



# Prevocational medical training accreditation report: Canterbury District Health Board

Date of site visit: 5 and 6 November 2015

Date of report: 12 April 2016

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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 Canterbury District Health Board (DHB) as a training provider of prevocational medical training involved:

1. A self-assessment undertaken by Canterbury DHB, with documentation provided to the Council.
2. Interns being invited to complete a questionnaire about their educational experience at Canterbury DHB.
3. A site visit by an accreditation team to Christchurch Hospital on 5 and 6 November 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 Canterbury DHB staff.

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



<b>Name of training provider:</b>	Canterbury District Health Board
<b>Name of site(s):</b>	Christchurch Hospital Hillmorton Hospital Burwood Hospital Princess Margaret Hospital Christchurch Women's Hospital Ashburton Hospital
<b>Date of training provider accreditation visit:</b>	5 and 6 November 2015
<b>Accreditation visit team members:</b>	Professor John Nacey (Accreditation Team Chair) Dr Jonathan Fox Ms Laura Mueller Dr Joy Percy Dr Kevin Morris Ms Krystiarna Jarnet
<b>Key staff the accreditation visit team met with:</b>	
Chief Executive Officer:	Mr David Meates
Chief Medical Officer:	Dr Nigel Millar
Director of Medical Clinical Training:	Dr John Thwaites
Prevocational Educational Supervisors:	Dr Angela Beard Dr Christian Brett Dr Richard Tapper Dr Mark Birch
Resident Doctors' Support Team staff:	David Brandts-Geisen Karen Schaab
Medical Education and Training Unit staff:	Sue Rattray Dale Sheehan Brenda Falcone
Ashburton Hospital	Dr John Lyons
<b>Number of interns at training provider:</b>	
• Postgraduate year 1 interns:	47
• Postgraduate year 2 interns:	44

## Section A – Executive Summary

The Canterbury District Health Board (DHB) is committed to providing a high quality environment for prevocational medical education and training. There is a stated intention that the DHB will continue to work to match the training experience to their vision of an integrated health system that will include organisation wide improved coordination and cooperation. The Canterbury DHB Annual Plan includes high standards of practice and workforce planning as key strategic goals. The DHB recognises prevocational education and training as strategic priorities and has demonstrated an enthusiasm and commitment to ensuring these priorities are met.

The Accreditation Team acknowledges the significant impact of the Christchurch earthquake, not just on the physical facilities but also on the DHB staff and the people of Christchurch. The Accreditation Team recognise and applaud the dedication of the staff who continue to provide excellent clinical care and remain committed to providing a high quality teaching and learning experience.

The last Council accreditation visit occurred in the difficult immediate post-earthquake environment where resources, particularly teaching space, were compromised. Every ward on the Christchurch campus has relocated during the last 18 months and it is acknowledged that the repair program is complex with new issues becoming apparent on a continual basis. It is expected that by 2016 there will be purpose designed facilities available at the Burwood Health Campus and in 2018 the state of the art amenities at the DHB's new acute services building at Christchurch Hospital will be operational.

Canterbury DHB has the resources and mechanisms in place to plan, develop, implement and review the intern training programme and these are integral parts of the Medical Education and Training Unit structure. This is supported by clear and effective leadership and structure within the organisation. The intern training programme is strongly underpinned by sound medical education principles and the Medical Education and Training Unit has an ongoing commitment to medical education research and peer review nationally and internationally.

Canterbury DHB has a high level of medical education expertise on campus and is very fortunate to have the services of a Director of Medical Clinical Training who is highly experienced in vocational and prevocational medical training. As the Director of Medical Clinical Training currently sits on the Education Committee of Council and is a former prevocational educational supervisor, he has knowledge of Council's vision for prevocational medical training and is able to assist the current prevocational educational supervisors at Canterbury DHB. The Medical Education and Training Unit collaborates with various DHBs nationally on different education projects. There are ongoing strong collegial relationships with Auckland, Waitemata, and Waikato DHBs.

The introduction of ePort for interns was managed well by the Medical Education and Training Unit. There are systems in place that ensure each intern maintains a professional development plan as part of their record of learning in ePort and there are mechanisms to identify an intern's goals and learning objectives. There are also mechanisms in place to monitor the adequacy of the supervision received.

