Te Kaunihera Rata o Aotearoa

Medical Council of New Zealand

Prevocational medical training accreditation – site visit report for: Capital and Coast District Health Board

Date of assessment: 24 & 25 March 2021

Date of report: 26 August 2021

Te Kaunihera Rata o Aotearoa

Medical Council of New Zealand

Background

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

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

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

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

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

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

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

Interns must complete their internship in an intern training programme provided by an accredited training provider. Interns complete a variety of accredited clinical attachments, which take place in a mix of both hospital and community settings. 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, interim reports may be requested during this period. Please refer to Council's *Policy on the accreditation of prevocational medical training providers* for further information.

The Medical Council of New Zealand’s accreditation of Capital and Coast District Health Board

Name of training provider:	Capital and Coast District Health Board (DHB)
Name of sites:	Wellington and Kenepuru Hospitals
Date of training provider accreditation visit:	24 and 25 March 2021
Accreditation visit team members:	Dr Ken Clark (Chair) Dr Rachelle Love Ms Kath Fox Dr Darren Ritchie Dr Sue Peters Ms Krystiarna Jarnet Ms Holly Hart
Date of previous training provider accreditation visit:	2 and 3 November 2016
Key staff the accreditation team met:	
Chief Executive:	Ms Fionnagh Dougan
Chief Medical Officer:	Dr John Tait
Executive Clinical Director – Performance, Innovation and Training:	Dr Kyle Perrin
Director of Provider Services	Ms Joy Farley
Prevocational Educational Supervisors:	Dr Stephen Pool Dr Chris Andersen Dr Peter Roberts Dr Alice Stringer Dr David Tripp Dr Lupe Taumoepeau Dr Cindy Towns
RMO unit staff:	Kaye Hudson (Operations Manager) Susan Andrews Glenn Jones Athena Nuygen Jacqueline Anstead Geetha Raghunath
Key data about the training provider:	
Number of interns at training provider: 73	
Number of PGY1s: 36	Number of PGY2s: 37
Number of accredited clinical attachments (current):	71
Number of accredited community based attachments:	3 (Hospice, Geriatric Community, Addictions)

Section A – Executive Summary

Capital and Coast District Health Board (DHB) is a high quality educator and trainer of interns with the staff working extremely hard to fulfil the DHB's role as a prevocational medical training provider. Equally Council recognises the ever present challenges relating to high demand for health services and issues in respect to available resource. The challenges and ramifications relating to COVID-19 over the last year are also undoubted and are acknowledged.

While the DHB is performing very well as a trainer, the accreditation team identified several areas where action is required in order for the Council's standards to be met.

First, in relation to strategic priorities. There is no doubt that the DHB has impressive strategic documents that are aspirational, modern, and community focused. However, in the context of this accreditation, the strategic documents do not specify medical education and training as a strategic priority. In addition where monitoring of the intern training programme is concerned, there are no formal processes for interns to give anonymous feedback in respect to the training programme, including feedback relating to supervisors, whether they be educational or clinical, or on aspects of the Resident Medical Officer unit.

Capital and Coast DHB is mostly performing well in the domain of welfare and support of interns. The culture of the organisation is such that interns feel valued and listened to, and genuinely well supported. However, in the feedback received from interns, the issue of intern leave was a recurring issue, both annual leave and leave for professional development and education. This matter has also been highlighted in the DHB's two previous accreditation reports. A number of steps have been taken by the DHB to mitigate the concerns, however ongoing issues remain, particularly in respect to roster and leave processes in Surgical Services.

Capital and Coast DHB is open in its concern at having not yet met the standard of access to a community based attachment for each intern over their two years as interns. Several entirely appropriate and high quality attachments exist, but there are not sufficient attachments for all interns to undertake such an attachment. A number of reasons have been highlighted, and Capital and Coast DHB is not alone in struggling to achieve the standard. However, many DHBs in the country have been able to do so. The DHB is required to meet this extremely important standard and Council is willing to work with the DHB to facilitate progress in this area.

