Prevocational medical training accreditation report:
Auckland District Health Board

Date of site visit: 21 and 22 August 2015
Date of report: 8 December 2015
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Background

Under the Health Practitioners Competence Assurance Act 2003 (HPCAA) the Medical Council of New Zealand (the Council) is required to accredit and monitor educational institutions that deliver medical training for doctors and to promote medical education and training in New Zealand under section 118 of the HPCAA.

The purpose of accreditation of training providers for prevocational medical training is to ensure that standards have been met for the provision of education and training for interns. Prevocational medical training spans the two years following graduation from medical school and includes both postgraduate year 1 (PGY1) and postgraduate year 2 (PGY2). Doctors undertaking this training are referred to as interns. Prevocational medical training applies to all graduates of New Zealand and Australian accredited medical schools and doctors who have sat and passed NZREX.

The Council will accredit training providers for the purpose of providing prevocational medical education through the delivery of an intern training programme. Accreditation will be granted to those who have:

- structures and systems in place to enable interns to meet the learning outcomes of the New Zealand Curriculum Framework for Prevocational Medical Training (NZCF)
- an integrated system of education, support and supervision for interns
- individual clinical attachments to provide a high quality learning experience.

Process

The process of assessment for the accreditation of Auckland District Health Board (DHB) as a training provider for prevocational training involved:

1. A self-assessment undertaken by Auckland DHB, with documentation provided to the Council.
2. Interns being invited to complete a questionnaire about their educational experience at Auckland DHB.
3. A site visit by an accreditation team to Auckland City Hospital on 20 and 21 August 2015 that included meetings with key staff and interns.
4. Presentation of key preliminary findings to the Chief Executive, Chief Medical Officer and other relevant Auckland DHB staff.

The Accreditation Team is responsible for the assessment of the Auckland District Health Board intern training programme against the Council’s Accreditation standards for training providers.

Following the accreditation visit:

1. A draft accreditation report is provided to the training provider.
2. The training provider is invited to comment on the factual accuracy of the report and conclusions.
3. Council’s Education Committee considers the draft accreditation report and response from the training provider and make recommendations to Council.
4. Council will consider the Committee’s recommendations and make a final accreditation decision.
5. The final accreditation report and Council’s decision will be provided to the training provider.
6. The training provider are provided 30 days to seek formal reconsideration of the accreditation report and/or Council’s decision.
7. The accreditation report is published on Council’s website 30 days after notifying the training provider of its decision. If formal reconsideration of the accreditation report and/or Council’s decision is requested by the training provider then the report will be published 30 days after the process has been completed and a final decision has been notified to the training provider.
The Medical Council of New Zealand’s accreditation of Auckland District Health Board

Name of training provider: Auckland District Health Board

Name of site(s): Auckland City Hospital
                      Starship Hospital

Date of training provider accreditation visit: 20 and 21 August 2015

Accreditation visit team members:
Professor John Nacey (Accreditation Team Chair)
Mr Andrew Connolly
Ms Joy Quigley
Mr Philip Pigou
Ms Joan Crawford
Ms Andrea Flynn

Key staff the accreditation visit team met:
Chief Executive: Ms Ailsa Claire
Chief Medical Officer: Dr Margaret Wilsher
Director of Clinical Training: Dr Stephen Child
Prevocational Educational Supervisors:
Dr Isaac Cranshaw
Dr Li Chun Hsee
Dr Chris Kenedi
Dr Christopher Lewis
Dr Boris Lowe
Dr Shiva (Carl) Muthu
Dr Peter Ruigrok
Dr Andrew (Danny) Stewart
Dr Eletha Taylor
Dr Christine Bradley
Dr Jane Walton

Northern Region Alliance staff: Terina Davis
                             Daniel Channing

Others: Gill Naden, Manager Clinical Education and Training
        Pat Starkey
        Rosamond D’Souza

Key data about the training provider:
Number of interns at training provider:
- Number of postgraduate year 1 interns: 45
- Number of postgraduate year 2 interns: 56
Section A – Executive Summary

Medical practice, education and training are key strategic priorities for Auckland District Health Board (DHB) with education forming one of the four pillars of its vision and strategic principles.