The Resident Doctors' Support Team in collaboration with the prevocational educational supervisors allocate interns to clinical attachments based on providing each intern with a broad experience base, the interns own career aspirations and ensuring the intern can attain the learning outcomes in the *New Zealand Curriculum Framework*. Nevertheless, the interns reported a lack of confidence in the process for the allocation of their clinical attachments in line with their career aspirations and it is important that Canterbury DHB ensure that the process of clinical attachment allocation is more transparent.

While there are appropriate mechanisms in place for handover which have been enhanced with the introduction of the clinical team coordinators to support this process in the evenings and at nights, the interns have expressed concern with respect to haematology cover. Haematology have no specialist

registrar on call at night and Interns expressed reluctance to contact the on-call consultant. Clearly understood processes should be established for escalation of care at night for the haematology service.

There were no issues relating to informed consent.

The formal education programme put in place to support interns is of a very high standard. The Medical Education and Training Unit are enthusiastic and innovative in developing a programme that supports interns to achieve the *New Zealand Curriculum Framework* learning outcomes. The Medical Education and Training Unit has established processes and systems that ensure the interns training and progress is monitored and tracked. These systems are understood by interns and prevocational educational supervisors. Interns are expected to initiate the feedback process as part of adult learning. Advice and guidance is provided by prevocational educational supervisors and the staff in the Medical Education and Training Unit. There are documented processes for helping an intern in difficulty based upon the Cardiff Deanery Performance Unit model. This systematic approach ensures that interns who are not performing are identified early and an appropriate remediation plan is put in place.

Canterbury 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 nine recommendations but no required actions from this accreditation assessment.

Overall, Canterbury DHB are to be commended on their strategic vision, leadership and high level of engagement with the prevocational training programme. This is reflected in the strategic priority that has been assigned to prevocational training by the Chief Executive Officer and clinical staff. In general, there is a high level of satisfaction from interns who greatly value the teaching and learning experience that has been provided for them.

## Overall outcome of the assessment

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<b>The overall rating for the accreditation of Canterbury DHB as a training provider for prevocational medical training is:</b>	<b>MET</b>
Canterbury DHB holds accreditation until <b>30 April 2019</b> .	

## 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><b>Comments:</b></p> <p>The Canterbury DHB annual plan recognises high standards of practice and workforce planning as key strategic goals. The DHB recognises prevocational education and training as strategic priorities and has demonstrated an enthusiasm and commitment to ensuring these priorities are met.</p> <p>In order to manage the delivery of prevocational medical training Canterbury DHB has established a Medical Education and Training Unit with direct accountability to the Chief Medical Officer. This work is supported by the Resident Medical Officer (RMO) Training Committee.</p> <p>Strategic planning for medical education is undertaken by the Medical Education and Training Unit and a strategic plan is prepared biannually. The Medical Education and Training Unit has established a comprehensive quality management plan.</p> <p>Canterbury DHB has established a RMO Training Committee who meet regularly to discuss training issues across the DHB (prevocational and registrar training). This committee provides a critical forum for discussing issues that affect the postgraduate continuum of medical education. Examples include career pathways alongside employment and placement. There is intern representation on this committee and effective feedback mechanisms are employed.</p> <p>Canterbury DHB is investing in information technology to facilitate the clinical management of patients and to support prevocational medical education and training. Health Pathways are used in primary and</p>			



secondary care to standardise healthcare and increase the quality and consistency of that care.

Canterbury DHB values the opportunity to take a lead role in the provision of training and clinical experience to interns and this is demonstrated in the quality of the training it provides. The regular formal teaching sessions show a high quality programme with excellent use of educational material including simulators. In particular the emergency department sessions were noted to be innovative and highly valued by the interns.

Three of the Canterbury DHB campuses, Christchurch, Princess Margaret and Burwood Hospitals, have their own clinical leaders. There are good audio visual links for combined education meetings.

Burwood campus is scheduled to be reconfigured and the services provided at Princess Margaret Hospital will move there. That will increase the number of beds at Burwood Hospital to 240. This will have an effect on intern training but the DHB provided assurance that appropriate training, education and supervision will be continued.

**Commendations:**

- The excellence of the training focus and the intention to extend this focus into the community in the future.
- The support for education and training is a high priority and a focus for the rebuild and growth of the new campus.
- The high level of engagement with the intern training programme that is reflected in the strategic priority that this has been assigned by the Chief Executive Officer, Chief Medical Officer and senior management. 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.