Capital and Coast DHB does not meet the expected standard for providing content on Māori health, health equity, and cultural competence and cultural safety. There is no evidence of formal teaching of this kind being offered to interns outside of tikanga training during orientation. Equally while the DHB has identified several expert groups within the Māori health community, with whom they have links, the accreditation team does not consider these groups to have been sufficiently engaged in informing and guiding intern teaching in this area.

We wish to congratulate the DHB on its increased number of prevocational educational supervisors, and a return to an appropriate ratio between these supervisors and the number of interns. The accreditation team was also extremely impressed with the teaching that is currently available, and being provided in respect to LGBTQ matters. This is exemplary and a model for other DHBs across the country. Finally, the highly impressive attachment for interns in quality improvement and leadership is noted and the DHB is commended on this initiative.

The accreditation assessment was conducted in excellent spirit and at all times in a constructive manner. There was candid interaction with all those interviewed and the accreditation team was extremely grateful for all of the information provided both prior to, and during, the visit.

Overall, Capital and Coast DHB has met 14 of the 21 sets of Council's standards *Accreditation standards for training providers.* Seven sets of standards are substantially met:

1. Standard 1.0 Strategic priorities
2. Standard 2.3 Relationships to support medical education
3. Standard 3.1 Programme components
4. Standard 3.3 Formal education programme
5. Standard 3.5 Flexible training
6. Standard 5.0 Monitoring and evaluation of the intern training programme
7. Standard 6.2 Welfare and support

Eleven required actions were identified, along with 4 recommendations and 2 commendations. The required actions are:

1. Capital and Coast DHB must identify high standards of medical practice, education, and training as key strategic priorities. (Standard 1.1)
2. Capital and Coast DHB must develop a strategic plan for the ongoing support and development of high quality prevocational medical training and education. (Standard 1.2)
3. Capital and Coast DHB must engage with Māori health experts and Māori health providers to develop intern training in cultural competency and cultural safety, and to support Intern training and education in these domains. (Standard 2.3.3)
4. Capital and Coast DHB must ensure that interns are provided with opportunities to develop their cultural competency and cultural safety. (Standard 3.1.5)
5. Capital and Coast DHB must ensure it meets Council's requirement that all interns complete a community-based attachment over the course of their two prevocational years. (Standard 3.1.6)
6. Capital and Coast DHB must provide evidence of formal intern teaching in the areas of Māori Health, health equity and cultural competency and cultural safety. (Standard 3.3.4)
7. Capital and Coast DHB must develop a formal process to allow flexible training. (Standard 3.5.1)
8. Capital and Coast DHB must put in place mechanisms that enable interns to provide anonymous feedback on their prevocational educational supervisors, RMO unit staff and others involved in intern training. (Standard 5.4)
9. Capital and Coast DHB must ensure that interns are able to access adequate professional development and medical leave in a fair and transparent matter. (Standard 6.2.5)
10. Capital and Coast DHB must ensure that leave requests are dealt with in a fair, timely, and transparent matter. In particular, the training provider must demonstrate that interns in surgical services are able to take adequate leave. (Standard 6.2.7)
11. Capital and Coast DHB must demonstrate that they have processes that allow Māori interns to meet cultural obligations within the context of overall training standards. (Standard 6.2.8)

Section B – Overall outcome of the accreditation assessment

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

Capital and Coast District Health Board holds accreditation until **31 October 2025**, subject to Council receiving progress reports, satisfying Council that the required actions set out below have been addressed by **31 January 2022:**

