



Prevocational medical training accreditation report: South Canterbury District Health Board

Date of site visit: 22 September 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 and postgraduate year 2. 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 South Canterbury District Health Board (DHB) as a training provider of prevocational medical training involved:

1. A self-assessment undertaken by South Canterbury DHB, with documentation provided to the Council.
2. Interns being invited to complete a questionnaire about their educational experience at South Canterbury DHB.
3. A site visit by an accreditation team to Timaru Hospital on 22 September 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 South Canterbury DHB staff.

The Accreditation Team is responsible for the assessment of the South Canterbury 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 South Canterbury District Health Board



Name of training provider:	South Canterbury DHB
Name of site:	Timaru Hospital
Date of training provider accreditation visit:	Tuesday 22 September 2015
Accreditation visit team members:	Dr Jonathan Fox (Accreditation Team Chair) Ms Joy Quigley Dr Judy Ormandy Dr Kevin Morris Ms Joan Crawford Ms Antonia O'Leary
Key staff the accreditation visit team met:	
Chief Executive:	Mr Nigel Trainor
Chief Medical Officer:	Dr Richard Johnson
Prevocational Educational Supervisors:	Dr Chris Gray Dr Elaine Clark
RMO unit staff:	Ms Andrea McAlister, RMO Coordinator
Others:	Mrs Christine Nolan, General Manager Secondary Services
Key data about the training provider:	
Number of interns at training provider:	
• Postgraduate year 1 interns:	7
• Postgraduate year 2 interns:	7

Section A – Executive Summary

South Canterbury District Health Board (DHB) demonstrates a clear commitment to high standards of medical practice, education and training.

The requirement to meet the new standards for prevocational training has presented some challenges for South Canterbury DHB. While it is recognised that the prevocational educational supervisor has enthusiastically worked to produce a learning environment that is clearly valued by the seven postgraduate year 1 interns, this is not supported by a clearly articulated strategic plan for the ongoing development of prevocational medical education. In addition, there is no explanation as to how the clinical governance and quality assurance processes interface with the work of the prevocational education supervisor.

The apprentice model of learning is strongly supported at Timaru Hospital where there are no registrars and postgraduate year 1 interns work under the direct supervision of their consultants. The reduced reliance on locum senior medical staff has also had a positive effect on the learning environment.

The interns are well supported in their education and training by the senior medical staff and the hospital facilities. The Accreditation Team noted a depth and breadth of experience that would be difficult to obtain in a larger institution. Progress of recording the learning outcomes from the *New Zealand Curriculum Framework for Prevocational Medical Training* by interns is excellent and exceeds the national average.

The teaching programme at Timaru Hospital is very effective. Teaching is conducted in a friendly, informal way that is afforded by the hospital's small size. Links are being developed with medical educators at the University of Auckland, University of Otago and other District Health Boards.

The required actions largely centre on a requirement for more formal, written documentation of the DHB structures, strategic plans, educational relationships and governance processes. This is particularly with respect to those processes directly related to prevocational training. Irrespective of this, South Canterbury DHB is to be commended for the excellent training environment they are providing for their postgraduate year 1 interns.

South Canterbury DHB met 16 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 was one set of standards which was not met and four sets of standards which were substantially met. The set of standards which was not met was to Standard one – Strategic priorities. The standards that were substantially met were:

- 2.1 The context of intern training.
- 3.2 Programme components.
- 3.3 Formal education programme.
- 4.4 Feedback to interns.

There are 15 recommendations for South Canterbury DHB to consider and nine required actions that are:

1. South Canterbury DHB must develop and implement a strategic plan that incorporates ongoing development and support of a sustainable prevocational medical training and education programme.
2. South Canterbury DHB must develop documentation describing the clinical governance structure for prevocational medical training, demonstrating clear lines of responsibility and accountability. Intern representation must be included within the governance structure of prevocational medical training.
3. Clear documentation of organisational and operational processes to manage interns must be developed to provide clarity and structure. This should demonstrate accountability by the Chief Medical Officer or his/her delegate for prevocational medical training.
4. The process to address concerns about intern performance that may impact on patient safety must be documented.

