Te Kaunihera Rata
o Aotearoa

Medical Council of New Zealand

Prevocational medical training accreditation report for:
Counties Manukau District Health Board

Date of site visit: 27 and 28 August 2019
Date of report: 4 December 2019

Background

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

To be accredited, training providers must have:

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

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

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

Interns must complete their internship in an intern training programme provided by an accredited training provider. Interns complete a variety of accredited clinical attachments, which take place in a mix of both hospital and community settings. Clinical attachments may only be accredited if they form part of the intern training programme provided by an accredited training provider.

Prevocational medical training ensures that interns further develop their clinical and professional skills. This is achieved by interns satisfactorily completing four accredited clinical attachments in each of the two prevocational years, setting and completing goals in their professional development plan (PDP) and recording the attainment of the learning outcomes in the NZCF.

The purpose of accrediting prevocational medical training providers and its intern training programme is to ensure that the training provider meets Council's standards for the provision of education and training of interns. The purpose of accrediting clinical attachments for prevocational medical training is to ensure interns have access to quality feedback and assessment and supervision, as well as a breadth of experience with opportunity to achieve the learning outcomes in the NZCF.

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

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

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

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

Te Kaunihera Rata o Aotearoa
Medical Council of New Zealand

Name of training provider:	Counties Manukau District Health Board (DHB)
Name of sites:	Middlemore Hospital
Date of training provider accreditation visit:	27 and 28 August 2019
Accreditation visit team members:	Prof John Nacey (Accreditation team Chair) Dr Ken Clark Kath Fox Dr Ravi Ramaiah Dr Andrew Curtis Joan Simeon Hollie Bennett Kaylah Swanson Sarah Vaughan (observer)
Date of previous training provider accreditation visit:	27 and 28 June 2016
Key staff the accreditation visit team met:	
Chief Executive:	Ms Margie Apa
Chief Medical Officer:	Dr Gloria Johnson
Deputy Chief Medical Officer:	Dr David Hughes
Prevocational Educational Supervisors:	Dr Zahoor Ahmad Dr Stuart Caldwell Dr Louise Finnel Dr Linda Huggins Dr Eric Pushparajah Dr Farid Shaba
RMO unit staff:	Terina Davis Christie Breayley
Prevocational Medical Education fellow:	Sarah Correa
Key data about the training provider:	
Number of interns at training provider:	
Number of PGY1s: 69	Number of PGY2s: 59
Number of accredited clinical attachments (current):	64
Number of accredited community based attachments:	5

Section A – Executive Summary

High standards of medical practice, education, and training are key strategic priorities for Counties Manukau DHB and as part of this the DHB is committed to providing a high quality environment for prevocational medical education and training. The DHB has a clinical governance structure reflecting the priority given to teaching and learning and there are clear lines of responsibility and accountability for prevocational medical training in the context of intern training. This is in the context of a number of external pressures that potentially impact on the capacity of the DHB to effectively deliver its intern training program. These include a low socioeconomic decile population and the associated challenges of managing people with multiple morbidities and increasingly complex medical issues including significant obesity. These pressures are occurring at the same time as the DHB is facing increasing workloads for staff, building constraints and financial pressure.

There are effective operational structures to oversee the intern training programme. This includes the Pre-Vocational Training Committee, which oversees prevocational medical education across the three metro Auckland DHBs (Counties Manukau, Auckland and Waitemata). The Deputy Chief Medical Officer (CMO) has primary responsibility for the DHB's prevocational medical training programme. This role is an important point of connection between the prevocational educational supervisors and other groups involved in prevocational training and helps to ensure that the interns at Counties Manukau DHB receive consistent and high quality education. The performance and commitment of the current Deputy CMO is an outstanding example of medical executive leadership and Council commends the Deputy CMO (Dr David Hughes) acknowledging his skills, expertise and leadership in intern education and training. Furthermore, the interns find real value in the prevocational medical education fellow (currently Dr Sarah Correa) and Council commends the DHB for its ongoing resourcing and support for this role.

