The DHB has easily accessible and well-resourced educational facilities for prevocational training.

The Education Centre is undergoing earthquake strengthening and a facility upgrade in 2019 which has required temporary relocation of some services. Council acknowledges the enthusiasm of the Education Centre staff, who are striving to provide a positive learning environment for the interns during this process.

Although the library and auditorium are currently closed, the Centre has other rooms which can accommodate 20-40 people, depending on the nature of the meeting. Teleconferencing and videoconferencing facilities are available as well as radiology and histology viewing platforms for multidisciplinary conferences.

The interns will have 24 hour access to the upgraded library, which already has an established interloan service and reciprocal trade with other libraries.

Online resources such as Up to Date and eTG (electronic therapeutic guidelines) are available on DHB computers and can be accessed from personal devices if desired. Other online resources include journals, ebooks and access to Ko Awatea courses, a requirement for intern orientation.
There are 10 computers with internet connectivity within the Education Centre for the personal use of the interns.

The Clinical Skills Lab is across the campus from the Education Centre and is used for simulation training and courses such as ACLS and Acute Care Training during orientation.

The RMO lounge is a comfortable room with a TV, computers and fridge with adjacent kitchen, bathroom, laundry and recreational facilities.

Required actions:
Nil.