5. The process for handover between shifts must be documented, recognising that each discipline may have their own specific requirements. This is essential for safe and quality clinical care.
6. A policy about obtaining informed consent and how this should be undertaken by interns must be developed.
7. Written guidelines must be developed about when and how senior medical staff should be contacted when interns are working at night.
8. A review of the scheduled teaching time must be undertaken to ensure that interns are able to attend.
9. A documented policy regarding the procedures to be followed if an intern is not performing at the required standard must be developed.

Overall outcome of the assessment

The overall rating for the accreditation of South Canterbury DHB as a training provider for prevocational medical training is:	SUBSTANTIALLY MET
<p>South Canterbury DHB holds accreditation until 21 December 2018 subject to Council receiving an interim report from South Canterbury DHB by 8 June 2016 that satisfies Council that the following required actions have been satisfactorily addressed:</p> <ol style="list-style-type: none">1. South Canterbury DHB must develop and implement a strategic plan that incorporates ongoing development and support of a sustainable prevocational medical training and education programme.2. South Canterbury DHB must develop documentation describing the clinical governance structure for prevocational medical training, demonstrating clear lines of responsibility and accountability. Intern representation must be included within the governance structure of prevocational medical training.3. Clear documentation of organisational and operational processes to manage interns must be developed to provide clarity and structure. This should demonstrate accountability by the Chief Medical Officer or his/her delegate for prevocational medical training.4. The process to address concerns about intern performance that may impact on patient safety must be documented.5. The process for handover between shifts must be documented, recognising that each discipline may have their own specific requirements. This is essential for safe and quality clinical care.6. A policy about obtaining informed consent and how this should be undertaken by interns must be developed.7. Written guidelines must be developed about when and how senior medical staff should be contacted when interns are working at night.8. A review of the scheduled teaching time must be undertaken to ensure that interns are able to attend.9. A documented policy regarding the procedures to be followed if an intern is not performing at the required standard must be developed.	

Section B – Accreditation standards

1 Strategic Priorities

1 Strategic Priorities			
1.1	High standards of medical practice, education, and training are key strategic priorities for training providers.		
1.2	The training provider is committed to ensuring high quality training for interns.		
1.3	The training provider has a strategic plan for ongoing development and support of a sustainable medical training and education programme.		
1.4	The training provider has clinical governance and quality assurance processes that ensure clear lines of responsibility and accountability for intern training in the overall context of quality medical practice.		
1.5	The training provider ensures intern representation in the governance of the intern training programme.		
1.6	The training provider will engage in the regular accreditation cycle of the Council which will occur at least every three years.		
1. Strategic Priorities			
	Met	Substantially met	Not met
Rating			X
Commentary:			
<p>Comments:</p> <p>The close working relationship between the senior management, prevocational education supervisors and interns provides an excellent apprentice model of learning for the interns at South Canterbury DHB. The interns appreciate the support that they receive and the hands on experience that is available to them. It is through this close relationship that South Canterbury DHB is able to ensure that each intern is closely supervised and receiving a valuable learning experience.</p> <p>Although a high standard of medical education and supervision is apparent, there is insufficient written documentation to indicate clear lines of responsibility and accountability for intern training at South Canterbury DHB. In addition, there is no clearly articulated strategic plan for ongoing development of prevocational medical education and a lack of documentation indicating how the clinical governance and quality assurance processes interfaces with the work of the prevocational educational supervisor.</p> <p>The interns have regular informal opportunities to be involved in the development of the training programme. Interns reported that they were able to provide some input into the topics to be covered at the weekly education sessions, but were unaware of any defined process for them to provide feedback about the quality of individual teaching sessions, either collectively or through an intern representative. There is no prevocational training committee, and there is no formal way of interns providing input into any component of the prevocational training programme.</p>			

<p>Commendations:</p> <ul style="list-style-type: none"> • High standards of medical practice, education and training were evident and these are consistent with South Canterbury DHB values. • Interns at South Canterbury DHB receive a breadth and depth of clinical experience and learning opportunities. <p>Recommendations: Nil.</p> <p>Required actions:</p> <ol style="list-style-type: none"> 1. South Canterbury DHB must develop and implement a strategic plan that incorporates ongoing development and support of a sustainable prevocational medical training and education programme. 2. South Canterbury DHB must develop documentation describing the clinical governance structure for prevocational medical training, demonstrating clear lines of responsibility and accountability. Intern representation must be included within the governance structure of prevocational medical training.

