Te Kaunihera Rata o Aotearoa
Medical Council of New Zealand

Prevocational medical training accreditation

Site visit report - Tairāwhiti District Health Board

Date of site visit: 4 and 5 May 2021
Date of report: 10 November 2021

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

(b) 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.

Prevocational training providers are usually accredited for a period of 4 years. Council may request that progress reports be provided to it during this period.

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

Te Kaunihera Rata o Aotearoa
Medical Council of New Zealand

Name of training provider:	Tairāwhiti District Health Board (DHB)
Name of sites:	Gisborne Hospital
Date of training provider accreditation visit:	4 and 5 May 2021
Accreditation visit team members:	Dr Curtis Walker (Chair) Dr Ainsley Goodman Ms Giselle McLachlan Dr Stephen Robinson Dr Kate Kilpatrick Ms Aleyna Hall Ms Hollie Bennett
Date of previous training provider accreditation visit:	4 April 2017
Key staff the accreditation visit team met:	
Chief Executive:	Mr Jim Green
Chief Medical Officer:	Dr Anil Nair
Prevocational Educational Supervisors:	Dr Sue Peters Dr Duncan Cundall-Curry
RMO Unit staff:	Ms Natalie Atkinson
Key data about the training provider:	
Number of interns at training provider: 20	
Number of PGY1s: 10	Number of PGY2s: 10
Number of accredited clinical attachments:	18
Number of accredited community-based attachments:	4

Section A – Executive Summary

Ko Hikurangi te maunga,
Ko Waiapu te awa
Ko Ngāti Porou te iwi

Tairāwhiti DHB serves the people of Tūranganui-a-Kiwa (Gisborne) and its surrounding whenua from Wharekāhika (Hicks Bay) in the North to Tiniroto in the South, and inland to Motu. The population of just under 50,000 has the highest proportion of Māori in any DHB (52 percent). The rugged geography and dispersed population creates challenges and opportunities in delivering healthcare across the region. Similarly, Tairāwhiti DHB's remote independence is an attraction for interns who choose to work there.

Interns at Tairāwhiti DHB greatly enjoy and value the close working relationships they have with their clinical supervisors. This has long been a strength of the training programme and has resulted in valued opportunities for experiential learning. In recent years, the DHB has employed registrars in specialties including Medicine, Surgery, Ophthalmology, Paediatrics and Psychiatry, and the doctors in these roles have positively contributed to the interns' formal and informal teaching. Additionally, registrar positions provide interns with new career pathway possibilities within the DHB. The strong strategic and operational focus on Māori health at the DHB results in excellent delivery of hauora Māori education throughout the programme.

Many of the processes supporting the intern education programme are informal and rely on personal relationships and contacts. Although this works sufficiently well overall, there are concerns that a lack of formality prevents interns from providing candid feedback on the programme, or from being able to confidentially address training-related problems should they arise. This is exacerbated by the current lack of an overarching strategic plan, governance structure, or clear lines of responsibility for the intern programme where interns can provide input into, and have oversight of, the training they receive. The RMO Planning Committee, which included RMO representatives, provided a mechanism for interns to feedback on training related matters but has recently been disestablished. The role of interns in governance processes is currently unclear.

Tairāwhiti DHB has sufficient community-based attachments to provide every intern with a community placement during their 2-year internship. This excellent progress represents a significant commitment to resourcing and supporting community-based attachments and is commended.

The Resident Medical Officer (RMO) Unit Coordinator and prevocational educational supervisors are highly dedicated and provide significant and essential support across the entire intern training programme. With the addition of registrars, the RMO Unit Coordinator's role has expanded, and this has affected the amount of administrative support available to the prevocational educational supervisors. The proposed appointment of an additional prevocational educational supervisor will go some way to alleviating the current resource pressure.

The recent appointment of a new Chief Medical Officer presents an excellent opportunity to address the areas identified in this report as requiring action, and work is already underway to re-establish medical education governance processes and implement a strategic plan for education. We commend this work, which supports the existing strong, collegial, and positive intern culture.