The interns report that they feel well supported in out of hours settings, with well-structured and multi-professional handovers occurring across the DHB. The interns and clinical supervisors are aware of their obligations around informed consent. Counties Manukau DHB provides a comprehensive formal training programme for interns, which consists of lectures, tutorials and simulation based learning. The programme covers a wide range of topics to meet the requirements of the NZCF. The formal education programme is well regarded by the interns. It is blueprinted to the NZCF learning outcomes and has sufficient flexibility to meet interns' needs and support them to develop skills in self-care and peer support. However, Interns on the general medicine attachment appear to be particularly impacted by increasing demands on clinical services. Medical teams are covering multiple wards, which may compromise team work and intern training. This pressure is also impacting on the ability of medical teams to provide informal teaching to interns and interns' availability to attend formal teaching sessions. Of concern is the lack of formal teaching and education relating to cultural competence within the teaching programme. The Deputy CMO has outlined planned activities to address this shortfall.

There is a comprehensive programme describing the process for identifying and managing trainees in difficulty. The Prevocational Medical Education Fellow works closely with the interns to address any issues with regards to training and education. In addition, the Fellow acts as a portal to identify struggling trainees at an early stage and provide support if needed.

Annual leave continues to be a challenging issue for the DHB. It is managed by the Northern Regional Alliance, which makes every effort to balance multiple requirements with workforce availability. Nevertheless, frustrations remain among the interns about their ability to readily access annual leave. There are various processes in place to resolve any issues and support interns who may be experiencing difficulties. The more formal processes occur through the Northern Regional Alliance facilitated by the Pre-Vocational Training Committee, which has a subcommittee that focuses specifically on Doctors in Difficulty. The Prevocational Medical Education Fellow also plays an important and proactive role in this regard, and is

seen as approachable and effective. The position provides a useful point of liaison between interns and supervisors, as well as peer support and mentoring.

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

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

1. The context of intern training (Standard 2.1)
2. Programme components (Standard 3.1)
3. Formal education programme (Standard 3.3)

Three required actions were identified, along with 2 recommendations and 3 commendations. The required actions are:

1. As part of the current restructure of general medicine there must be due consideration of the impact on interns with demonstrable improvement in the amount of informal teaching and access to formal teaching sessions. (Standard 2.1.1)
2. The DHB must develop a structured plan demonstrating achievement of the required CBA attachments such that by November 2021 all interns will have completed a CBA. (Standard 3.1.6)
3. The DHB's educational programme must include sufficient content on Māori health, culture and health equity. (Standard 3.3.4)

Section B – Overall outcome of the accreditation assessment

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

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

1. As part of the current restructure of general medicine there must be due consideration of the impact on interns with demonstrable improvement in the amount of informal teaching and access to formal teaching sessions. (Standard 2.1.1)
2. The DHB must develop a structured plan demonstrating achievement of the required CBA attachments such that by November 2021 all interns will have completed a CBA. (Standard 3.1.6)
3. The DHB's educational programme must include sufficient content on Māori health, culture and health equity. (Standard 3.3.4)

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

Section C – Accreditation Standards

1 Strategic priorities

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

1. Strategic priorities

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:

Providing a high quality environment for prevocational medical education and training is a key strategic priority for Counties Manukau DHB. The DHB's Healthy Together Strategy has a value led investment in its workforce culture. This extends to the DHB investing in the full continuum of prevocational medical training and education. There are strong governance structures in place, which contribute to the DHB being able to provide its interns with a high quality prevocational medical training and education programme.

There are a number of external pressures that potentially impact on the capacity of the DHB to effectively deliver its intern training program. These include a low socioeconomic decile population and the associated challenges of managing people with multiple morbidities and increasingly complex medical issues including significant obesity. These pressures are occurring at the same time as the DHB is facing increasing workloads for staff, building constraints and financial pressure.

