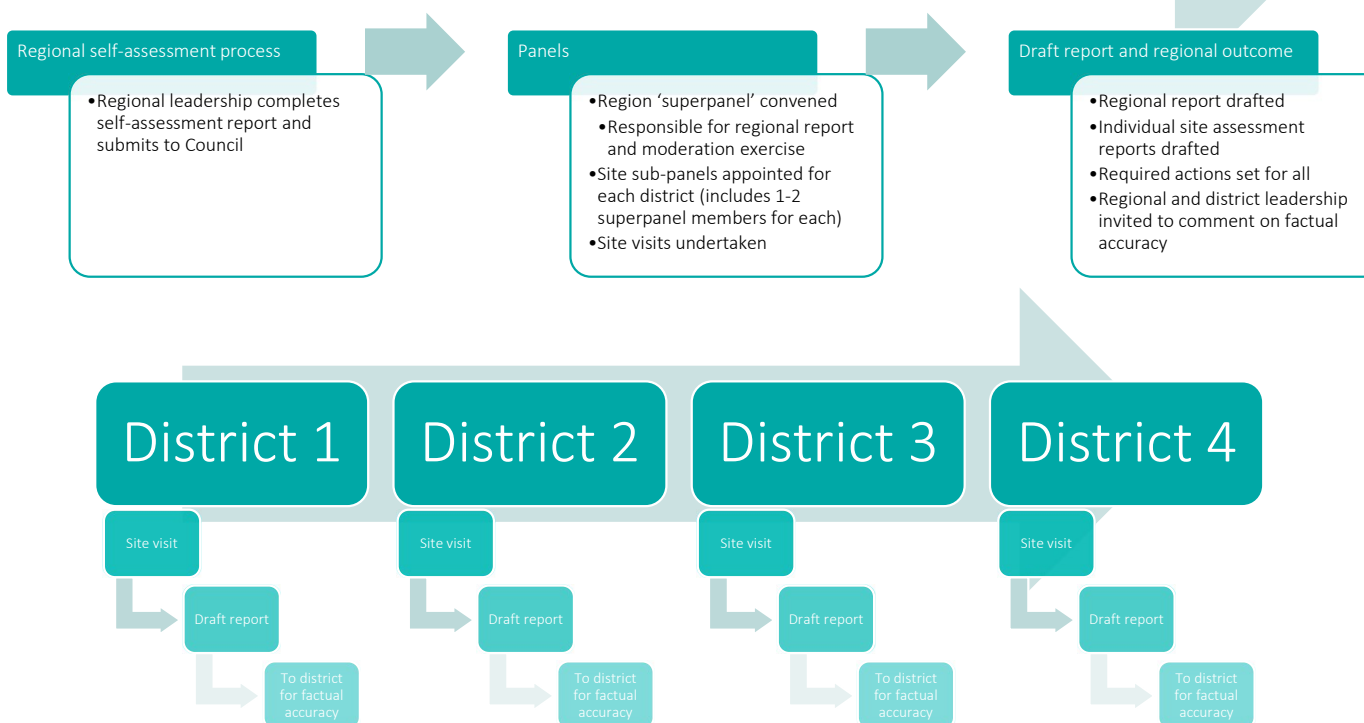


Regional accreditation cycle



Regional accreditation cycle

Regional self-assessment process

- Regional leadership completes self-assessment report and submits to Council

Panels

- Region 'superpanel' convened
 - Responsible for regional report and moderation exercise
- Site sub-panels appointed for each district (includes 1-2 superpanel members for each)
- Site visits undertaken

Draft report and regional outcome

- Regional report drafted
- Individual site assessment reports drafted
- Required actions set for all
- Regional and district leadership invited to comment on factual accuracy

District 1

District 2

District 3

District 4

Site visit



Draft report



To provider
for factual
accuracy

Site visit



Draft report



To provider
for factual
accuracy

Site visit



Draft report



To provider
for factual
accuracy

Site visit



Draft report



To provider
for factual
accuracy



SCENARIO 1

Community-based attachments

An accreditation visit is due to occur at a district in September.