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 Organisational and operational structures			
	Met	Substantially met	Not met
Rating		X	
Commentary:			
<p>Comments:</p> <p>Overall accountability for the quality of training and education for interns is shared between the Chief Operating Officer and the Chief Medical Officer. While this process appears to work with the current personnel, this could lead to some matters being overlooked as no one person appears to have clear overall responsibility and accountability for prevocational medical education.</p> <p>The prevocational educational supervisor is responsible for ensuring the formal teaching programme is appropriately implemented and that any issues with intern performance are dealt with appropriately.</p>			

The relatively small size of the intern cohort and high level of interaction with the senior medical staff enables the quick identification of any issues with an underperforming intern.

The current prevocational educational supervisor reported that there are informal processes in place to address concerns about intern performance that may impact on patient safety, however there is no formal documentation to support this.

Commendations:

The closeness of the working relationship between interns and senior medical staff at South Canterbury DHB ensures that an intern experiencing difficulty is identified quickly, and appropriate steps are taken.

Recommendations:

Nil.

Required actions:

3. Clear documentation of organisational and operational processes to manage interns must be developed to provide clarity and structure. This should demonstrate accountability by the Chief Medical Officer or his/her delegate for prevocational medical training.
4. The process to address concerns about intern performance that may impact on patient safety must be documented.

2.2 Educational expertise

2.2.1 The training provider can demonstrate that the intern training programme is underpinned by sound medical educational principles.

2.2.2 The training provider has appropriate medical educational expertise to deliver the intern training programme.

2.2 Educational expertise

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

The senior medical staff are enthusiastic about teaching interns and have the appropriate skills and experience to provide sound teaching and assessment. The intern training programme incorporates sessions from other medical professionals, such as nurse specialists. South Canterbury DHB apply the principles of adult learning to medical education for interns. All interns are encouraged to reflect on their practice and set goals. This results in a quality learning experience for interns.

Regional collaboration with the Canterbury DHB Medical Education and Training Unit would provide further medical educational expertise and support to the prevocational educational supervisors. Establishing a more structured approach to the prevocational medical training programme will enhance the delivery of the programme.

Commendations:

- South Canterbury DHB are providing excellent formal and informal teaching experiences for interns.
- The clinical supervisors are enthusiastic about teaching and view this as part of their professional responsibility.

Recommendations:

South Canterbury DHB should explore opportunities for collaboration about the delivery of the prevocational training programme with the Medical Education and Training Unit of Canterbury DHB.

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

	Met	Substantially met	Not met
Rating	X		

Commentary:**Comments:**

It was noted that the current prevocational educational supervisor and other staff have good informal relationships with the University of Otago's Christchurch and Dunedin Schools of Medicine, as well as Canterbury and Southern DHBs. If these relationships were to be strengthened and formalised it would ensure their longevity and may provide additional educational expertise to the South Canterbury DHB prevocational training programme.

South Canterbury DHB is also the local primary health organisation. This has resulted in excellent relationships and engagement with primary care, enabling community based attachments for prevocational training to be established for 2016.

Commendations:

South Canterbury DHB has demonstrated forward planning in commencing the process for establishing community based attachments for 2016.

Recommendations:

The current informal relationships with teaching and medical education units, including Canterbury and Dunedin DHBs and Christchurch and Dunedin Schools of Medicine, be strengthened and formalised. This will help to build medical education expertise within South Canterbury DHB and contribute to the quality of the prevocational medical education programme.