**Recommendations:**

Nil.

**Required actions:**

Nil.

## 2 Organisational and operational structures

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### 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**

	Met	Substantially met	Not met
Rating	X		

Commentary:

**Comments:**  
 Canterbury DHB has the resources and mechanisms in place to plan, develop, implement and review the intern training programme and these are integral parts of the Medical Education and Training Unit structure.

There is clear and effective leadership and structure within the organisation. The authority, executive and budget accountability for prevocational education and training has been delegated to the Director of Medical Clinical Training.

The Resident Doctors’ Support Team coordinates, in collaboration with the prevocational educational supervisors, the employment and clinical attachment allocation of interns.

The Medical Education and Training Unit has developed clear protocols, based on the Cardiff Deanery Performance Unit model, to identify and assist interns who are in difficulty. There are flexible strategies available to manage particular issues and clear pathways to work with the Resident Doctors’ Support Team to support and cover the intern in difficulty. These protocols also outline the procedures and pathways for reporting concerns which link to Council and their human resources staff.

**Commendations:**  
 The quality and the support that the DHB provides the Medical Education Training Unit and Resident Doctors’ Support Team.

**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 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 intern training programme is strongly underpinned by sound medical education principles. The Medical Education and Training Unit has an ongoing commitment to medical education research and peer review nationally and internationally. This is evidenced by collaboration on medical research projects and through

dissemination and peer review of that work via publication and conference representation.

The Medical Education and Training Unit has a clear goal of implementing evidence based education and training strategies in the context of the *New Zealand Curriculum Framework*.

Canterbury DHB is fortunate to have a high level of medical education expertise on campus. The Director of Medical Clinical Training is experienced with vocational and prevocational medical training. One of the Medical Education and Training Unit coordinators has a PhD in medical education and another has a postgraduate certificate in clinical teaching and supervision.

**Commendations:**

The DHB has a high performing, well-resourced Medical Education and Training Unit.

**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**

	Met	Substantially met	Not met
Rating	X		

**Commentary:**

**Comments:**

As the Director of Medical Clinical Training currently sits on the Education Committee of Council and is a former prevocational educational supervisor, he has knowledge of Council’s vision for prevocational medical training and is able to assist the current prevocational educational supervisors at Canterbury DHB.

There is representation from the Medical Education and Training Unit on Australian and New Zealand medical education committees, such as the Australasian Medical Education Officer group and the Management Committee of Australian and New Zealand Association of Health Professional Educators.

There is a close working relationship with the University of Otago. The current programme of work focuses on the continuum of medical education and links with the trainee intern year, and a work place environment research project which includes a prevocational educational supervisor and an intern in the research team.

The Medical Education and Training Unit collaborates with various DHBs nationally on different education projects. There are ongoing strong collegial relationships with Auckland, Waitemata, and Waikato DHBs. The internationally well-known Leicester Epiphany research cluster investigating the effect of teaching for medication safety has invited the medication safety project team, which Canterbury DHB is a member of, to collaborate internationally on teaching medication safety.

The Royal College of Surgeons is working with Canterbury DHB to establish a prevocational surgery

programme.

The DHB through both the Medical Education and Training Unit and the Resident Doctors Support Team is linked to the South Island Regional Training Hub and is a leading member of this.

The interns have access to the University of Otago's Medical School library and the medical school has a Medical Education Centre at Christchurch Hospital.

**Commendations:**

Development of a significant synergy in the relationship between the Medical Education Training Unit and the Resident Doctors Support Team.

**Recommendations:**

Nil.

**Required actions:**

Nil.

### 3 The intern training programme

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#### 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 and e-portfolio

	Met	Substantially met	Not met
Rating	X		

Commentary:

**Comments:**

The introduction of ePort was managed well by the Medical Education and Training Unit. There are systems in place that ensure each intern maintains a professional development plan as part of their ePort and there are mechanisms to identify an intern's goals and learning objectives. There are also mechanisms in place to monitor the quality of the supervision and feedback received.

The Medical Education and Training Unit have the skills and resources to assist clinical supervisors and interns with ePort although it is apparent that not all clinical supervisors are aware of the resources available to support them in their supervisory role.