Prior to the visit the district submits their self-assessment report. Standard 3.1.6 (CBAs) is assessed by the district as being 'not met'

It was noted that this district has struggled to meet the standard since the standard's inception, citing a few reasons for doing so.

The district states that there are not enough currently accredited community-based attachments (CBAs) to allow for every intern to complete within their two-year period.

For the current self-assessment, the district has described their willingness to approach and accredit more CBAs, however business cases submitted at the executive level have been declined, due to management citing that funding cannot be approved as this would need Health NZ signoff at the regional level.

Current standard

Standard

The intern training programme – Programme components

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 completes at least one community-based attachment.

Revised standards (provider / region)

Training provider	Training region
The intern training programme – Programme components 3.1.5: Processes are in place to ensure that, over the course of the two prevocational training years each intern completes at least one community-based attachment.	Organisational and operational structures – Resourcing of intern training programmes 2.1.3: The training region ensures appropriate allocation of resources towards the setting up of sufficient community-based attachments to fulfil intern allocation requirements.

SCENARIO 2

Administration support, resourcing and escalation

Following a site visit, a district received a 'substantially met' assessment, with several required actions. Two of the required actions relate to the intern training programme which is currently the responsibility of the district's PES group.

The site visit and the district's self-assessment report have both highlighted that the intern training programme has had problems, with a lack of sessions being held for interns at both PGY1 and PGY2 level. The PES group has also emphasised challenges with respect to no administrative support made available for them and no education team to assist. They are a stressed cohort, trying to juggle clinical and non-clinical responsibilities.

The district's accreditation is assessed by the accreditation panel as being 'substantially met' and they must submit progress reports on the required actions in 12 months' time.

Over the next year it becomes apparent that the district is no longer meeting standard 2.1.1 (delivery of the intern training programme), with sessions being regularly cancelled, and no alternatives provided. A couple of PESs raise this issue at the annual PES meeting and the first progress report confirms this. In further discussions, the PES cohort advises that requests for administrative support have been denied, with the national Health NZ hiring 'freeze' being constantly cited. On top of this, workforce shortages have increased across the hospital, including at the SMO level. PESs feel they can no longer commit any non-clinical time.

The number of interns has also increased, but the PES numbers remain the same, with intern to PES ratio now exceeding 1:10.

These issues now affect Standard 4.2.1 (PES:Intern ratio) and Standard 4.2.4 (Admin support), as well as 2.1.1.

After going through the process of reviewing the situation, Council also has a concern with respect to Standard 5.6 (process to address matters), as clearly the district is struggling, and matters may need to be escalated.

Current standard

Standard

Organisational and operational structures – 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.

Revised standards (provider / region)

Training programme	Training provider
Organisational and operational structures – The context of intern training 2.1.1: There are mechanisms in place to plan, develop, implement, and review the intern training programme.	Organisational and operational structures – Resourcing of intern training programmes 2.1.2: The training provider ensures appropriate resources (including funding) to training programmes when required. This will include: <ul style="list-style-type: none"> • Appropriate medical education expertise. • Appointing additional prevocational educational advisors as needed. • Sufficient administrative support for prevocational educational supervisors and directors of clinical education (or equivalent) to adequately undertake their roles. • Setting up of new community-based attachments to fulfil intern allocation requirements.

Current standards

Standard
Assessment and 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. 4.2.4: Administrative support is available to prevocational educational supervisors so they can carry out their roles effectively.