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, CPD 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.		
3.1 Professional development plan (PDP and e-portfolio)			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: Interns have engaged well with ePort at South Canterbury DHB. It was clear that there has been a particular effort and focus by the prevocational educational supervisor to ensure that all interns and clinical supervisors are familiar with and are using ePort to record learning and for managing intern progress.</p> <p>The prevocational educational supervisor is responsible for managing the engagement and uptake of ePort and for monitoring each intern's progress. Each intern's ePort is reviewed regularly, however no processes or protocols are documented to describe follow up actions should sufficient progress not be made.</p> <p>Commendations:</p> <ul style="list-style-type: none"> The interns reported that they were well supported by their clinical supervisors in the use of ePort and the development of their PDPs. From national statistics, it is clear that South Canterbury DHB are leaders in the uptake of the new ePort system in comparison to other training providers. <p>Recommendations: South Canterbury DHB formalise and document the current informal system being used to track and monitor the use of ePort and the progress being made by interns in recording their learning.</p> <p>Required actions: Nil.</p>			
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			
	Met	Substantially met	Not met
Rating		X	
Commentary:			
<p>Comments:</p> <p>Interns and clinical supervisors were able to clearly detail the handover process that occurred each morning at 7.45am. The process for afternoon handover is less formal as it is tailored to differing circumstances that arise at that time of day. For example, where interns and clinical supervisors are in the operating theatre.</p> <p>Informed consent processes appear consistent with Council's policy however there is no written documentation to support this.</p> <p>Interns reported they were comfortable with the arrangements when working in the hospital at night and that they have access to effective backup and support. This includes being able to contact their clinical supervisor at any time they require advice or support. However, there are no written guidelines to support this.</p> <p>There will be opportunities for four interns to undertake a mental health community attachment in 2016, and it is expected that general practice attachments will also be available.</p> <p>Commendations:</p> <ul style="list-style-type: none"> • The intern training programme allows for a wide breadth of experience, allowing interns the opportunity to attain the learning outcomes from the <i>New Zealand Curriculum Framework for Prevocational Medical Training</i> and their individual career aspirations. • South Canterbury DHB is well advanced in its planning for community based attachments for interns and some interns will complete an attachment in the community in 2016. This will provide an 			

excellent opportunity to familiarise interns with the delivery of health care outside the hospital setting.

Recommendations:

Nil.

Required actions:

5. The process for handover between shifts must be documented, recognising that each discipline may have their own specific requirements. This is essential for safe and quality clinical care.
6. A policy about obtaining informed consent and how this should be undertaken by interns must be developed.
7. Written guidelines must be developed about when and how senior medical staff should be contacted when interns are working at night.

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

	Met	Substantially met	Not met
Rating		X	

Commentary:

Comments:

The intern training programme provides for a breadth of the learning outcomes from the *New Zealand Curriculum Framework for Prevocational Medical Training* to be attained, however the absence of training in cultural competence was noted by several interns.

The formal teaching sessions run for one two hour session each week. Some interns found it difficult to attend teaching sessions due to their rosters and reported missing consecutive training sessions on occasion. There is no formal record of attendance at the weekly teaching sessions.

Pagers and cell phones are not held for interns to ensure the time is protected and there was no alternate system for an intern's pagers or cell phones to be answered.

Recommendations:

- South Canterbury DHB review the formal teaching programme to ensure that cultural competence training is incorporated.
- A system is developed to ensure that intern teaching time is protected, is not interrupted and there are viable alternatives to manage clinical emergencies during the formal teaching sessions.

- Attendance of teaching sessions is recorded and monitored. Feedback should be sought as to the reasons for non-attendance. This information can be used to determine whether the workload in a specific service, or clinical attachment is impacting on attendance.

Required actions:

8. A review of the scheduled teaching time must be undertaken to ensure that interns are able to attend.

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

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

All interns, including one who had commenced part way through the year, reported they had all received comprehensive orientation when they commenced. The General Manager of Secondary Services provided a comprehensive overview of the scope and nature of the orientation provided and this is documented well.

Orientation specific to the clinical attachment occurs at the beginning of each attachment however this is not a formal process and is not documented.