The Medical Education and Training Unit hold a two hour session with interns at orientation regarding ePort and the professional development plan. Interns are supported further by their prevocational educational

supervisors and by the Medical Education and Training Unit staff to assist them in goal setting.

The end of clinical attachment meetings between prevocational educational supervisors and their interns are coordinated and booked by the Medical Education and Training Unit. The prevocational educational supervisors use these meetings to discuss with the intern their progress throughout the year.

**Recommendations:**

The DHB should ensure that all clinical supervisors are aware of the resources available to support them in their supervisory role.

**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**

	Met	Substantially met	Not met
Rating	X		
Commentary:			

**Comments:**

The intern training programme is well structured and coordinated by the Medical Education and Training Unit to ensure that interns can attain the learning outcomes in the *New Zealand Curriculum Framework*, either through their clinical attachments or through the formal education programme.

The Resident Doctors' Support Team in collaboration with the prevocational educational supervisors allocate interns to clinical attachments. Allocations focus on ensuring the intern is provided a breadth of experience and has the opportunity to attain the learning outcomes in the *New Zealand Curriculum Framework*. The interns complete a survey identifying their clinical attachment preferences and this is also taken into account during the allocation process, however the interns reported a lack of confidence in the process for the allocation of their clinical attachments in line with their preferences and career aspirations. Conversely the Resident Doctors' Support Team and the prevocational educational supervisors provided reassurance that career aspirations were taken into consideration, however emphasis is placed on breadth of experience as well as intern preferences. The result is that interns have been allocated at least two of their preferred choices for clinical attachments.

Canterbury DHB commenced general practice placements in 2014 and further community based clinical attachments are being established.

There are appropriate mechanisms in place for handover which have been enhanced with the introduction of the clinical team co-ordinators to support this process in the evenings and at nights. However, the interns have expressed concern with respect to haematology cover at night where there is no specialist registrar on call. Interns expressed reluctance to contact the on-call consultant. Irrespective of this we have received assurance that the consultants are happy to be called.

There are no issues relating to informed consent.

**Commendations:**

The use of clinical team coordinators in the evenings and at night is an excellent initiative and the interns report this works very effectively.

**Recommendations:**

There should be a clearly understood process in place for escalation of care at night for the haematology service.

**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

	Met	Substantially met	Not met
Rating	X		

Commentary:

#### Comments:

The formal education programme put in place to support interns is of a very high standard. It is based on four levels of needs analysis:

1. interns identifying needs through a survey
2. service advice and feedback from consultants
3. quality reports from Health and Disability Commissioner
4. the learning outcomes of the *New Zealand Curriculum Framework*.

The Medical Education and Training Unit are enthusiastic and innovative in developing a programme that supports interns to achieve the *New Zealand Curriculum Framework* learning outcomes. Examples of their innovations include two teaching sessions on resilience training specifically tailored to the interns' needs and peer review sessions which includes real cases. This includes reviewing cases that have been considered by the Health and Disability Commissioner.

The Director of Medical Clinical Training communicates regularly with services to remind them of the protected teaching time. This is complemented by the prevocational educational supervisors monitoring of end of clinical attachment evaluations and attendance records. Where information indicates that interns are not being released from a particular service, the prevocational educational supervisor assigned to that service will follow this up.

The length of the formal teaching programme that has been scheduled on one day of the week was perceived by the interns as sometimes a challenge to commit to. Furthermore, protected teaching time continues to be a challenge for some departments to support. The Director of Medical Clinical Training, the prevocational educational supervisors, the Medical Education and Training Unit and interns continue to develop strategies to ensure attendance at the formal teaching sessions.

#### Commendations:

- The four levels of needs analysis which is undertaken to ensure the formal education programme is relevant.
- The peer review sessions undertaken by interns which include real cases and reviewing Health and Disability Commissioner cases.
- The DHBs resilience programme, particularly those sessions aimed at interns.

#### Recommendations:

The DHB should continue to monitor attendance at the formal teaching sessions and continue to develop strategies to ensure interns have protected teaching time.