Auckland DHB has a clinical governance structure which reflects a priority towards teaching and learning. The Chief Medical Officer is responsible for all medical staff within Auckland DHB but has a particular focus on interns, research and medical education. The Chief Medical Officer has clear accountability for the prevocational training programme and ensuring the quality of training and education for interns. This is supported by a well-developed organisational structure. Furthermore, the Chief Medical Officer is on the board of the Northern Regional Alliance which is a multiparty organisation dedicated to the administration and management of all resident medical officers (RMOs), including interns, within the Auckland region.

Education and training are a major focus of Auckland DHB and this is reflected in the quality of the intern training programme. The establishment of the Prevocational Training Committee that provides oversight of interns in the Auckland region is an excellent initiative, with broad and appropriate membership including directors of clinical training, prevocational educational supervisors, Clinical Education and Training Unit staff, and Northern Regional Alliance representatives. Interns are also part of the Intern Curriculum Committee within the Clinical Education and Training Unit and provide input into the delivery of the intern teaching programme, reviewing past training experiences and advising on future training needs. The Clinical Education and Training Unit have a high level of medical educational expertise with a particular focus on remaining up to date with current medical education principles and practice. A number of senior medical officers hold joint appointments with the University of Auckland, teaching undergraduate and graduate students in addition to their DHB positions.

Formal monitoring of intern progress is very well managed by the prevocational educational supervisors. Northern Regional Alliance effectively monitors the ePort system and reminds interns, prevocational educational supervisors and clinical supervisors about the ePort commitments and requirements.

Auckland DHB are to be commended on the enhanced clinical safety that the Code Red escalation process provides when interns undertake night duties. In addition, handover and informed consent policies and procedures are well established. Orientation to the DHB and individual clinical attachments is well structured.

High quality supervision ensures interns receive the best possible teaching and learning experience. Auckland DHB has been proactive in recruiting and appointing additional prevocational educational supervisors who are well supported and maintain an appropriate ratio of interns to prevocational educational supervisors.

Auckland DHB are to be commended on the high level of engagement with the prevocational training programme that is reflected in the strategic priority that this has been assigned by the Chief Executive and senior management and clinical staff. The result is a high level of satisfaction from the interns who greatly value the teaching and learning experience that has been provided for them.

Auckland DHB met all of the 21 sections of Council’s Accreditation standards for training providers that can be assessed. One of the standards relating to postgraduate year 2 interns cannot be assessed until November 2016. There are no required actions from this accreditation assessment.
## Overall outcome of the assessment

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<th>The overall rating for the accreditation of Auckland DHB as a training provider for prevocational medical training is:</th>
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<td>Auckland DHB holds accreditation until <strong>21 December 2018</strong>.</td>
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## Section B – Accreditation standards

### 1 Strategic Priorities

1. High standards of medical practice, education, and training are key strategic priorities for training providers.

2. The training provider is committed to ensuring high quality training for interns.

3. The training provider has a strategic plan for ongoing development and support of a sustainable medical training and education programme.

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.

5. The training provider ensures intern representation in the governance of the intern training programme.

6. The training provider will engage in the regular accreditation cycle of the Council which will occur at least every three years.

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**Comments:**

Medical practice, education and training are key strategic priorities for Auckland DHB with education forming one of the four pillars of its vision and strategic principles.

Auckland DHB has a clinical governance structure which reflects a priority towards teaching and learning. The Chief Medical Officer is responsible for all medical staff within Auckland DHB but has a particular focus on interns, research and medical education. The line of clinical responsibility of interns sits directly with the Chief Medical Officer reflecting its importance within the organisation as a whole. The Chief Medical Officer is on the Board of the Northern Regional Alliance which is a multiparty organisation dedicated to the administration and management of all resident medical officers (RMOs), including interns, within the Auckland region. This is outlined in the clinical governance structure.