Overall, Tairāwhiti DHB has met 14 of the 21 sets of Council's standards *Accreditation standards for training providers.* 5 sets of standards are substantially met:

2.1 The context of the intern training programme
4.2 Supervision – Prevocational Educational Supervisors
5 Monitoring and evaluation of the intern training programme

6.2 Welfare and support
6.4 Resolution of training problems and disputes

2 sets of standards were not met:
1 Strategic priorities
3.5 Flexible Training

Eleven required actions were identified, along with recommendations and commendations. The required actions are:

1. Tairāwhiti DHB must develop and implement a strategic plan which supports the ongoing development of the prevocational medical education programme. (Standard 1.2)
2. Tairāwhiti DHB must ensure that there is a clear line of responsibility and accountability for intern training. (Standard 1.4)
3. Effective clinical governance of the intern training programme, that includes intern representation at the appropriate level, must be re-established at Tairāwhiti DHB. (Standard 1.5)
4. Tairāwhiti DHB must ensure that it has the appropriate resources in place to plan, develop, implement, and review the intern training programme (Standard 2.1.1)
5. Tairāwhiti DHB must continue to ensure that all interns are allocated to a CBA over the course of their 2-year internship and report to Council by 31 July 2022 on the number of their PGY2s and PGY2s who have completed a CBA (standard 3.1.6)
6. Tairāwhiti DHB must develop and implement a flexible training policy to guide and support supervisors and interns. (Standard 3.5.1)
7. Tairawhiti DHB must ensure that prevocational educational supervisors are provided with appropriate time, facilities, and administrative support to carry out their role effectively. (Standard 4.2.4)
8. Tairawhiti DHB must ensure that feedback from interns and supervisors is evaluated and incorporated into quality improvement strategies for the intern training programme. (Standard 5.3)
9. Tairāwhiti DHB must ensure that anonymous intern feedback is used to inform supervisors on their effectiveness. (Standard 5.5)
10. Tairāwhiti DHB must ensure that all departments provide a safe working and training environment for interns. (Standard 6.2.2)
11. Tairāwhiti DHB must develop formal processes that maintain confidentiality to support interns to address problems with training supervision and training requirements. (Standard 6.4.1)

Section B – Overall outcome of the accreditation assessment

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

Tairāwhiti District Health Board holds accreditation until 30 November 2025.

Council approved the *Prevocational medical training accreditation report: Tairāwhiti District Health Board* and determined that:

- The overall outcome of the assessment for accreditation is 'substantially met', and
- Tairāwhiti DHB is accredited for prevocational medical training for a period of four years, until 30 November 2025. This date is subject to the DHB satisfactorily addressing the required actions in the report which are set out below.

Council has requested that Tairāwhiti DHB provide progress reports by the dates outlined below that satisfies Council that the following required actions have been addressed:

31 January 2022

3. Effective clinical governance of the intern training programme, that includes intern representation at the appropriate level, must be re-established at Tairāwhiti DHB. (Standard 1.5)
10. Tairāwhiti DHB must ensure that all departments provide a safe working and training environment for interns. (Standard 6.2.2)

30 June 2022

1. Tairāwhiti DHB must develop and implement a strategic plan which supports the ongoing development of the prevocational medical education programme. (Standard 1.2)
2. Tairāwhiti DHB must ensure that there is a clear line of responsibility and accountability for intern training. (Standard 1.4)
4. Tairāwhiti DHB must ensure that it has the appropriate resources in place to plan, develop, implement, and review the intern training programme (Standard 2.1.1)
5. Tairāwhiti DHB must continue to ensure that all interns are allocated to a CBA over the course of their 2-year internship and report to Council by 31 July 2022 on the number of their PGY2s and PGY2s who have completed a CBA (standard 3.1.6)
6. Tairāwhiti DHB must develop and implement a flexible training policy to guide and support supervisors and interns. (Standard 3.5.1)
7. Tairawhiti DHB must ensure that prevocational educational supervisors are provided with appropriate time, facilities, and administrative support to carry out their role effectively. (Standard 4.2.4)
8. Tairawhiti DHB must ensure that feedback from interns and supervisors is evaluated and incorporated into quality improvement strategies for the intern training programme. (Standard 5.3)
9. Tairāwhiti DHB must ensure that anonymous intern feedback is used to inform supervisors on their effectiveness. (Standard 5.5)
11. Tairāwhiti DHB must develop formal processes that maintain confidentiality to support interns to address problems with training supervision and training requirements. (Standard 6.4.1)

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:

Tairawhiti DHB has medical workforce development and training as a goal in its annual plan. Following on from this goal is an early draft strategic plan that addresses the ongoing development of intern education and the prevocational education programme, however this is not yet fully developed or implemented.