#### 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			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p><b>Comments:</b> The orientation programme is very well structured and comprehensive for those who commence postgraduate year 1 at the beginning of the intern year. The programme runs over 3 days with the third day consisting of ward based buddying with the present interns.</p> <p>However, there were concerns raised by the interns about the adequacy of the orientation provided to those who commence employment part way through the intern year. While the corporate component of the orientation at this time appeared adequate, there was considerable concern expressed by the interns regarding the orientation to the clinical environment.</p> <p><b>Recommendations:</b> Canterbury DHB should structure a more comprehensive orientation for interns who commence employment part way through the intern year.</p> <p><b>Required actions:</b> Nil.</p>			
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:			
<p><b>Comments:</b> The Resident Doctors' Support Team has policies that allow work sharing arrangements and part time work can be negotiated if required. This process starts with the prevocational educational supervisor and the education supervision model used by the DHB incorporates an intern centered approach. <i>The Medical Education and Training Unit Support Unit Document</i> incorporates policy for flexibility in training when health matters arise.</p> <p><b>Recommendations:</b> Nil.</p> <p><b>Required actions:</b> Nil.</p>			

## 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:

The Medical Education and Training Unit has established processes and systems that ensure the interns training and progress is monitored and tracked. These systems are understood by interns and prevocational educational supervisors.

Progress of each intern is reviewed and any concerns are discussed at the monthly meeting that all prevocational educational supervisors attend, along with the Director of Medical Clinical Training.

Interns are expected to initiate the feedback process as part of adult learning. Advice and guidance is provided by prevocational educational supervisors and the staff in the Medical Education and Training Unit. It was noted that some clinical supervisors are less familiar with these systems and processes than others.

##### Commendations:

The graphic 'Coast to Coast' flow chart that the Medical Education and Training Unit has created is an effective, novel and locally relevant way to represent the two year intern training programme.

##### 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:

**Comments:**

Currently there are four postgraduate year 1 prevocational educational supervisors and three postgraduate year 2 prevocational educational supervisors. At the time of the visit two further appointments had been advertised that when filled will bring the total complement of prevocational educational supervisors to nine. In addition there is the Director of Medical Clinical Training who no longer holds a prevocational educational supervisor role and is consequently available to provide backup, relief and support to the prevocational educational supervisors.

Both medical education support and administrative support is available to the prevocational educational supervisors through the Medical Education and Training Unit.

The prevocational educational supervisors expressed concern that in the new hospital development there may not be enough rooms for private meetings with interns and this may limit the ability of educational supervisors to provide the necessary one on one feedback to interns.

**Commendations:**

The prevocational educational supervisors felt well supported by the staff in the Medical Education and Training Unit.

**Recommendations:**

Canterbury DHB needs to ensure that the ratio of prevocational educational supervisors to interns does not exceed the ratio of one prevocational educational supervisor for up to ten interns required by the *Accreditation standards for training providers*.

**Required action:**

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**

	Met	Substantially met	Not met
Rating	X		

**Commentary:****Comments:**

Many clinical supervisors have attended the Council's training for clinical supervisor, however some clinical supervisors were unclear of the requirements.

The four post graduate year 1 prevocational educational supervisors attended the annual prevocational educational supervisor training.

A number of the prevocational educational supervisors hold clinical teaching qualifications and all are encouraged and supported to attend events such as the Australian and New Zealand Association of Health

Professional Educators conference. There are monthly prevocational educational supervisors meetings that include education updates and the Medical Education and Training Unit website has a section with supervision articles and resources.

**Recommendations:**

The requirements for clinical supervisor training should be made explicit.

**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 are systems in place to ensure that interns receive regular feedback from clinical supervisors. The interns noted that they valued the feedback they had received during their clinical attachments. However, not all clinical supervisors are aware of their responsibilities for entering the appropriate data into ePort or how to access ePort (in particular postgraduate year 2 clinical supervisors). This is monitored via the monthly prevocational educational supervisor meetings and through the clinical attachment evaluation process.

Intern ePort entries are reviewed by the prevocational educational supervisors and overall progress is monitored by the Medical Educational Training Unit.

There are documented processes for helping an intern in difficulty based upon the Cardiff Deanery Performance Unit model. This systematic approach ensures that interns who are not performing are identified early and an appropriate remediation plan is put in place.

**Recommendations:**

The DHB should ensure that all clinical supervisors are aware of how to access ePort and the requirement for appropriate data entry.