1. Capital and Coast DHB must identify high standards of medical practice, education, and training as key strategic priorities. (Standard 1.1)
2. Capital and Coast DHB must develop a strategic plan for the ongoing support and development of high quality prevocational medical training and education. (Standard 1.2)
3. Capital and Coast DHB must engage with Māori health experts and Māori health providers to develop intern training in cultural competency and cultural safety, and to support intern training and education in these domains. (Standard 2.3.3)
4. Capital and Coast DHB must ensure that interns are provided with opportunities to develop their cultural competency and cultural safety. (Standard 3.1.5)
5. Capital and Coast DHB must ensure it meets Council's requirement that all interns complete a community-based attachment over the course of their two prevocational years. (Standard 3.1.6)
6. Capital and Coast DHB must provide evidence of formal intern teaching in the areas of Māori health, health equity and cultural competency and cultural safety. (Standard 3.3.4)
7. Capital and Coast DHB must develop a formal process to allow flexible training. (Standard 3.5.1)
8. Capital and Coast DHB must put in place mechanisms that enable interns to provide anonymous feedback on their prevocational educational supervisors, RMO unit staff and others involved in intern training. (Standard 5.4)
9. Capital and Coast DHB must ensure that interns are able to access adequate professional development and medical leave in a fair and transparent matter. (Standard 6.2.5)
10. Capital and Coast DHB must ensure that leave requests are dealt with in a fair, timely, and transparent matter. In particular, the training provider must demonstrate that interns in surgical services are able to take adequate leave. (Standard 6.2.7)
11. Capital and Coast DHB must demonstrate that they have processes that allow Māori interns to meet cultural obligations within the context of overall training standards. (Standard 6.2.8)

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.			
1.0 Strategic priorities			
	Met	Substantially met	Not met
Rating		**X**	
Commentary:			

Comments:

Capital and Coast District Health Board has a visionary strategic *Health System Plan 2030* that clearly articulates the role of the organisation within the local health system, and signals the transformation pathway that this will involve. This overarching strategy emphasises interdisciplinary teams and investing in people, but it does not specifically identify medical education and training as a strategic priority for the Capital and Coast DHB. While the Terms of Reference for the Medical Education and Training Committee do identify medical training as a priority, this needs to be reflected in the Capital and Coast DHB's wider strategy.

A *CCDHB People Strategy* has been developed through a consultative process with staff, and identifies strategic intentions in regard to workforce. As yet there is no strategic plan for the ongoing development of prevocational medical training.

The Capital and Coast DHB has an aspirational Māori Health Strategy, *Taurite Ora: Māori Health Strategy 2019 – 2030*, which gives comprehensive coverage of the organisation's priorities for Māori health.

The clinical governance structure for intern training is designed around the interns and provides for elected intern representation. The Executive Clinical Director – Performance, Innovation and Training (Clinical Director) has delegated responsibility from the Chief Medical Officer (CMO) for prevocational medical training, and the prevocational educational supervisors report to that role. The Clinical Director liaises with the clinical supervisors. Accountabilities and responsibilities within the governance structure are clear.

Required actions:

1. Capital and Coast DHB must identify high standards of medical practice, education, and training as key strategic priorities. (Standard 1.1)
2. Capital and Coast DHB must develop a strategic plan for the ongoing support and development of high quality prevocational medical training and education. (Standard 1.2)

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:

Capital and Coast DHB demonstrates that it has the mechanisms and resources to fully support its intern training programme. There is appropriate executive accountability for meeting the prevocational education and training standards, and effective organisational and operational structures are in place to manage interns.

The Clinical Director is clearly responsible for the intern training programme and meets regularly with the CMO.

The Resident Medical Officer (RMO) unit appears to be functioning at full capacity. There are significant and ongoing demands upon it. As a result, it is unsurprising that at times the unit's ability to fully meet all requirements expected of it is stretched.

Finally, there are clear procedures in place to ensure that the Council is notified of all relevant matters in respect to intern training.

Recommendation:

- It is recommended that the DHB focus on ensuring the RMO unit is adequately resourced.

Required actions:

Nil.

2.2 Educational expertise			
2.2.1 The training provider demonstrates that the intern training programme is underpinned by sound medical educational principles. 2.2.2 The training provider has appropriate medical educational expertise to deliver the intern training programme.			
2.2 Educational expertise			
	Met	Substantially met	Not met
Rating	**X**		
Commentary:			

Comments:

Capital and Coast DHB fully demonstrates that the intern training programme is based upon sound medical education principles and has the necessary expertise to deliver the programme.