There are clear lines of responsibility that are documented and made available to the interns at their initial orientation. The line of clinical responsibility of the interns is firstly to their registrar, then supervising consultant, clinical director, clinical leader, and finally the Chief Medical Officer.

There are intern representatives on the Prevocational Training Committee. Interns are also part of the Intern Curriculum Committee within the Clinical Education and Training Unit and provide input into the delivery of the intern teaching programme within Auckland DHB, reviewing past training experiences and advising on...
The interns also play a key role in the RMO Clinical Handbook Committee that revises the RMO Clinical Handbook on a biannual basis. The RMO Clinical Handbook was designed and developed by and for RMOs with a senior doctor providing editorial and clinical leadership. The handbook has become a key resource for all clinical staff and is now entirely online and available for handheld devices.

**Commendations:**
- The Director of Clinical Training and the Clinical Education and Training Unit team demonstrate an ongoing commitment to ensuring high quality medical education and training for interns. An example of this is the *New Zealand Curriculum Framework for Prevocational Medical Training* mapping exercise, seeking feedback from interns to review their training experience against the *New Zealand Curriculum Framework for Prevocational Medical Training*.
- There are strong relationships between those providing leadership in prevocational medical training, including the Chief Medical Officer, prevocational educational supervisors, Clinical Education and Training Unit and the Northern Regional Alliance.
- There is recognition at Chief Executive level of the need for Auckland DHB to focus on primary care in the community and a commitment to developing a long term strategy to establish quality placements in the community for interns.
- There is a desire to seek ongoing improvement. An example is the improvement made to the teaching programme when areas in the *New Zealand Curriculum Framework for Prevocational Medical Training* were identified that required focus, such as return to work and disaster planning.

**Recommendations:**
Nil.

**Required actions:**
Nil.

## 2 Organisational and operational structures

### 2.1 The context of intern training

2.1.1 The training provider can demonstrate that it has the responsibility, authority, and appropriate resources and mechanisms 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 address immediately any concerns about intern performance that may impact on patient safety.

2.1.5 Clear procedures are documented 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

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**Comments:**
The Chief Medical Officer has clear accountability for the prevocational training programme and ensuring the quality of training and education for interns. This is supported by a well-developed organisational structure.

The Clinical Education and Training Unit at Auckland DHB has a primary mandate to be responsible for the education of interns. The Clinical Education and Training Unit has 2.5 FTE staff, including 0.5 FTE Director of Clinical Training. The Clinical Education and Training Unit provides dedicated training and support to interns at Auckland DHB. The Clinical Education and Training Unit has a coordinating role with all Council appointed prevocational educational supervisors who meet on a quarterly basis to discuss issues of supervision and training of interns.

The Prevocational Training Committee has oversight of interns within the Auckland region. A well-defined organisational structure is established along with terms of reference. Membership includes all directors of clinical training, prevocational educational supervisors, Clinical Education and Training Unit Manager, Northern Regional Alliance representatives and interns.

There are clear policies and procedures to support and manage doctors in difficulty. This includes a three level triage system. Level three concerns that may represent significant risk result in automatic involvement of the Chief Medical Officer and the Human Resources department for direct management.

All directors of clinical training in the Auckland region participate in a monthly teleconference regarding doctors in difficulty. All RMOs in the region who are experiencing some difficulties are discussed among the three DHBs, the Human Resources Manager, RMO Manager and the Northern Regional Alliance to ensure there are appropriate, streamlined and consistent management processes across the region.

**Commendations:**
- Auckland DHB has implemented the new prevocational training programme effectively. There is clear accountability at Chief Medical Officer level and throughout the organisation for governance and operational issues that ensure the quality of training and education.
- Auckland DHB have a well developed doctor in difficulty programme. The Clinical Supervision and Teaching Guide has been developed and written by the Clinical Education and Training Unit and distributed to all senior doctors at Auckland DHB. This gives practical information about assessing and diagnosing doctors in difficulty as well as how to develop appropriate management plans.
- Monthly and quarterly meetings take place to identify and support interns in difficulty. This includes involvement from all directors of clinical training in the Auckland region.
- The appointment of a dedicated Human Resources staff member to provide additional support to interns and prevocational educational supervisors.