The CMO and CEO are on the Board of the Northern Regional Alliance thereby providing a direct contribution to the administration and management of all interns within the Northern region.

There are clear lines of responsibility that are documented and made available to interns at their orientation. Interns are represented on the Prevocational Training Committee and provide input into the delivery of the teaching programme. Interns also play a key role in the RMO Clinical handbook Committee that revises the handbook on a triennial basis.

Council acknowledges the outstanding commitment of the DHB's clinical and non-clinical staff in providing a high quality prevocational training programme. However, as a result of these external pressures, the DHB faces significant challenges in maintaining its current high standard of medical practice, education and training.

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:

Counties Manukau DHB's strong commitment to prevocational medical training is evidenced by effective operational structures that are in in place to oversee the intern training programme. These include the Pre-Vocational Training Committee, which effectively oversees prevocational medical education across the three metro Auckland DHBs (Counties Manukau, Auckland and Waitemata).

The Deputy CMO has primary responsibility for the DHB's prevocational medical training programme. This role is an important point of connection between the prevocational educational supervisors and other groups involved in prevocational training and helps to ensure that the interns at Counties Manukau DHB receive consistent and high quality education. The performance and commitment of the current Deputy CMO is an outstanding example of medical executive leadership in prevocational medical training.

A prevocational medical education fellow works closely and effectively with interns across both PGY1 and PGY2 and ensures that intern interests are well represented.

There are clear procedures to notify Council of any changes in the intern training programme. This is supported by appropriate clinical governance and quality assurance processes and structures to ensure clear lines of accountability for intern training.

Interns on the general medicine attachment appear to be particularly impacted by increasing demands on clinical services. Medical teams are covering multiple wards, which may compromise team work and intern training. This pressure is also impacting on the ability of medical teams to provide informal teaching to interns and interns' availability to attend formal teaching sessions.

Commendations:

- The interns find real value in the prevocational medical education fellow and particularly the person currently filling this role (Dr Sarah Correa) and Council commends the DHB for its ongoing resourcing and support for this role.
- The accreditation team commends the Deputy Chief Medical Officer (Dr David Hughes) acknowledging his skills, expertise and leadership in intern education and training.

Required actions:

1. As part of the current restructure of General Medicine there must be due consideration of the impact on interns with demonstrable improvement in the amount of informal teaching and access to formal teaching sessions.

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:

Counties Manukau DHB has an experienced team of prevocational educational supervisors who provide excellent support to the interns.

There is a strong partnership between the DHB and the University of Auckland Medical School with a number of Senior Medical Officers holding joint appointments with the University of Auckland and contributing to both undergraduate and postgraduate training programmes. The University of Auckland Medical School is represented on the Pre-Vocational Training Committee and contributes medical education expertise to the prevocational medical training provided to interns within the Auckland region.

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:

There are effective working relationships between the stakeholders involved in prevocational medical training across the Auckland region. The intern training programme is delivered locally at each DHB, with the Pre-Vocational Training Committee and its subcommittees providing oversight of prevocational medical training across the three DHBs in the region. This contributes to a strong network and governance of the prevocational training programme.

The work of the Pre-Vocational Training Committee, combined with the DHB's relationship with the University of Auckland Medical School is of considerable benefit to the DHB's intern programme.

Required actions:

Nil.

3 The intern training programme

3.1 Programme components

3.1.1 The intern training programme is structured to support interns to attain the learning outcomes in the NZCF (75% by the end of PGY1 and at least 95% by the end of PGY2).

3.1.2 The intern training programme requires the satisfactory completion of eight 13-week accredited clinical attachments, which in aggregate provide a broad based experience of medical practice.

3.1.3 The training provider has a system to ensure that interns' preferences for clinical attachments are considered, mindful of the overall learning objectives of the NZCF and their individual PDP goals in the context of available positions.