The DHB is currently reviewing its governance structures with respect to intern education and has yet to finalise the lines of responsibility and structures to support the intern training programme.

An RMO planning committee, which formerly had intern representation and provided interns with an opportunity to input into and have oversight of the education programme has been disestablished. In conjunction with its new draft education plan, the DHB is planning to reconstitute an education committee with RMO representatives and align it with other clinical governance structures.

The DHB recently appointed a new Chief Medical Officer who is in the process of reviewing the intern training programme and establishing committees to oversee all elements of medical training across the DHB. The Chief Medical Officer's stated intention is to re-design medical education at Tairāwhiti DHB, including the intern training programme.

Commendations:

- Tairāwhiti DHB is commended for its commitment to address Māori health and health equity, with a strong strategic and operational focus on hauora Māori.

Required actions:

1. Tairāwhiti DHB must develop and implement a strategic plan which supports the ongoing development of the prevocational medical education programme. (Standard 1.2)
2. Tairāwhiti DHB must ensure that there is a clear line of responsibility and accountability for intern training. (Standard 1.4)
3. Effective clinical governance of the intern training programme, that includes intern representation at the appropriate level, must be re-established at Tairāwhiti DHB. (Standard 1.5)

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 newly appointed Chief Medical Officer has clear executive accountability for the intern training programme and is actively engaged in developing and reviewing the programme's governance and operation.

Currently, some of the mechanisms and resources to plan, develop, implement, and review the intern training programme are not yet in place.

The DHB is reviewing the resources in place to support prevocational educational supervisors and the RMO Unit Coordinator. It was clear that the recent addition of registrars to Tairāwhiti DHB has increased the workload for the RMO Unit Coordinator, who is the only DHB staff member in this support role. This has resulted in increased pressure on operational support, which places the long-term sustainability of the intern education programme at risk.

Interns are well supported by two prevocational educational supervisors and the RMO Unit Coordinator, who work together effectively. The interns expressed strong appreciation for the support they receive from this team and the wider DHB.

Although the DHB understands that it must notify Council of changes in a health service or the intern training programme, this is not a clear documented procedure.

Recommendations:

- The DHB should consider succession planning of key individuals involved in managing the intern training programme.
- The DHB should implement a clear procedure that formalises its understanding of when to notify Council of changes to its intern training programme.

Required action:

4. Tairāwhiti DHB must ensure that it has the appropriate resources in place to plan, develop, implement and review the intern training programme.

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 educational principles and expertise. With interns often working directly with clinical supervisors, they are exposed to a breadth and depth of experiential training opportunities.

The training programme is delivered by a range of interprofessional staff, including consultants and registrars. External clinical lecturers are used for training on specialist services - for example, interns are able to attend training sessions provided by Starship Hospital via videoconference.

Recommendations:

- The DHB consider adding interdisciplinary teaching to its formal training sessions, for example pharmacy and allied health.

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 local expertise. The DHB has well established connections with local community organisations, including Māori health providers to support the interns in developing their cultural safety. The DHB is not part of a regional training hub.

The DHB is exploring a formal relationship with Auckland DHB for interns to participate in aspects of the Auckland DHB training programme, such as video conferencing teaching sessions.

Commendations:

- The DHB is commended for its relationships with Māori health providers to support the intern training programme.

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:

The intern training programme is structured to support interns to attain the required learning outcomes and includes the satisfactory completion of eight 13-week accredited clinical attachments.

The system for allocating clinical attachments is appreciated by the interns and is seen as fair and transparent. The RMO Unit Coordinator emails interns in October requesting their preferences for the next year's clinical attachments, which are then allocated in consultation with a prevocational educational supervisor. If interns have chosen a future vocational path, relevant attachments are allocated where possible.

The DHB selects clinical attachments that provide a broad range of learning opportunities for interns. This includes apprentice-style teaching, attendance at outpatient clinics and operating theatres, and encouragement and support to perform practical procedures.

Currently, the DHB has 4 accredited community based attachments with the creation of further attachments limited by the non-availability of suitable clinical supervisors. The prevocational educational supervisors are grateful for support from local general practitioners in facilitating the success of these attachments. In 2021, every PGY2 has been allocated to a community based attachment.