Capital and Coast DHB has a large senior medical workforce and involvement in medical education and training is expected of all Senior Medical Officers. The DHB has a strong relationship with the University of Otago, Wellington with many joint academic staff and clinical lecturers skilled in medical education. The DHB has a nationally recognised Simulation and Skills Centre with appropriate expertise to deliver high quality educational opportunities.

It is also noted that the DHB has a medical educators' forum where members provide topics for discussion and this is linked to an institutional membership of the international Academy of Medical Educators. Supervisors and educators are encouraged to utilise the resources of the Academy of Medical Educators.

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:
Strong working relationships are in place with the Wellington School of Medicine (University of Otago) with ready access for interns to the university library and to senior lecturers across a range of specialties. Capital and Coast DHB also maintains robust connections with the vocational colleges.

Capital and Coast DHB has longstanding and complex relationships with Hutt Valley and Wairarapa DHBs. Multiple aspects of intern training are coordinated by Capital and Coast DHB across the three DHBs. It is likely that the relationship with Hutt Valley DHB will evolve further in the near future. This will have important implications and ramifications for intern training.

It is evident that Capital and Coast DHB values the contribution of its own Māori and Pacific Health Care Units and these units do provide advice and guidance to the interns, including contribution to the intern orientation programme. However stronger engagement and partnerships with Māori health experts and Māori health providers are needed to ensure appropriate development of intern training in cultural competence and cultural safety.

Required actions:
3. Capital and Coast DHB must engage with Māori health experts and Māori health providers to develop intern training in cultural competency and cultural safety, and to support Intern training and education in these domains. (Standard 2.3.3)

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:

Interns at Capital and Coast DHB, through the intern training programme, have access to a broad range of clinical attachments across the three Wellington regional DHBs. These are allocated regionally based on intern preferences. The process of allocation is reportedly transparent and fair. Allocation is based on the needs of the interns, in addition to the needs of the service.

Each quarter, interns on relief attachments may apply for a Quality Improvement and Leadership placement. This placement, in which an intern from both the medical and surgical reliever teams is taken off clinical duties one day a week, allows interns to engage in clinical governance, undertake quality improvement training and complete a quality improvement project.

Interns are not rostered on nights in the first 3 months of PGY1, and are required to complete a medical attachment before starting nights. There is a teaching session dedicated to providing interns with advice and tips on coping with night shifts. They are well supported by seniors overnight, with interns in most services having access to on-site registrars. Interns covering subspecialty surgical teams have good access to off-site but on-call registrars overnight.

Handover of clinical information is achieved via a combination of verbal and electronic means, with each intern carrying a smartphone attached to their role. Handover procedures are discussed at orientation.

The accreditation team is not satisfied that the training provider provided adequate supervision and opportunities to develop cultural competency and culturally safe practice. Beyond tikanga training at orientation, there is no evidence of formal training in this area. Although there is extensive Māori health and health equity focus in the Capital and Coast DHB strategic plan, there are no specific engagement opportunities between DHB-based Māori health providers and interns.

Community-based attachments have decreased in the past year as a result of competition for posts amongst other clinical groups, such as general practitioner registrars. The DHB has identified strategic areas for developing community-based attachments but resource limitation has been identified as a potential barrier to implementing these attachments.

There are currently three community-based attachments offered: addiction medicine, community geriatrics and hospice. Interns report satisfaction with the quality of these existing attachments and are interested in participating in these. The existing community-based attachments are insufficient in number to meet Council's guidelines for interns and Capital and Coast DHB have already identified this area as an area to attend to. It is recommended that the DHB engage with community health providers, including whānau and Māori Health groups, in order to increase the number of CBA placements.

Informed consent is discussed at orientation and the interns made aware of Council's policy. There has been significant improvement in adherence to this standard, however note is made of some Capital and Coast DHB services still requesting consent by an intern. This typically would occur when a patient under the care of an intern's team is undertaking a procedure under another service. Informed consent processes have improved but all services in the DHB require ongoing education.

Commendation:

- Capital and Coast DHB is commended for its Quality Improvement and Leadership placement. The placement is an effective initiative to broaden the professional skills of interns.