3.1.4 The training provider selects suitable clinical attachments for training on the basis of the experiences that interns can expect to achieve, including the:

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

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

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

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

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

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

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

3.1 Programme components

	Met	Substantially met	Not met
Rating		**X**	

Commentary:

Comments:

The interns report that they feel well supported in out of hours settings, with well-structured and multi-professional handovers occurring across the DHB.

There is a system in place to ensure that interns' attachment preferences are considered and where possible align with their career pathway.

There is a lack of formal teaching and education relating to cultural competence within the teaching programme.

The interns and clinical supervisors are aware of their obligations around informed consent. The DHB demonstrates a broad appreciation of the challenges in adhering to the policy while ensuring that there are genuine learning opportunities for interns from being involved in the consent process. Current processes for obtaining consent are consistent with Council policy.

The DHB has indicated that it is engaging with a number of parties to develop further community based attachments (CBAs). However, at present the DHB does not have an agreed plan as to how it is going to achieve Council's requirement.

Required actions:

2. The DHB must develop a structured plan demonstrating achievement of the required CBA attachments such that by November 2021 all interns will have completed a CBA.

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:

Counties Manukau DHB has effective systems in place to ensure that each intern maintains their ePort as an appropriate record of their learning and training experience from their clinical attachments and other learning activities.

Interns, clinical supervisors or prevocational educational supervisors are using ePort as it is intended.

Data retrieved from ePort support that interns are appropriately maintaining their PDP and are recording when they have attained learning outcomes. The Northern Regional Alliance monitors compliance with ePort on behalf of the DHBs in the Auckland region.

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:

Counties Manukau DHB provides a comprehensive formal training programme for interns, which consists of lectures, tutorials and simulation based learning. The programme covers a wide range of topics to meet the requirements of the NZCF.

The formal education programme is well regarded by the interns. It is blueprinted to the NZCF learning outcomes and has sufficient flexibility to meet interns' needs and support them to develop skills in self-care and peer support.

It was noted that in the third quarter of 2019, interns reported being unable to attend two thirds of available teaching sessions due to clinical workload. This appears to apply particularly to interns working in general medicine.

Also, there is no mechanism for recording educational opportunities for PGY2 interns beyond the standard weekly formal teaching session. Attendance at Grand Rounds and departmental teaching sessions is not recorded.

Despite a large Māori population within the DHB the formal education programme does not provide sufficient content on Māori health, culture and health equity. There is a paucity of teaching and education relating to cultural competence within the formal teaching programme. Planned activities in the coming quarter were described by the Deputy CMO and these will go some way towards addressing this deficit.

Recommendation:

- There are a wide range of opportunities for PGY2s to attend structured education sessions, such as grand round, journal club and departmental teaching. However, it would be beneficial if the DHB had some oversight of the range of educational sessions that PGY2 interns participate in.

Required actions:

3. The DHB's educational programme must include sufficient content on Māori health, culture and health equity.

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:

A well-constructed and comprehensive orientation programme is offered at the beginning of the intern year. Interns starting employment partway through the year also benefit from a comprehensive orientation programme. This is facilitated by the DHB's Prevocational Medical Education Fellow.

The DHB offers orientation to each clinical attachment with varying levels of formality. The orientation ensures that interns are familiar with the key systems and processes required for that 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 are mechanisms in place for interns wanting to have flexible working arrangements and, where possible, these opportunities are facilitated by the DHB. Requests are considered by the Northern Regional Alliance on an individual basis.

Required actions:
Nil.

4 Assessment and supervision

4.1	Process and systems
4.1.1	There are systems in place to ensure that all interns and those involved in prevocational training understand the requirements of the intern training programme.

4.1 Process and systems			
	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:
The Deputy CMO and the Prevocational Medical Education Fellow readily provide advice, guidance, and training. The Deputy CMO meets fortnightly with the CMO and clinical directors to communicate key updates about prevocational medical training and to ensure that there is understanding of intern programme requirements at all levels across the DHB.