Interns are not rostered on night shifts until they are PGY2s and are well supported by a medical registrar and Emergency Department Senior Medical Officer (SMO) who are on site overnight. All presenting cases are seen in Emergency Department under the oversight of the Emergency Department SMO, and the medical registrar is a valued resource for ward-based queries. There are no formal protocols for contacting SMOs after hours, however the interns all spoke highly of the support they receive from SMOs and feel able to contact senior doctors as required.

Intern handovers are well structured, make use of handover templates, and clinical supervisors and interns report these to be functioning satisfactorily. The DHB has a *Handover protocols and procedures* document, and the interns receive teaching on handover procedures during their initial orientation. Interns attend a morning, evening and night handover. A general physician and medical registrar is present at each morning medical handover. However, most intern handovers occur separately from SMO handovers.

The DHB has an *Informed Consent Policy* which clearly states that the person performing the procedure is responsible for obtaining consent. This occurs in practice and the interns feel confident about their role in the informed consent process and able to address any concerns with clinical supervisors.

Required actions:

5. Tairāwhiti DHB must continue to ensure that all interns are allocated to a CBA over the course of their 2-year internship and report to Council by 31 July 2022 on the number of their PGY2s and PGY2s who have completed a CBA (standard 3.1.6)

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:

Interns are advised of ePort processes and requirements at orientation when they attend an individual one-hour session with their prevocational educational supervisor. The prevocational educational supervisor maintains oversight of the intern's documentation of their learning and training experiences and Professional Development Plan.

The DHB has a process in place to ensure that the clinical supervisor and prevocational educational supervisor regularly review the goals in the interns' Professional Development Plan. This process is supported by the RMO Unit Coordinator who sends reminder emails and monitors compliance.

There is a session in the formal training programme about goal setting in the Professional Development Plan.

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:

The intern training programme consists of a one hour weekly protected teaching session, which includes sessions by SMOs, registrars, palliative care nurses and dietitians. The programme content is generally consistent from year to year. Interns are notified by email of upcoming topics, however presentation topics are currently only scheduled for the next three months.

Interns in PGY1 can attend at least two thirds of the formal educational sessions. However, interns report that they are no longer able to hand over their pagers and phones before sessions and, as a result, experience frequent interruptions from ward staff. The interns also noted significant disruptions to teaching sessions in 2020 due to COVID-19. Interns working in emergency medicine report some difficulties in being able to attend the weekly teaching programme.

The DHB provides protected teaching time for PGY2s to attend the weekly education sessions. PGY2s question the value of attending these sessions as they are a repeat of the previous year's sessions.

The formal education programme includes content on Māori health and culture, and cultural safety training in line with DHB strategy. The interns appreciate and enjoy the overnight marae stay during orientation, as well as the recently introduced Tikanga Best Practice workshop.

Interns receive two sessions on personal welfare and wellbeing from the PGY1 prevocational educational supervisor to aid them in developing skills in self-care and peer support. The first session is delivered early in the programme and the second is six months later to allow an opportunity for reflection.

Additional work-based teaching and training occurs through departmental teaching which may include radiology sessions, outpatient clinics, and assisting in the operating theatre. Interns are welcomed at weekly Hospital Grand Rounds, departmental journal clubs and Morbidity & Mortality reviews. Adult and paediatric resuscitation courses are also held by the DHB and attended by interns. During a community based attachment, the intern attends a day of formal General Practice Education Programme teaching each week.

Recommendations:

- It is recommended that the DHB provide interns with a confirmed training programme schedule for the whole year, to help guide individual learning goals and opportunities.
- It is recommended that the DHB review its processes and support structures to ensure intern teaching time is protected (noting that interns can attend teaching as required, but that this is frequently disrupted).
- It is recommended that the DHB consider developing and implementing additional training programme requirements to better address PGY2 learning needs.

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:

At the beginning of the year the DHB provides a full week orientation and induction programme for PGY1s. This includes interdisciplinary and interprofessional instruction on DHB processes, and an introduction to departments such as radiology, pharmacy, and the laboratory. The DHB has not had any recent cases of interns starting partway through the year. However, there are processes in place to provide orientation for registrars who commence during the year, and if required a new intern would attend this.

Orientation to the first clinical attachment is by shadowing the current intern for a morning. Orientation to subsequent attachments occurs with a beginning of attachment meeting with the clinical supervisor, and from guidelines written by departments or, less formally, amongst interns themselves. These guidelines are of variable quality, and the interns stated that occasionally they had not been aware of all their clinical attachment responsibilities at the start of an attachment.