Required actions:

4. Capital and Coast DHB must ensure that interns are provided with opportunities to develop their cultural competency and cultural safety. (Standard 3.1.5)
5. Capital and Coast DHB must ensure it meets Council's requirement that all interns complete a community-based attachment over the course of their two prevocational years. (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 introduced to ePort during orientation. A professional development plan is undertaken and monitored alongside the intern's prevocational educational supervisor and clinical supervisor. The prevocational supervisor is responsible for ensuring that sufficient personal development goals are set for each attachment, and interns are encouraged to include goals which promote work-life balance, personal health and mental wellbeing.

Clinical supervisors discuss the educational opportunities available on the attachment, and encourage the interns to make goals which reflect these clinical opportunities. The complexity of monitoring relieving interns in general was recognised, but this was recognised and satisfactory strategies were in place to provide adequate supervision. Incomplete or inadequate ePort records are escalated to the Clinical Director and/or discussed at the quarterly intern meeting.

The RMO unit monitors completion of the beginning, mid and end of clinical attachments and sends reminders out to interns and clinical supervisors.

Required actions:

Nil.

3.3 Formal education programme

- 3.3.1 The intern training programme includes a formal education programme that supports interns to achieve NCZF learning outcomes that are not generally available through the completion of clinical attachments.
- 3.3.2 The intern training programme is structured so that interns in PGY1 can attend at least two thirds of formal educational sessions.
- 3.3.3 The training provider ensures that all PGY2s attend structured education sessions.
- 3.3.4 The formal education programme provides content on Māori health and culture, and achieving Māori health equity, including the relationship between culture and health.
- 3.3.5 The training provider ensures the formal education programme provides opportunity for interns to develop skills in self-care and peer support, including time management, and identifying and managing stress and burn-out.
- 3.3.6 The training provider provides opportunities for additional work-based teaching and training.

3.3 Formal education programme

	Met	Substantially met	Not met
Rating		**X**	

Commentary:

Comments:

The intern formal education programme is overall a comprehensive and well-structured programme. PGY1 and PGY2 interns have access to protected and separate training sessions, in addition to teaching sessions run through the department they are currently attached to. Sound processes are in place for these teaching sessions to be protected. Attendance is captured via an electronic communication and feedback tool using a QR code.

Sessions cover a range of medical topics, with presenters from a variety of specialities, including some with University attachments. Topics such as wellbeing and self-care are addressed, and these sessions include teaching on Council standards regarding self-prescribing and obtaining a general practitioner.

There is collaboration between Hutt Valley DHB and Capital and Coast DHB to synchronise the content of the formal education programme.

During 2020, amidst the disruption from Covid-19, the DHB delivered education sessions via Zoom, and this remains an option for off-site interns.

There is no evidence of formal teaching in relation to Māori health outside of tikanga training during orientation. The DHB identified several expert groups within the Māori Health community with whom they had links, but these groups have not been engaged in informing intern teaching in Māori health, health equity and cultural competency and safety.

The DHB has formal teaching for interns on the LGBTQ community. This session covers the ongoing discrimination of the community, including health disparities and limited access to care. This session is led by one of the prevocational educational supervisors.

Interns were keen for further teaching sessions to be held in the Simulation Centre and this is being considered by the prevocational educational supervisors.

Commendation:

- Capital and Coast DHB is commended for its formal teaching and clinical leadership relating to the LBGTQ. community.

Recommendation:

- Capital and Coast DHB should consider increased use of its Simulation Centre in its formal education programme.

Required actions:

6. Capital and Coast DHB must provide evidence of formal intern teaching in the areas of Māori Health, health equity and cultural competency and cultural safety. (Standard 3.3.4)

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 comprehensive orientation programme is undertaken by interns at the commencement of employment, with the option of a further orientation for interns who start later in the year. The programme includes familiarisation with Capital and Coast DHB policies and procedures, computer and systems training, tikanga Māori training, orientation to the services and attachments and the intern training programme.

During the past year, the change in intern start dates meant that a rapid restructuring of the orientation programme was needed. This allowed the programme to be expanded, including the addition of topics such as Speaking Up For Safety and a practical training session in personal protective equipment.