Commendations:

Interns reported favourably on the orientation to Timaru Hospital at both the beginning of the intern year and for those who commenced part way through the year.

Recommendations:

Orientation for interns that occurs at the beginning of each clinical attachment should be formalised and documented.

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:

To date there have been no requests for flexible training arrangements. Management at South Canterbury DHB reported that they would consider any request for flexible training arrangements on its merits.

Recommendations:

Guidance about the process to be followed for any application for flexible training arrangements should be documented.

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.

4.1 Process and systems

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

Intern progress is monitored by the prevocational educational supervisor who ensures that each intern’s ePort is up to date, assessments have been completed, and that they are making appropriate progress in satisfying the requirements for general registration.

Commendations:

Interns at South Canterbury DHB are tracking well towards satisfying the requirements for registration in a general scope. Interns value the feedback that they receive from their supervisors.

Recommendations:

Nil.

Required action:

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.		
4.2 Supervision			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: Currently there is one prevocational education supervisor for seven interns. A second prevocational educational supervisor has been appointed to meet the requirements for supervising postgraduate year 2 interns from November 2015. Interns work closely with their clinical supervisors as there are no registrars at Timaru Hospital. Interns are receiving good supervision and excellent feedback.</p> <p>There is minimal administrative support provided to the prevocational educational supervisors. Additional administrative support, such as setting intern and prevocational educational supervisor appointments, and the administration of the formal teaching sessions will allow the prevocational educational supervisors to focus further on the quality of training for interns, rather than administrative tasks.</p> <p>Commendations:</p> <ul style="list-style-type: none"> • An additional prevocational educational supervisor has been appointed to ensure there is an appropriate ratio of prevocational educational supervisors to interns from November 2015. • The relationship and support provided by the current prevocational educational supervisor was evident to the Accreditation Team and this is valued by interns. <p>Recommendations:</p> <ul style="list-style-type: none"> • The RMO unit workload should be reviewed to ensure it is adequately resourced to support the intern training programme and the prevocational educational supervisors. • Additional administrative support should be provided for the prevocational educational supervisors to support the delivery of the intern training programme. <p>Required actions: Nil.</p>			
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			
	Met	Substantially met	Not met
Rating	X		
Commentary:			

Comments:

South Canterbury DHB has demonstrated good attendance at Council facilitated clinical supervisor training workshops with 11 clinical supervisors having attended.

Both prevocational educational supervisors have attended the clinical supervisor training and the annual prevocational educational supervisor meeting.

Commendations:

The high proportion of clinical supervisors that have attended the Council facilitated clinical supervisors training workshops.

Recommendations:

Nil.

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 CMO or delegate when appropriate); and that a remediation plan is developed and implemented with a focus on patient safety.

4.4 Feedback to interns

	Met	Substantially met	Not met
Rating		X	

Commentary:

Comments:

There has been excellent uptake of the ePort from interns and supervisors at South Canterbury DHB. The prevocational educational supervisor supports and encourages the use of ePort by interns and clinical supervisors to ensure that regular formal meetings occur and that feedback is recorded. Interns also receive regular informal feedback from clinical supervisors on the wards. Interns are satisfied with the quality of the feedback and find it constructive.

Due to the small size of the hospital, it is usually easy to identify struggling interns and extra support is put in place as necessary. This involves the prevocational educational supervisor who engages with the clinical supervisors. Additional meetings are scheduled with any intern who is struggling and these are documented. A remediation plan is developed. Issues are brought to the attention of the Chief Medical Officer if there are any patient safety concerns. However, there is no formal documented process to be followed for instances of interns not performing at the required standard, or if there are patient safety concerns.

Commendations:

There has been excellent engagement with the new prevocational training requirements and uptake of the ePort by all at South Canterbury DHB.

Recommendations:

Nil.

Required actions:

- 9. A documented policy regarding the procedures to be followed if an intern is not performing at the required standard must be developed.

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 CMO 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.

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

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

An Advisory Panel including a lay person has been appointed and a meeting date has been set.

Commendations:

South Canterbury DHB has been proactive in establishing their Advisory Panel and scheduling their first meeting.