Recommendation:

- The DHB should review its written clinical attachment guidelines to ensure currency of information.

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:

To date, the DHB has not had to consider flexible training arrangements as all interns have been employed on a full-time basis. As such, there is no procedure in place to guide and support an intern who may wish to undertake flexible training.

Required action:

6. Tairāwhiti DHB must develop and implement a flexible training policy to guide and support supervisors and interns.

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:
During orientation each intern meets with their prevocational educational supervisor to discuss the requirements of the intern training programme. In addition, the clinical supervisor reiterates expectations and requirements when meeting the intern at the beginning of their clinical attachment.

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:
Tairāwhiti DHB has two dedicated prevocational educational supervisors to oversee the training and education of 20 interns. This ratio is at the upper limit of that recommended by Council, and the DHB is currently recruiting for a third prevocational educational supervisor. The same prevocational educational supervisor oversees an intern for their two prevocational years. This fosters continuity of supervision and establishment of a supportive two-year relationship, which is valued by both interns and prevocational educational supervisors.

The DHB supports its prevocational educational supervisors in attending the annual prevocational educational supervisor meetings held by Council.

The Chief Medical Officer provides oversight of the prevocational educational supervisors to ensure they are effectively fulfilling their roles and is reviewing processes to formalise feedback to them from interns.

The prevocational educational supervisors report feeling overwhelmed by the increasing responsibilities expected of them, with insufficient time available to fulfil these requirements. In addition, administrative support has become increasingly limited since the RMO Unit Coordinator's role expanded due to the addition of registrars to the DHB's medical workforce. Consequently, the RMO Unit Coordinator has less capacity to provide support to the prevocational educational supervisors, although she does send reminder emails about attachment meetings and ePort requirements.

The prevocational educational supervisors also reported a lack of privacy for their meetings with individual interns, which appears due to the absence of a designated office or meeting space.

Required actions:
7. Tairawhiti DHB must ensure that prevocational educational supervisors are provided with appropriate time, facilities, and administrative support to carry out their role effectively.

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:

Mechanisms are in place to ensure clinical supervisors are well placed to meet the requirements of their role. They are provided with MCNZ's *Clinical Supervisor Guide and* are encouraged to complete the online training module within 12 months of appointment. They are expected to undertake relevant continuous professional development activities to ensure they comply with their individual recertification requirements.

Due to the small size of Tairāwhiti DHB, clinical supervisors enjoy more frequent opportunities to interact with and supervise interns directly during their attachments, and this is appreciated by both the interns and the clinical supervisors.

The PGY2 prevocational educational supervisor is also the clinical supervisor for interns covering relief attachments and this arrangement works well in practice.

4.4 Feedback and assessment

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

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

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

4.4 Feedback and assessment			
	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:

The DHB has systems in place to ensure that regular, formal feedback is provided to interns and documented in ePort. Council ePort data indicates that occasionally the ePort documentation is entered later than it should be. Clinical supervisors have acknowledged this.

The DHB has an informal process to identify interns that need additional support and to develop and implement a remediation plan. This has been used infrequently – and although informal, was noted to be effective. The prevocational education supervisors are aware of their obligations to inform Council about interns in difficulty.

Recommendations:

- The DHB should review and ensure timeliness of intern feedback provided in ePort.
- The DHB should formalise its processes for managing interns in difficulty.

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 established advisory panels to consider the interns at the end of the PGY1 year, which comprise the Chief Medical Officer, both prevocational education supervisors and a layperson nominated by the Chief Medical Officer.

The RMO Coordinator oversees this process and ensures PGY1 requirements are met, ePort is up to date and advanced cardiac life support certification is current.

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 RMO Unit Coordinator advises PGY2s to apply in ePort for removal of endorsement from their practising certificates, and monitors compliance with this. There are processes in place for the prevocational educational supervisors to review PGY2s' progress against the learning outcomes.

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:

Tairāwhiti DHB has processes in place for interns to provide anonymous feedback following each clinical attachment. However, this feedback is not fully utilised to inform and effect changes to the training programme. An example of this is the repetition of the formal teaching programme each year, which provides little incentive for PGY2s to attend the weekly teaching. The PGY2s expressed a desire for a training programme tailored more to their needs, and not repeats of the previous year's sessions.