**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: <ul style="list-style-type: none"> <li>• a Chief Medical Officer or delegate (who will Chair the panel)</li> <li>• the intern’s prevocational educational supervisor</li> <li>• a second prevocational educational supervisor</li> <li>• a lay person.</li> </ul>
4.5.3	The panel follows Council’s <i>Guide for Advisory Panels</i> .
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: <ul style="list-style-type: none"> <li>• satisfactorily completed four accredited clinical attachments</li> <li>• substantively attained the learning outcomes outlined in the NZCF</li> <li>• completed a minimum of 10 weeks (full time equivalent) in each clinical attachment</li> <li>• developed an acceptable PDP for PGY2, to be completed during PGY2</li> <li>• advanced cardiac life support (ACLS) certification at the standard of New Zealand Resuscitation Council CORE level 7 less than 12 months old.</li> </ul>

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

	Met	Substantially met	Not met
Rating	X		

Commentary:

**Comments:**  
Canterbury DHB has established their advisory panel with full representation as required by Council. Guidance for the panel is provided in the Canterbury DHB document *Process for panel decision making* which helps to ensure that each requirement is considered when making a recommendation about an intern’s eligibility to apply for registration in a general scope of practice.

The advisory panel had met and commenced its work at the time of the accreditation visit.

The Medical Education and Training Unit has policy and guidelines for any non performing interns which includes notification to Council as and when required.

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

## 5 Monitoring and evaluation of the intern training programme

<b>5 Monitoring and evaluation of the intern training programme</b>
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.

<b>5. Monitoring and evaluation of the intern training programme</b>			
	<b>Met</b>	<b>Substantially met</b>	<b>Not met</b>
Rating	<b>X</b>		
Commentary:			

**Comments:**

There is a comprehensive teaching plan used for the intern training programme that is regularly reviewed.

Each prevocational educational supervisor has a cluster of clinical services they liaise with. Through this relationship the prevocational educational supervisors provide feedback data captured from the online clinical attachment evaluation form which is completed by interns. Prevocational educational supervisors also receive individual informal feedback during their supervision session with interns. Clinical attachment evaluations and formal teaching programme data are discussed at the prevocational educational supervisor’s monthly meetings.

Quarterly evaluation data and any specific intern or prevocational educational supervisor concerns are shared with services. This provides opportunities for service managers, clinical directors and the clinical supervisors to have input. The RMO workforce advisory group also provides input.

Data from the feedback are used by Medical Education and Training Unit and others within the DHB as the catalyst for quality improvement to the prevocational training programme. There are clear processes to identify and assist interns who may be in difficulty and these processes involve the prevocational educational supervisors, the Resident Doctors’ Support Team and the Director of Medical Clinical Training.

There are a variety of educational and pastoral supports available and the pathways to access them are well known to the interns. The interns highly value this process.

**Commendations:**

The responsiveness to intern feedback is excellent.

<p><b>Recommendations:</b> Nil.</p> <p><b>Required actions:</b> Nil.</p>
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## 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><b>Comment:</b> The Medical Education and Training Unit initiates the process for applying for accreditation of clinical attachments and together with the Resident Doctors Support Team ensures that lines of accountability and team structures together with job descriptions are current.</p> <p>Lists of clinical supervisors are entered into ePort as part of the accreditation process and are also held by both the Medical Education and Training Unit and the Resident Doctors Support Team. This information is also available on the intranet page.</p> <p>The process for allocation of interns to clinical attachments is managed by the Resident Doctors Support Team using a documented process that includes using a survey to gather intern preferences.</p> <p>Interns reported that the allocation process did not always appear to be transparent and fair and did not take account of their preferences. However, it was noted that information provided by the Resident Doctors Support Unit and the prevocational educational supervisors confirmed that interns were allocated at least two of their preferences. The allocation process was not well understood by the interns and there are issues about the transparency of the process.</p> <p><b>Recommendations:</b> There should be more effective engagement with interns about the allocation process with the intention of making this more transparent.</p> <p><b>Required actions:</b> 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:			
<p><b>Comments:</b>  Interns have available personal counselling through the Employee Assistance Programme and have access to the Medical Education and Training Unit's contract counsellors and an English as a second language consultant. Interns reported that they all had their own general practitioner.</p> <p>In response to the after effects of the 2011 Christchurch earthquake, Canterbury DHB has held two teaching sessions in 2015 on resilience training specifically tailored to interns' needs.</p> <p>Career guidance is available through an annual careers fair, the Medical Education and Training Unit and the Resident Doctors Support Team.</p> <p>Interns reported that there were no concerns related to obtaining leave. Interns reported that it is "Incredibly supportive hospital".</p> <p><b>Commendations:</b>  Feedback from the interns indicated that they feel well supported by the Medical Education and Training Unit coordinators.</p> <p><b>Recommendations:</b>  Nil.</p> <p><b>Required actions:</b>  Nil.</p>			
6.3 Communication with interns			
6.3.1	Clear and easily accessible information about the intern training programme is provided to interns.		
6.3 Communication with interns			
	Met	Substantially met	Not met
Rating	X		