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:
Although Capital and Coast DHB are supportive of interns working flexibly, there is no structured policy on flexible training due to the low number of such applications.

The DHB currently accommodates interns who wish to start at a later date. The RMO unit staff and prevocational educational supervisors consider on an individual basis any need to alter start dates, leave requirements, and hours of work. This collaborative approach ensures solutions can be found which meet learning needs, patient safety, service requirements and the intern's situation.

Required actions:
7. Capital and Coast DHB must develop a formal process to allow flexible training. (Standard 3.5.1)

4 Assessment and supervision

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

Comments:
Interns, clinical supervisors and prevocational educational supervisors are all aware of the requirements of the intern training programme.

Information on ePort is provided to interns during their orientation.

Clinical supervisors are provided with the Council's *Clinical Supervisor Guide* and the requirements of the role before being added to ePort.

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:
Since the last accreditation assessment, there has been a substantial increase in the number of prevocational educational supervisors, which reflects the growth in the number of interns. The DHB currently meets Council's ratio of 1:10 prevocational educational supervisors to interns. The DHB should consider appointing a further prevocational educational supervisor to ensure sustainability and cover, especially if intern numbers continue to increase.

The accreditation team notes that the prevocational educational supervisors were wholly positive about their roles in supporting interns and presented as a collegial, enthusiastic and diverse group.

As interns are may be allocated to clinical attachments across the three Wellington regional DHBs, Capital and Coast DHB aims to ensure interns retain the same prevocational supervisor when returning from another DHB. There are quarterly meetings between the three DHBs where prevocational educational supervisors hand over interns who are moving between the DHBs.

Prevocational educational supervisors attend the annual prevocational educational supervisor meetings undertaken by Council.

Oversight of the prevocational educational supervisors is provided by a committed and informed Clinical Director. The prevocational educational supervisor group meet formally with the Clinical Director on a quarterly basis and more frequently as the need arises.

Administrative support is available to the prevocational educational supervisor group, largely from the RMO unit, but it is widely acknowledged this is a unit which is both understaffed and under resourced.

Recommendation:
- Capital and Coast DHB should consider appointing a further prevocational educational supervisor to ensure sustainability and to allow for cover.

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:
All Senior Medical Officers are expected to take part in the teaching and training of interns. Clinical supervisors and registrars regularly contribute to the formal education programme.

Interns are supervised at an appropriate level for their experience, abilities and responsibilities.

New clinical supervisors are actively encouraged to complete the online Level 1 Clinical Supervision Course on ePort and other supervision courses offered by their vocational training provider. However, the DHB does not record or monitor completion of supervision courses by clinical supervisors.

Supervision of interns on relief clinical attachments is acknowledged as challenging. There are issues of non-contact supervision and feedback not always meaningful. The DHB uses a logbook which the intern is asked to complete on a weekly basis.

All clinical supervisors are allocated time for continuing professional development activities and participate in those relevant to their respective colleges.

Recommendation:
- Capital and Coast DHB should establish a process to record and monitor completion of supervision training by its clinical supervisors.

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:
Capital and Coast DHB expects interns to meet with their clinical supervisors within the first two weeks of starting a clinical attachment. Goals for the clinical attachment are expected to be discussed at this meeting. Prevocational educational supervisors monitor interns' progress on clinical attachments and overall progress in ePort.

There is a robust and responsive approach to the intern in difficulty. This is enhanced by the close relationship between the prevocational educational supervisors and the Clinical Director. Once a

prevocational educational supervisor is notified of an intern in difficulty, they advise the Clinical Director. The *Managing Poor Employee Performance (Guideline to the Managing Poor Employee Performance policy* outlines the steps that are taken. This includes establishing a remediation plan.

All intern training issues are discussed at the quarterly meetings that the prevocational educational supervisors, Clinical Director and RMO unit staff attend.

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:
Capital and Coast DHB has established six advisory panels and follows Council's *Advisory Panel Guide and ePort guide for Advisory Panel members* to recommend registration in the general scope of practice.