There can be challenges incorporating feedback from a small group of interns to inform quality improvement strategies for the training programme. To provide anonymity, the DHB appropriately provides collated feedback to supervisors. However, this is provided on an annual basis which has the potential to leave any identified issues unresolved for an extended period.

The DHB receives anonymous feedback from interns about prevocational educational supervisors, RMO staff, clinical supervisors and others involved in the training programme. However, the feedback does not appear to be evaluated by the DHB or used to inform and assure the effectiveness of these key groups.

The DHB has informal processes to address matters raised by Council in relation to training and accreditation.

Required actions:

8. Tairawhiti DHB must ensure that feedback from interns and supervisors is evaluated and incorporated into quality improvement strategies for the intern training programme.
9. Tairāwhiti DHB must ensure that anonymous intern feedback is used to inform supervisors on their effectiveness.

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:
Tairāwhiti DHB has processes in place to ensure the currency of clinical attachments. These are informed by an annual survey of interns which is provided to the Clinical Heads of each attachment.

Previously, the RMO Planning Committee established new clinical attachments. However, this committee has been disbanded, and new clinical attachments are now facilitated by the RMO Unit Coordinator, with support from the prevocational educational supervisors.

The RMO Unit Coordinator and the PES allocate interns to clinical attachments taking into account the interns' vocational aspirations where possible. Interns reported that the allocation process is transparent and fair.

Recommendation:

- The DHB should review how it establishes new clinical attachments in light of the RMO Planning Committee no longer fulfilling this role, to ensure sufficient support and resources are available for this additional function.

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:
Interns report that they are well supported by the RMO Unit Coordinator and their prevocational educational supervisors. Interns have a close working relationship with supportive senior consultants which has resulted in a good working environment, including when rostered on night duties.

While overall the interns reported a supportive and culturally safe working environment, they did express concern about the unsafe culture within one department, which they felt was detrimental to their training.

Interns have a career planning session with their prevocational educational supervisor during orientation. Interns were positive about the recently established registrar positions and would like more information on the opportunities that these new roles could provide for their own development and careers.

The RMO Unit Coordinator manages all leave requests. Interns reported that the allocation of annual leave is transparent and fair. Similarly, they reported that professional development leave is easily accessed, and they are encouraged to take up external educational opportunities. This was greatly appreciated by the interns and viewed very positively.

Interns are encouraged and supported to maintain their own personal health and well-being, both through the orientation programme and the formal education programme. Interns have access to personal counselling and information on how to access this is provided during orientation and on the DHB's intranet. Interns are actively encouraged by Tairāwhiti DHB to register with a general practitioner.

Interns who identify as Māori have access to a Māori GP, who is available to provide mentorship and support.

Commendations:

- The DHB is commended on the high level of availability and encouragement for interns to access both professional development leave and annual leave.

Recommendations:

- The DHB should consider providing additional teaching on career opportunities given the recent creation of registrar positions and the career progression this provides for interns.

Required actions:

10. Tairāwhiti DHB must ensure that all departments provide a safe working and training environment for interns.

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:

Interns receive detailed information on the intern training programme during orientation, from their prevocational educational supervisor and through regular emails from the RMO Unit Coordinator.

Many clinical attachments have well-documented guidelines that are emailed to interns prior to the commencement of the attachment. It would be helpful if information and guidelines were consolidated and available as a published online resource for interns.

Recommendations:

- The DHB should consider publishing information about the intern training programme as an online resource that is collated and readily accessible for interns.

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:
There are informal processes to address training related disputes which appear well understood by interns, prevocational educational supervisors and clinical supervisors. Interns report that they feel comfortable discussing training-related issues with their prevocational educational supervisors.

However, given the small size of Tairāwhiti DHB, there can be challenges maintaining confidentiality and impartiality when problems with training or supervision arise. formal processes need to be developed and adopted to ensure these are maintained.

Required actions:
11. Tairāwhiti DHB must develop formal processes to support interns to address problems with training supervision and training requirements that maintain confidentiality.

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:
Interns have access to a wide range of educational resources, facilities, and infrastructure to support their training.

Interns have 24-hour access to a well-resourced library within the hospital, which also has computers available. A full-time librarian supports interns, including assisting with literature searches. E-learning is available through an extensive electronic database collection, and interns have access to a number of e-journals and resources such as UpToDate.

A dedicated Clinical Skills Lab teaching is used to provide interns with simulation and classroom-based teaching.

The DHB provides a lounge for interns where computers and rest facilities are available.