**Recommendations:**
Nil.

**Required actions:**
Nil.

### 2.2 Educational expertise

#### 2.2.1 The training provider can demonstrate that the intern training programme is underpinned by sound
2.2.2 The training provider has appropriate medical educational expertise to deliver the intern training programme.

### 2.2 Educational expertise

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**Commentary:**

**Comments:**
The Clinical Education and Training Unit have a high level of medical educational expertise with a particular focus on remaining up to date with current medical education principles and practice. A number of senior medical officers hold joint appointments with the University of Auckland, teaching undergraduate and graduate students in addition to their Auckland DHB positions.

**Commedations:**
- The intern training programme is underpinned by the principles of adult learning.
- Strong and effective leadership is provided by the Clinical Education and Training Unit team particularly Dr Stephen Child (Director of Clinical Training) and Gill Naden (Manager Clinical Education and Training).
- The establishment of the Prevocational Training Committee that provides oversight of interns in the Auckland region is an excellent initiative, with broad and appropriate membership including directors of clinical training, prevocational educational supervisors, Clinical Education and Training Unit staff, Northern Regional Alliance representatives and interns.

**Recommendations:**
Nil.

**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 Relationships to support medical education

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**Comments:**
The intern training programme is delivered locally at Auckland DHB, however information on the training programme is shared across the region through the Prevocational Training Committee. The Chair of the Prevocational Training Committee holds joint roles at both the University of Auckland and Auckland DHB. A key focus of the Prevocational Training Committee is regional collaboration, ensuring consistent quality training across the three Auckland DHBs and streamlining and sharing best practice.

Auckland DHB has a Memorandum of Understanding with the University of Auckland in relation to the
Auckland Academic Health Alliance. Senior executives led by the Chief Medical Officer and the Chief Executive meet regularly with the Dean and key associates at the Faculty of Medical and Health Science. The transition from sixth year medical students to postgraduate year 1 is one of the topics of discussion.

A number of the Auckland DHB senior clinicians also hold joint appointments with the University of Auckland and therefore many of the contributors are involved in teaching at both undergraduate and postgraduate level and in both organisations.

The Northern Regional Alliance is an agency owned by the four DHBS in the northern region. The Northern Regional Alliance provides employment, administration and support services for interns at the three metro Auckland DHBs. Northern Regional Alliance works closely with the Clinical Education and Training Unit of Auckland DHB through the Prevocational Training Committee.

Commendations:
- Auckland DHB has an excellent relationship with the University of Auckland, Auckland University of Technology and other DHBs in the region.
- While the Northern Regional Alliance is not strictly an external organisation, its cross DHB networking work is particularly effective.

Recommendations:
1. Proactive engagement across the breadth of community based health services in the Auckland DHB region is required to ensure implementation of community based attachments for interns at Auckland DHB to meet Council’s goal of every intern completing a clinical attachment in the community by 2020.

Required actions:
Nil.

3 The intern training programme

3.1 Professional development plan (PDP) and e-portfolio

3.1.1 There is a system to ensure that each intern maintains a PDP as part of their e-portfolio that identifies the intern’s goals and learning objectives, informed by the NZCF, mid and end of clinical attachment assessments, personal interests and vocational aspirations.

3.1.2 There is a system to ensure that each intern maintains their e-portfolio, to ensure an adequate record of their learning and training experiences from their clinical attachments, continuing professional development activities with reference to the NZCF.

3.1.3 There are mechanisms to ensure that the clinical supervisor and the prevocational educational supervisor regularly review and contribute to the intern’s PDP.