Commentary:			
<p><b>Comments:</b> Information on the intern training programme is available on the Medical Education and Training Unit's intranet page and this includes links to other resources and information such as the Medical Council of New Zealand website. However, it is apparent that the Medical Education and Training Unit website is not widely accessed by interns. This is partly due to inability for interns to access this off site as it is deeply nested in the DHBs intranet.</p> <p><b>Recommendations:</b> The DHB should consider other ways of making the Medical Education and Training Unit's intranet page more visible and available on and off site to interns.</p> <p><b>Required actions:</b> Nil.</p>			
<b>6.4 Resolution of training problems and disputes</b>			
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.		
<b>6.4 Resolution of training problems and disputes</b>			
	<b>Met</b>	<b>Substantially met</b>	<b>Not met</b>
Rating	<b>X</b>		
Commentary:			
<p><b>Comments:</b> Interns were confident that if there were problems with training or supervision they could approach either the Medical Education and Training Unit or the Resident Doctors Support Team.</p> <p>Both the Medical Education and Training Unit and the Resident Doctors Support Team have a documented approach to dispute resolution.</p> <p><b>Recommendations:</b> Nil.</p> <p><b>Required actions:</b> Nil.</p>			

## 7 Communication with Council

<b>7.1 Process and systems</b>	
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. Process and systems			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p><b>Comments:</b>  The process for reporting an unsatisfactory <i>End of clinical attachment assessment</i> are clear and documented by Council and within ePort. A copy of any unsatisfactory <i>End of clinical attachment assessments</i> are provided by the prevocational educational supervisor to the Director of Medical Clinical Training.</p> <p>The prevocational educational supervisors meet once a month with the Director of Medical Clinical Training to discuss intern progress. Any interns who have been identified as not performing at the required standard of competence would be discussed. The Medical Education and Training Unit procedures for sickness and clinical or professional performance issues are outlined in the Medical Education and Training Unit Support Plan.</p> <p><b>Recommendations:</b>  Nil.</p> <p><b>Required actions:</b>  Nil.</p>			

## 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><b>Comments:</b>  The earthquakes have had a profound effect on the Canterbury DHB facilities. The DHB is currently undertaking a major rebuild and the current facilities are temporary and suboptimal. However, the DHB is managing the use of the facilities very well in light of the significant difficulties. The new development will include dedicated educational facilities.</p> <p>There are computer workstations in the intern quiet room, the intern lounge and on the wards. The interns expressed concern that in some departments there are an insufficient number of readily available computers. The Accreditation Team has been assured that this issue is being addressed with information technology development and the new facilities.</p> <p>The Medical Education and Training Unit's intranet page provides interns with access to educational resources and links to Council prescribed resources. The intern clinical handbook "<i>The Blue Book</i>" is</p>			

available in hard copy and online.

There is a skills unit with simulation facilities on site.

Library facilities are provided through the University of Otago's Medical School library with links through the Medical Education and Training Unit's intranet page. The Resident Doctors Support Team organises library membership for all interns.

The Medical Education and Training Unit and Resident Doctors Support Team have a shared office suite which facilitates their close collaboration.

An e-learning capability called Healthlearn is being developed and currently includes modules on organisational orientation and medication safety online.

The DHB has workplace safety policies in place and an e-learning package on occupational health and safety as part of the online corporate orientation.

**Commendations**

Canterbury DHB continues its investment in a quality information technology environment and this will greatly benefit the interns.

**Recommendations:**

Nil.

**Required actions:**

Nil.