The difficulties of formal in person meeting due to multiple sites, scheduling and number of personnel involved has been alleviated by forming multiple panels and moving to an email format. This is coordinated by the Clinical Director.

The DHB advises interns when they have met the requirements for PGY1 and to apply for registration in the General Scope of practice.

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:
Prevocational educational supervisors are responsible for assessing whether a PGY2 intern has met the requirements to have the endorsement removed from their practising certificate. Any intern who may be at risk of not fulfilling the requirements is identified early in their fourth quarter and is discussed at that quarters intern meeting.

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:
Various processes and systems are in place to facilitate monitoring of the intern training programme. The Clinical Director meets regularly with the prevocational educational supervisors to discuss the programme and progress of interns. That meeting is also used as a means of evaluating supervisor effectiveness.

The Medical Education and Training Committee, which also includes intern representatives, meets quarterly and provides a forum for identifying any areas of concern or opportunities for improvement in the training programme. Interns have the opportunity to evaluate teaching sessions at the conclusion of the session. Interns report they feel comfortable raising any matters with the prevocational educational supervisors. The prevocational educational supervisors allocate a two-hour session each quarter for the intern group to raise any concerns with them.

Concern was expressed about low response rates to feedback opportunities. Overall, the interns seemed unaware of the current feedback opportunities that are available to them. Feedback is predominantly informal.

The interns currently are unable to provide formal anonymous feedback on those involved in the management and support of the prevocational training programme. The DHB acknowledged the importance of intern feedback, and consideration is being given to exploring opportunities for further improvement through electronic templates, potential use of online survey tools, and MedApp.

The Clinical Director has accountability for addressing any matters raised by the Council in regard to prevocational training, working alongside the prevocational educational supervisors and escalating further to the CMO if necessary.

Required actions:

8. Capital and Coast DHB must put in place mechanisms that enable interns to provide anonymous feedback on their prevocational educational supervisors, RMO unit staff and others involved in intern training. (Standard 5.4)

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:

Capital and Coast DHB has processes that enable them to review clinical attachments and ensure that they maintain currency to Council standards. All current intern attachments are accredited.

The RMO unit and Clinical Director, in conjunction with clinical services, facilitate the establishment of new clinical attachments and ensure that they meet both Council and contractual requirements. Since the last Council accreditation, the DHB has established an anaesthetic intern rotation which provides early exposure to this speciality.

Allocation of interns to clinical attachments is facilitated by a published protocol, which incorporates intern preferences and professional/career goals where possible. Interns in their first year select 'modules' of four clinical attachments – which aim to give a broad base of educational experience. The DHB notes that most interns are allocated to a module that they have preferenced. A House Surgeon Appointment Committee meets regularly to discuss and allocate interns to clinical attachments.

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:

Interns feel well-supported and report that overall clinical duties, working hours, and supervision within the Capital and Coast DHB are consistent with high quality training and safe patient care. Rostering is completed by the RMO unit, in conjunction with the clinical services, and is compliant with both Council and contractual provisions. Interns are comfortable with the level of senior support, and clinical responsibility expected, whilst rostered on night shifts within the DHB.

Capital and Coast DHB provides a safe working and training environment for interns. Interns are informed of the DHB's zero-tolerance toward workplace bullying during orientation processes. This is supported by a formal DHB policy, *Workplace Bullying, Harassment, Discrimination and Victimisation Prevention*. Interns generally feel comfortable approaching their prevocational educational supervisors and other senior staff with issues that arise.

Providing a culturally-safe working environment is a priority for Capital and Coast DHB, and diversity is acknowledged within the intern group. The DHB recognise that Māori interns may have additional cultural obligations and have identified that processes could be improved to support Māori interns in meeting these obligations. The DHB provides teaching on tikanga Māori during orientation and intend to incorporate more content into the formal teaching programme. The DHB has also acknowledged that it must enhance relationships with Māori health groups to improve the intern training programme. The accreditation team recognise that the provision of culturally-safe care is emboldened by including specific LGBTQ teaching in the formal intern training programme.