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Commentary:
Comments:
Formal monitoring of intern progress is largely managed by the prevocational educational supervisors who meet with the interns at the beginning of the year and quarterly thereafter. The principal prevocational educational supervisor has access to each intern’s ePort and periodically reviews the overall progress of all interns to identify any difficulties or non-compliance. A regular meeting of all prevocational educational supervisors, the Director of Clinical Training and the Clinical Education and Training Unit Manager each quarter allows for quick identification of particular problems with ePort requirements including the professional development plan. Any ongoing concerns or difficulties are escalated to the Chief Medical Officer.

The Northern Regional Alliance monitors the ePort system and reminds interns, prevocational educational supervisors and clinical supervisors about the ePort commitments and requirements.

Feedback from the interns was that they found it difficult to find time to update the New Zealand Curriculum Framework for Prevocational Medical Training learning outcomes in ePort.

Recommendations:
2. The last 15 minutes of the teaching session be specified for interns to spend time updating ePort, paying attention to the New Zealand Curriculum Framework for Prevocational Medical Training learning outcomes.
3. The continual development of systems to monitor intern progress through the ePort including the attainment and recording of learning outcomes in the New Zealand Curriculum Framework for Prevocational Medical Training and the completion of goals in the professional development plan.
4. Regular compliance reports from Northern Regional Alliance about the completion of clinical supervisor meetings (at the beginning, mid and end of clinical attachments) should be provided to the Chief Medical Officer and at the Chief Medical Officer’s discretion to the clinical directors.

Required actions:
Nil.

3.2 Programme components

3.2.1 The intern training programme overall, and the individual clinical attachments, are structured to support interns to achieve the goals in their PDP and substantively attain the learning outcomes in the NZCF.

3.2.2 The intern training programme for each PGY1 consists of four 13-week accredited clinical attachments which, in aggregate, provide a broad based experience of medical practice.

3.2.3 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.

3.2.4 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 these, in aggregate, support achievement of the goals of the intern training programme.
3.2.5 The training provider, in discussion with the intern and the prevocational educational supervisor shall ensure that over the course of the two intern years each intern spends at least one clinical attachment in a community setting. This requirement will be implemented over a five year period commencing November 2015 with all interns meeting this requirement by November 2020.

3.2.6 Interns are not rostered on night duties during the first six weeks of their PGY1 intern year.

3.2.7 The training provider ensures there are mechanisms in place for appropriate structured handovers between clinical teams and between shifts to promote continuity of quality care.

3.2.8 The training provider ensures adherence to the Council’s policy on obtaining informed consent.

### 3.2 Programme components

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**Commentary:**

Interns attain most of the learning outcomes of the *New Zealand Curriculum Framework for Prevocational Medical Training* throughout their clinical attachments. The remaining learning outcomes not obtained through experiential clinical attachments on the wards have been incorporated into the formal education programme through teaching sessions available every Tuesday afternoon at Auckland DHB for all interns.

Planning is occurring regionally for intern community placements across the three Auckland DHBs.

The Code Red or a Medical Emergency response team can be activated by any member of Auckland DHB staff who have concerns regarding a patient’s clinical condition. The response team is the same team as the team for cardiopulmonary resuscitation and is available 24 hours a day.

**Commendations:**

- The mapping of the *New Zealand Curriculum Framework for Prevocational Medical Training* learning outcomes to the education programme and clinical attachments ensures alignment and supports intern attainment of the learning outcomes.
- The Code Red escalation process used when interns undertake night duties enhances clinical safety.
- The consideration and allocation of appropriate clinical attachments based on intern needs.
- Handover and informed consent policies and processes are well established and no concerns were noted by interns.

**Recommendations:**

Nil.

**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 those 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 can attend at least two thirds of formal educational sessions, and ensures support from senior medical and nursing staff for such attendance.

3.3.3 The training provider provides opportunities for additional work-based teaching and training.

3.3.4 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 Formal education programme

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**Commentary:**

Comments:
Pagers and phones are held by a non-clinical support person to allow interns to participate in uninterrupted teaching. However, feedback from some interns suggested there was uncertainty of whether the pagers were answered. The Director of Clinical Training offered assurance that pagers and phones were responded to and this satisfied the Accreditation Team. This may need further clarification with the interns.