Revised standards (programme / provider)

Training provider	Training region
Assessment and supervision – Supervision – Prevocational educational supervisors 4.2.1: There is an appropriate ratio of prevocational educational supervisors in place to oversee the training and education of interns in both PGY1 and PGY2. 4.2.4: Administrative support is available to prevocational educational supervisors so they can carry out their roles effectively.	Organisational and operational structures – Resourcing of intern training programmes 2.1.2: The training region ensures appropriate resources (including funding) to training programmes when required. This will include: <ul style="list-style-type: none"> • Appropriate medical education expertise. • Appointing additional prevocational educational supervisors as needed. • Sufficient administrative support for prevocational educational supervisors and directors of clinical education (or equivalent) to adequately undertake their roles.

Current standard

Standard

Monitoring and evaluation of the intern training programme

5.6: There is a process to address any matters raised by Council in relation to training, including those arising from accreditation visits.

Revised standards (provider / region / organisation)

Training provider	Training region
Liaison with Council 5.2.2: There is a process to address any matters raised by the Council in relation to training, including those arising from accreditation visits.	Monitoring of the intern training programmes 5.1.1: The training provider has clear lines of reporting and escalation processes from the training programme governance level through to those responsible at the provider and organisational level.
	5.1.2: There is a process to address any matters raised by the Council in relation to training oversight, including: <ul style="list-style-type: none">• Matters arising from provider site accreditation visits• Training provider issues escalated to the training region.
	Training organisation
	Monitoring of the intern training programmes 5.1.1: The training organisation has processes to manage matters escalated to organisational leadership from the training region and training provider governance levels.
	5.1.2: There is a process to address any matters raised by the Council in relation to training oversight, including: <ul style="list-style-type: none">• Matters arising from provider site accreditation visits• Training provider or region issues escalated to the training organisation

SCENARIO 3

Policy

At an accreditation site visit, the meeting with the interns highlighted concerns around rostering and leave.

A specific concern related to flexible working arrangements, with some interns commenting on inconsistency between this district and other districts in approving arrangements. Two interns who have transferred recently from another district spoke in detail about the differences and feel that their current district is difficult to deal with.

Evidence provided for Standard 3.5.1 (Flexible training) finds that there are a couple of documents included with respect to staff breastfeeding policy and COVID-19, however nothing specific to flexible employment and training.

When the accreditation panel met with the RMO unit, and subsequently the DCT and CMO, it was highlighted that there is great uncertainty at present with respect to who is now responsible for creating policy. They point out that there is a Health NZ People and Culture service which should have responsibility for HR policies, however communication between HNZ and the districts has been vague at best.

The district acknowledges the current deficit but feel that they cannot effect change in policy under the new directive.

Current standard

Standard

The intern training programme – 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.

Revised standards (provider / organisation)

Training provider	Training organisation
<p>The intern training programme – Flexible training</p> <p>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, in line with the training organisation's policy on flexible training.</p>	<p>Policy</p> <p>3.1.1: The training organisation has policies on the following:</p> <ul style="list-style-type: none">• Adhering to the Council's statement on obtaining informed consent• Flexible training• Additional cultural obligations• Discrimination, bullying, and harassment• Review and resolution of intern training-related disputes

SCENARIO 4

Strategic priorities

Requests for submission of annual reports have been sent to all districts (who do not have a recent or upcoming site visit) to complete.

Council receives feedback from multiple districts that they no longer are sure about how to answer standards relating to 1. *Strategic Priorities*, with some districts advising that previous DHB strategic plans and priorities have lapsed. It is unclear under the new national Health NZ system, who is responsible for these. Health NZ has released their strategic priorities to the public but there is no reference to medical education and training.

Current standards

Standard

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 and health equity.

Revised standards (provider / organisation)

Training provider	Training organisation
Strategic planning 1.1.1: The training provider has a strategic plan for ongoing development and support of high quality prevocational medical training and education, which reflects the training organisation's strategic priorities 1.1.2: The training provider addresses Māori health and health equity as part of its commitment to high quality prevocational education and training.	Strategic priorities 1.1.1: The training organisation has key strategic priorities which include development and support of high quality prevocational medical education and training. Strategic priorities 1.1.2: The training organisation's strategic priorities addresses Māori health and health equity.