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 an appropriate ratio of prevocational educational supervisors to interns being supervised at Counties Manukau DHB. The DHB's prevocational educational supervisors attend the annual educational supervisor meetings held by Council.

The Deputy CMO and the Prevocational Medical Education Fellow provide oversight and support to the prevocational educational supervisors, which allows them to carry out their roles effectively.

Administrative support to the prevocational educational supervisors is provided by the Prevocational Medical Education Fellow, executive assistance to the Deputy CMO and the Northern Regional Alliance. This includes arranging quarterly meetings and submitting claim forms to Council.

While it is evident that there is a good working relationship between the prevocational educational supervisors and the Deputy CMO, there is opportunity for increased collaboration between the DHB's prevocational educational supervisors.

Recommendation:

- That the prevocational educational supervisors meet regularly with the Deputy Chief Medical Officer to discuss challenges and to share best practice.

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 aware of the online training offered by Council on ePort, and use this resource as needed. Most clinical supervisors reported completing relevant supervision training through their respective Colleges.

Appropriate supervision is provided to interns on relief attachments. Interns are allocated to relief attachments by the Northern Regional Alliance.

The DHB has a broad range of resources to support all staff involved in the intern training programme and actively supports and encourages senior medical officer attendance at the various training workshops for supervision that are provided by Council, medical colleges, the University of Auckland and Counties Manukau Health.

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:
Intern progress is recorded on ePort and is monitored by clinical supervisors and prevocational educational supervisors. The Northern Regional Alliance monitors the timeliness of the recording of meetings between the intern and their clinical supervisor. Interns are making good progress with maintaining their professional development plan and attaining the learning outcomes in the NZCF.

There is a comprehensive programme describing the process for identifying and managing trainees in difficulty at the DHB. The Prevocational Medical Education Fellow works closely with the interns to address any issues with regards to training and education. In addition, the Fellow acts as a portal to identify struggling trainees at an early stage and provide support if needed. The Fellow reports directly to the Deputy CMO who has the overall responsibility for managing interns in difficulty.

The Northern Regional Alliance share a regional programme to identify and support doctors in difficulty. The DHB has representation on the Pre-Vocational Training Committee to address any concerns about interns' performance. Remediation plans are developed to monitor and feedback on the trainee's performance with escalation to Council if necessary.

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 advisory panel follow Council's recommendation for assessment of interns towards registration in the General scope of practice. The Northern Regional Alliance allocates interns to an advisory panel once they are eligible for a General scope of practice. There are plans to meet on an ad-hoc basis for interns who might start late or take leave during their training programme.

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 Northern Regional Alliance provide regular reports to the Deputy CMO if there are any delays in PGY2s applying for endorsement removal. The Deputy CMO and prevocational education supervisors work closely with the Northern Regional Alliance to encourage the intern to complete the process.

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:

There are processes to ensure that interns can provide feedback both informally and anonymously on all aspects of the training programme. The intern representatives on the Pre-Vocational Training Committee also meet regularly with the Prevocational Medical Education Fellow to feed back any concerns.

The Northern Regional Alliance provides an anonymous electronic clinical attachment feedback to all interns at the end of their clinical attachment. The feedback is analysed and interpreted by the Fellow who liaises with the Deputy CMO and RMO unit to incorporate the feedback into the intern training programme.

The Deputy CMO is responsible for, and works with the Fellow to address matters raised by Council in relation to training, including those arising from accreditation visits. Two examples that have been addressed include improving the education and support for interns around informed consent and developing a book describing attachments that helps interns as they transition between attachments.

Required actions:

Nil.