Interns at Capital and Coast DHB are advised to have their own doctor, and a list of local general practitioners is provided at orientation. The formal intern training programme includes sessions on self-care, bullying, and managing stress and burnout. Interns are made aware of free, confidential access to personal counselling through the DHB Employment Assistance Programme or Occupational Health Service during orientation and via the DHB intranet. Prevocational educational supervisors and the RMO unit act on both a formal and informal basis to coordinate pastoral care and access additional support services.

Career advice is provided on a regular basis by prevocational educational supervisors, and a list of senior staff responsible for training in each speciality is provided if further advice is required. An inaugural DHB careers evening was held in 2020 to support these processes.

Leave processes have been identified as an issue during the last two cycles of Council accreditation at Capital and Coast DHB. The accreditation team note with concern that interns continue to experience significant difficulties in accessing annual leave, and to a lesser extent professional development leave, in the surgical services. This feedback is consistent with that provided by prevocational educational and clinical supervisors. The training provider should consider aligning surgical leave processes and rostering with the medical services, in which feedback has been very favourable. Although the training provider has spent attention in improving this situation, the continued inability of interns to access leave in a timely, fair, and transparent matter in the surgical services has a negative influence on intern training and educational experiences.

Required actions:

9. Capital and Coast DHB must ensure that interns are able to access adequate professional development and medical leave in a fair and transparent matter. (Standard 6.2.5)
10. Capital and Coast DHB must ensure that leave requests are dealt with in a fair, timely, and transparent matter. In particular, the training provider must demonstrate that interns in surgical services are able to take adequate leave. (Standard 6.2.7)
11. Capital and Coast DHB must demonstrate that they have processes that allow Māori interns to meet cultural obligations within the context of overall training standards. (Standard 6.2.8)

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 methods is used to communicate with interns regarding the training programme. A regular RMO bulletin is published with important updates, and the RMO unit is in regular email contact.

Interns at Capital and Coast DHB are provided with the application ‘MedApp’ on work-issued phones, which provides an accessible means to send important notifications directly to relevant 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:

Capital and Coast DHB have several processes that support interns to address training-related issues. Interns are encouraged to liaise with their prevocational educational supervisor if they have any training-related issues. Interns are aware that they can contact their clinical supervisor, other prevocational educational supervisors, the RMO unit, or the Clinical Director.

Concerns regarding intern supervision and training are discussed between prevocational educational supervisors and the Clinical Director on a quarterly basis or, more commonly, on an informal basis as issues arise. Training related disputes are uncommon and are dealt with by the prevocational educational supervisors, Clinical Director, and DHB representatives when required. These processes are supported by the formal DHB policy, *Managing Poor Employee Performance*, and *Responding to Prevocational Trainee's Health and Behaviour* pathway.

The quarterly Medical Education and Training Committee has several intern representatives and provides an informal mechanism for intern feedback on training-related and other issues.

Clinical supervisors have a good working relationship with prevocational educational supervisors and there are clear pathways for communication if there are any concerns.

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:
Capital and Coast DHB provides a variety of comprehensive educational resources, facilities, and infrastructure in provision of the intern training programme. This is reinforced by intern feedback where the majority feel well-supported in their training and education programme.

Interns have free access to standard online resources such as UpToDate and the New Zealand Formulary for prescribing information. There is onsite and electronic access to the University of Otago Wellington Campus Library containing high-impact medical journals, textbooks, and electronic resources.

Local management protocols and prescribing guidelines are available to interns via the electronic 'PML' resource. Additionally, a selection of e-Learning modules is available via the intranet.

There is easy access to computer facilities throughout the DHB. Interns are provided with cellphones which are pre-loaded with useful applications and links to resources.

The Wellington Regional Centre for Simulation and Skills Education is based within the DHB and is available as a site for simulation and clinical skills training within the intern training programme. This is increasingly used for intern training, but the training provider acknowledges that its use is currently limited due to scheduling issues.

There are ample facilities for clinical education throughout Capital and Coast DHB, including rooms for videoconferencing as well as lecture-theatre spaces for larger groups.

Capital and Coast DHB has well-appointed and accessible intern facilities, and this is supported by intern feedback.

Required actions:
Nil.