**Commendations:**
- The formal education programme is well structured and strongly supported by staff.
- Attendance at the formal education sessions is monitored and measured according to intern and clinical attachment.
- Interns provide input into content of the education programme.

**Recommendations:**
5. Data from attendance records are considered when services are reviewed to ensure each clinical attachment allows interns to attend the formal teaching programme.

**Required actions:**
Nil.

### 3.4 Orientation

3.4.1 An orientation programme is provided for interns commencing employment, to ensure familiarity with the training provider and service policies and processes relevant to their practice and the intern training programme.

### 3.4 Orientation

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**Commentary:**

Comments:
A formal two-day orientation programme is provided by the Clinical Education and Training Unit and the local RMO Support Unit of the Northern Regional Alliance. Orientation covers a range of topics to familiarise interns with Auckland DHB policies and procedures prior to them starting work. A buddy programme is also provided for all interns for the first two weeks.
Commendations:
The duration and content of orientation at the start of the year is appropriate and thorough.

Recommendations:
6. Orientation to Auckland DHB for interns that commence part way through the intern year would benefit from being strengthened to ensure interns have a comparable experience and opportunity as those starting at the start of the intern year.
7. Refreshing of key topics that interns or other staff raise as areas of generic interest, from the orientation programme into the teaching programme, throughout the intern year.

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.

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Commentary:

Comments:
The Prevocational Training Committee consider requests for flexible working arrangements to accommodate individual circumstances.

Recommendations:
Nil.

Required actions:
Nil.

4 Assessment and supervision

4.1 Process and systems

4.1.1 There are processes to ensure assessment of all aspects of an intern’s training and their progress towards satisfying the requirements for registration in a general scope of practice, that are understood by interns, prevocational educational supervisors, clinical supervisors and, as appropriate, others involved in the intern training programme.

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Commentary:
Comments:
Regular meetings take place with Clinical Education and Training Unit staff, the interns and prevocational educational supervisors along with the Chief Medical Officer who meets with all clinical leaders and directors, ensure that there is understanding of requirements at various levels and across the organisation.

The Chief Medical Officer sends out a senior medical officer newsletter each month and also meets with the medical directors monthly and the service clinical directors quarterly to communicate key messages about prevocational medical training.

Recommendations:
Nil.

Required actions:
Nil.

4.2 Supervision

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 Mechanisms are in place to ensure clinical supervision is provided by qualified medical staff with the appropriate competencies, skills, knowledge, authority, time and resources.

4.2.3 Interns are clinically supervised at a level appropriate to their experience and responsibilities at all times.

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

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Commentary:
Auckland DHB has 45 postgraduate year 1 interns and 11 prevocational educational supervisors, one of whom has taken on the position of principal prevocational education supervisor. This gives a very desirable ratio of 1:4 prevocational educational supervisors to interns for this current year (2015). This deliberate move ensured that the prevocational educational supervisors have had time to get familiar with the new prevocational training requirements and prevocational educational supervisor responsibilities. The prevocational educational supervisors will support the current postgraduate year 1 interns through the postgraduate year 2 year providing continuity and will take joint responsibility for the new cohort of postgraduate year 1 interns who commence in November 2015.

The prevocational educational supervisors are supported by the Clinical Education and Training Unit, who organise quarterly meetings of the prevocational educational supervisors as well as coordinating the prevocational educational supervisor and intern meetings each quarter.

Commendations:
Auckland DHB has been proactive in recruiting and appointing additional prevocational educational supervisors who are well supported and maintain an appropriate ratio of interns to prevocational educational supervisors.

Recommendations:
Nil.

**Required actions:**
Nil.

### 4.3 Training for clinical supervisors and prevocational educational supervisors

**4.3.1** Clinical supervisors undertake relevant training in supervision and assessment within three years of commencing this role.

**4.3.2** Prevocational educational supervisors attend an annual prevocational educational supervisor training workshop conducted by Council.

**4.3.3** All staff involved in intern training have access to professional development activities to support improvement in the quality of the intern training programme.