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.
4.6 Signoff for completion of PGY2
Comments: <i>Accreditation standard 4.6 cannot be assessed until 2016.</i>

5 Monitoring and evaluation of the intern training programme

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			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: South Canterbury DHB is a relatively small organisation with a flat organisational structure. The Chief Executive and management are accessible to all staff including interns. Management make an effort to create an environment in which interns feel comfortable providing feedback to management.</p> <p>There is currently no documented process for an intern to provide feedback regarding their experience on a clinical attachment. There is an informal process for providing feedback on teaching sessions. Interns expressed that they feel comfortable providing verbal feedback.</p> <p>Commendations: The interns report that they know who to go to should they want to provide feedback or have any concerns relating to their training and that they expressed confidence in their expectation that their feedback would be acted upon.</p>			

Recommendations:

A formal system should be developed to collect feedback from interns in relation to the learning experience of the clinical attachments and the quality and content of the teaching sessions, to inform quality improvement. This could be in the form of a survey.

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.		
6.1 Establishing and allocating accredited clinical attachments			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: The RMO unit coordinator administers the accreditation process, and engages with the clinical supervisors to seek input, particularly in relation to identifying the learning outcomes specific to each clinical attachment.</p> <p>The RMO unit coordinator is responsible for maintaining a list of current clinical supervisors.</p> <p>Recommendations: Nil.</p> <p>Required actions: Nil.</p>			
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.

6.2 Welfare and support

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:
 South Canterbury DHB have engaged in an Employee Assistance Programme. Information about the programme is provided to interns at orientation. This programme assists interns who are experiencing issues which are affecting their work and wellbeing.

Interns are advised during orientation of the ‘General Practice Support’ service provided by South Canterbury DHB Primary and Community Services.

Interns reported that leave applications are dealt with transparently and fairly.

Commendations:

- Interns genuinely appreciate the quality of their education and work environment at South Canterbury DHB.
- All interns have their own general practitioner and appreciated that this had been facilitated through the DHB.
- Leave applications are dealt with properly and transparently.

Recommendations:
 Nil.

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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6.3 Communication with interns

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:
 Communication with interns occurs in a variety of ways including through the teaching sessions, and informally through the two prevocational educational supervisors. Clear and relevant information is made available to interns on Timaru Hospital’s intranet page.

Commendations:
 Interns value the quality and currency of information provided to them about the training programme. They also indicated that they felt well supported professionally.

Recommendations: 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.			
6.4 Resolution of training problems and disputes			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: There is no formal dispute resolution process to address concerns relating to training and supervision. South Canterbury DHB involve prevocational educational supervisors in disputes between interns and their clinical supervisors. More serious concerns are escalated to the relevant clinical directors or Chief Medical Officer.</p> <p>Recommendations: The process for resolving any training disputes should be documented to ensure transparency and clarity of the process to be followed.</p> <p>Required actions: Nil.</p>			

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.			
7.1 Process and systems			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: There are no documented processes currently used by South Canterbury DHB in relation to informing Council about interns who are not performing at the required standard of competence. However, the</p>			

prevocational educational supervisors assured the Accreditation Team that they would notify Council if a doctor is identified as not performing at the required standard.

Recommendations:

A process to inform Council of interns not performing at the required standard of competence should be documented.

Required actions:

Nil.

8 Facilities

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.		
8. Facilities			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments:</p> <p>The current RMO lounge is distant from clinical facilities and not used by the interns. There is a hospital library and access to e-journals and resources such as 'UpToDate' that are available to all hospital doctors. Many interns were uncertain as to how to access these.</p> <p>Interns are happy with their working environment and are able to raise any concerns with their prevocational educational supervisor and are satisfied that appropriate actions are taken. The Accreditation Team was advised that the RMO lounge is to be relocated and refurbished.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • Interns should be made aware of the availability and access of online educational resources. • The relocation and refurbishment of the RMO lounge for use by interns should be a priority for South Canterbury DHB. <p>Required actions:</p> <p>Nil.</p>			