6 Implementing the education and training framework

6.1	Establishing and allocating accredited clinical attachments
6.1.1	Processes and mechanisms are in place to ensure the currency of accredited clinical attachments.
6.1.2	The training provider has processes for establishing new clinical attachments.
6.1.3	The process of allocation of interns to clinical attachments is transparent and fair.

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

Commentary:

Comments:
The management of clinical attachments is undertaken by the Northern Regional Alliance, which is further complemented by the RMO Unit onsite.

A process is in place for establishing clinical attachments and submitting them to Council for accreditation. The Northern Regional Alliance has a documented policy for allocating interns to clinical attachments.

Intern attachments for PGY1 are at Counties Manukau DHB and PGY2 attachments are across Auckland, Waitemata and Counties Manukau DHBs. The allocation process is transparent and is communicated to interns in writing. Interns are surveyed for their preferences and career path interests, and the Northern Regional Alliance seeks to offer blocks of PGY2 attachments that are aligned to an intern's indicated career pathway.

Required actions:
Nil.

6.2 Welfare and support

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

6.2 Welfare and support

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:
The DHB invests considerable effort in ensuring that rosters and working hours support high quality training and safe patient care. The wider context and demographic of the DHB has inevitably resulted in an increased and more complex workload. There are a range of systems in place to support interns in managing the challenge of a busy workload and ensuring they have adequate access to education and training. For example, emphasis is placed on pastoral care, a respectful workplace, and a collegial culture.

Interns indicated they were aware of the requirement to have their own General Practitioner, and were familiar with ways in which they could seek support if required. The interns consistently noted the DHB's collegial workplace culture.

The intern workshop series (HotShop, SafeShop and ProShop) is part of the educational and professional development opportunities available to interns. ProShop has a particular focus on transition, welfare and career planning and is highly valued by the interns.

Annual leave is a challenging issue for the DHB. It is managed by the Northern Regional Alliance, which makes every effort to balance multiple requirements with workforce availability. Frustrations remain among the interns about their ability to readily access annual leave. However, some interns noted improvements in how annual leave was being managed by the Northern Regional Alliance and the local RMO Unit.

Commendation:

- The DHB is commended on its one day workshop (Proshop) which focuses on intern welfare, career planning and transition to registrar from PGY2. This is highly valued by the interns.

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:
A variety of approaches to communication with interns is evident – both formal and informal. Information is available to interns through organisational structures and roles, including prevocational educational supervisors, clinical supervisors, individual departments, and the Prevocational Medical Education Fellow.

Teaching sessions and other professional development opportunities are widely publicised, including on the daily schedule screens in Ko Awatea and the Clinical Training and Education Centre, and on noticeboards.

The RMO Clinical Handbook, which has recently been revised and is also available electronically, is valued by the 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:
There are various processes in place to resolve any issues and support interns who may be experiencing difficulties. The more formal processes occur through the Northern Regional Alliance facilitated by the Pre-Vocational Training Committee, which has a subcommittee that focuses specifically on Doctors in Difficulty.

The Prevocational Medical Education Fellow also plays an important and proactive role in this regard, and is seen as approachable and effective. The position provides a useful point of liaison between interns and supervisors, as well as peer support and mentoring.

While feedback is frequently provided by word of mouth, interns are able to give anonymous feedback through online surveys. Quarterly feedback is given on the effectiveness of prevocational education supervisors and clinical supervisors.

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 facilities, infrastructure and resources available to interns is comprehensive. Of particular note is the new clinical library and lecture theatre.

Interns are able to access skills teaching and simulation environments through the Clinical Training and Education Centre. Ko Awatea provides a modern teaching and meeting environment, as well as networked computers and a well frequented cafe.

The new Clinical Library has a wide range of hard copy and online educational resources.

The interns noted the excellent educational resources that were available to them including ready access to guidelines and comprehensive templates.

The RMO lounge is well equipped and comfortable. It includes two bedrooms, a shower, kitchenette, gym equipment, lockers, computers and a television.

Required actions:
Nil.