### 4.3 Training for clinical supervisors and prevocational educational supervisors

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**Commentary:**
Auckland DHB intend to develop an up to date and comprehensive record of senior medical officer attendance at all the various training workshops for supervisors that are on offer from Council, medical colleges, the university or Auckland DHB.

**Recommendations:**
8. Active encouragement of attendance at the annual meetings of prevocational educational supervisors and also of clinical supervisors to relevant supervision training.

**Required actions:**
Nil.

### 4.4 Feedback to interns

**4.4.1** Systems are in place to ensure that regular, formal, informal and documented feedback is provided to interns on their performance within each clinical attachment and in relation to their progress in completing the goals in their PDP, and substantively attaining the learning outcomes in the NZCF. This is recorded in the intern’s e-portfolio.

**4.4.2** Mechanisms exist to identify at an early stage interns who are not performing at the required standard of competence; to ensure that the clinical supervisor discusses these concerns with the intern, the prevocational educational supervisor (and Chief Medical Officer or delegate when appropriate); and that a remediation plan is developed and implemented with a focus on patient safety.

### 4.4 Feedback to interns

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Comments:
There is a comprehensive programme in place to identify and support the doctor in difficulty at Auckland DHB.

Commendations:
- The Northern Regional Alliance monitors the timeliness of the recording of meetings between the intern and their clinical supervisor through ePort.
- The system being established for clinical directors being informed (prior to annual senior medical officer appraisals) of the performance of the clinical supervisors in their service with respect to feedback to interns and attendance at supervisor workshops.

Recommendations:
Nil.

Required actions:
Nil.

4.5 Advisory panel to recommend registration in a general scope of practice

4.5.1 The training provider has an established advisory panel to consider progress of each intern during and at the end of the PGY1 year.

4.5.2 The advisory panel will comprise:
- a Chief Medical Officer or delegate (who will Chair the panel)
- the intern’s prevocational educational supervisor
- a second prevocational educational supervisor
- a lay person.

4.5.3 The panel follows Council’s Guide for Advisory Panels.

4.5.4 There is a process for the advisory panel to recommend to Council whether a PGY1 has satisfactorily completed requirements for a general scope of practice or should be required to undertake further intern training.

4.5.5 There is a process to inform Council of interns who are identified as not performing at the required standard of competence.

4.5.6 The advisory panel bases its recommendation for registration in a general scope of practice on whether the intern has:
- satisfactorily completed four accredited clinical attachments
- substantively attained the learning outcomes outlined in the NZCF
- 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 level 7 less than 12 months old.

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Commentary:

Comments:
Auckland DHB is aware of their responsibilities in establishing an Advisory Panel for reviewing intern performance and progress to recommend whether the intern has met the required standard of a medical practitioner. Terms of reference for the Advisory Panel have been developed.

**Recommendations:**
Nil.

**Required actions:**
Nil.

### 4.6 Signoff for completion of PGY2

4.6.1 There is a process for the prevocational educational supervisor to review progress of each intern at the end of PGY2, and to recommend to Council whether a PGY2 has satisfactorily achieved the goals in the PDP.

**Comments:**
Not assessed. This requirement does not come into effect until November 2016.

---

### 5 Monitoring and evaluation of the intern training programme

5.1 Processes and mechanisms are in place to ensure the currency of accredited clinical attachments.

5.2 Processes and systems are in place to monitor the intern training programme with input from interns and supervisors.

5.3 There are mechanisms that allow feedback from interns and supervisors to be incorporated into any quality improvement strategies for the intern training programme.

5.4 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

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**Commentary:**

Intern feedback on all clinical attachments is sourced quarterly via an electronic survey distributed prior to the end of each clinical attachment. The collated feedback is presented to the Chief Medical Officer and is circulated to all clinical departments and clinical directors.

**Recommendations:**
9. Intern feedback which is collected through the electronic survey at the end of each clinical attachment is collated and discussed with each clinical supervisor about their performance and supervisory role.

Required actions:
Nil.

6 Implementing the education and training framework

6.1 Establishing and allocating accredited clinical attachments

6.1.1 The training provider has processes for applying for accreditation of clinical attachments.

6.1.2 The process of allocation of interns to clinical attachments is transparent and fair.

6.1.3 The training provider must maintain a list of who the clinical supervisors are for each clinical attachment.

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Commentary:
The Northern Regional Alliance administer the accreditation process engaging with clinical directors and seeking significant input from the Clinical Education and Training Unit and the Director of Clinical Training in regard to the collation of learning outcomes for each clinical attachment.

A full review of the list of clinical supervisors has been undertaken as part of the process of accreditation of clinical attachments. This will be reviewed annually with Northern Regional Alliance circulating the list of clinical attachments and supervisors to the DHB clinical directors for review. An audit of placements and team allocations against ePort clinical attachments and supervisors is undertaken by the Northern Regional Alliance in advance of each clinical attachment.

Recommendations:
10. Some services name the lead clinical supervisor for each clinical attachment and make the assessment process transparent for the intern. This should be encouraged for other services that anticipate changes to clinical supervisors during the attachment (for example clinical attachments that anticipate much change in clinical supervisors such as rotating teams and attachments in rotator or relief positions).

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 within a safe working environment, including freedom from harassment.

6.2.2 Interns have access to personal counselling, and career advice. These services are publicised to
interns and their supervisors.

6.2.3 The procedure for accessing appropriate professional development leave is published, fair and practical.

6.2.4 The training provider actively encourages interns to maintain their own health and welfare and to register with a general practitioner.

6.2.5 Applications for annual leave are dealt with properly and transparently.

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Commentary:
A number of strategies are employed by Auckland DHB to ensure that interns have access to a comprehensive support structure.

Commendations:
- There is a high level of commitment from the Chief Medical Officer and RMO Working Party that supports interns.
- The dedicated Human Resource staff member provides additional support to interns.
- The annual careers fair provides excellent careers guidance and advice to interns.
- There is excellent support in place for any interns in difficulty.

Recommendations:
11. The processing of applications for annual leave is a concern and improvements are required. The project being undertaken by the Northern Regional Alliance to resolve this problem is encouraging and needs to result in improvement.
12. Auckland DHB review the impact of service provision on the ability of interns to access education and training, and the opportunity for interns to attend the weekly teaching sessions.

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.

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Commentary:
Communication with interns occurs through a variety of mediums, including the weekly teaching sessions, and through each prevocational educational supervisor. Clear and relevant information is made available to interns in the RMO lounge.

Commendations:
Interns value the quality and currency of information provided to them about the intern training programme at Auckland.

**Recommendation:**
Nil.

**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 impartial pathways for timely resolution of training-related disputes.

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**Commentary:**
Effective systems are in place and available to interns to assist them with any training or supervision concerns.

**Recommendations:**
13. The role of the dedicated Human Resource position and the prevocational educational supervisors be reinforced to interns to encourage them to seek assistance with any issues or concerns.

**Required actions:**
Nil.

### 7 Communication with Council

#### 7.1 Process and systems

7.1 There are processes in place so that prevocational educational supervisors inform Council in a timely manner of interns whom they identify as not performing at the required standard of competence.

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**Commentary:**
An agreed algorithm has been developed to clearly indicate to clinical supervisors and prevocational educational supervisors who should be contacted and what should happen if a doctor is identified as not performing at the required standard.
8 Facilities

8.1 Interns have access to appropriate educational resources, facilities and infrastructure to support their training.

8.2 The training provider provides a safe working and learning environment.

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Comments:
Auckland DHB has excellent facilities available to interns including the education centre and training facilities. A light and airy public café area and additional café offering free healthy meals and fruit for interns was appreciated by the interns. Interns have access to the University of Auckland library facilities and Wi-Fi is available to interns within the hospital.

Recommendations:
14. The RMO lounge for use by interns is substandard and improvement should be prioritised.

Required actions:
Nil.