



Prevocational medical training accreditation report: Lakes District Health Board

Date of site visit: 16 and 17 October 2017

Date of report: 13 December 2017

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Background

Under the Health Practitioners Competence Assurance Act 2003 (HPCAA) the Medical Council of New Zealand (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.

Accreditation of training providers recognises that standards have been met for the provision of education and training for interns, which is also referred to as prevocational medical training. 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 the New Zealand registration examination (NZREX Clinical).

Council will accredit training providers for the purpose of providing prevocational medical education through the delivery of an intern training programme 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 Lakes District Health Board (DHB) as a training provider of prevocational training involved:

1. A self-assessment undertaken by Lakes DHB, with documentation provided to Council.
2. Interns being invited to complete a questionnaire about their education experience at Lakes DHB.
3. A site visit by an accreditation team to Rotorua Hospital on 16 and 17 October 2017 that included meetings with key staff and interns.
4. Presentation of key preliminary findings to the Chief Executive, Chief Medical Officer (CMO) and other relevant Lakes DHB staff.

The Accreditation Team is responsible for the assessment of the Lakes District Health Board intern training programme against 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 makes 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 is 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 Lakes District Health Board



Name of training provider:	Lakes District Health Board
Name of site(s):	Rotorua Hospital
Date of training provider accreditation visit:	16 and 17 October 2017
Accreditation team members:	Dr Curtis Walker (Chair) Dr John Thwaites Ms Laura Mueller Dr Elaine Clarke Ms Valencia van Dyk Ms Elmarie Stander
Key staff the accreditation team met:	
Chief Executive:	Mr Ron Dunham
Chief Medical Officer	Dr Martin Thomas
Clinical Director of Medical Education	Dr Stephen Bradley
Prevocational Educational Supervisors:	Dr David Blundell Dr Mazen Shasha Dr Mandy Perrin Dr Michelle Bloor
Other staff:	Ms Irene Warren, Medical Management Unit (MMU) Co-ordinator Ms Julie Gibbs, RMO Co-ordinator Ms Jenny Martelli, Service Manager Ms Aroha King Ms Lynda Cantel Ms Denise Aitken
Number of interns at Lakes DHB:	28
Postgraduate year 1 interns:	13
Postgraduate year 2 interns:	15

Section A – Executive Summary

Lakes District Health Board (DHB) serves a population of just over 100,000 and takes in the urban centres of Rotorua and Taupo, along with a number of smaller central North Island townships. The DHB serves patients from several remote communities, from Mangakino in the west, to Rangitaiki in the South, to the Kaingaroa Forest region in the North.

The DHB is within the iwi territories of Te Arawa and Ngāti Tūwharetoa. The DHB has two main hospital sites – Rotorua and Taupo. Rotorua hospital is located on land gifted by the local iwi, Ngāti Whakāue. There are 28 interns working in Rotorua Hospital across a range of secondary medical and surgical specialties. The DHB also has four accredited Community Based Attachments (CBAs), one of which is in the isolated rural township of Murupara. These attachments offer interns a unique and varied experience outside of the urban centre.

Lakes DHB is delivering a high quality training experience to its interns and demonstrates a strong commitment and a sound educational approach to prevocational education. There is clear commitment from the executive leadership team, the prevocational supervisors, and the clinical supervisors. A Medical Education Committee (MEC) has been established and a Clinical Director of Medical Education has been appointed to oversee education and training. A prevocational forum provides oversight of the prevocational training and education programme and supports interns to feedback into the training programme. Although there is no current strategic plan for the development and support of the prevocational training programme, this is currently being drafted.

There is a supportive and collegial culture within the DHB which enhances the clinical environment and the pastoral aspects of the interns' experiences. As a result, any issues or concerns with interns are identified promptly and responded to appropriately. This is supported by the close working relationship between interns and clinical supervisors and the effective working relationships between interns, supervisors and the Medical Management Unit (MMU). Interns greatly value the support they receive from the MMU and access to leave, and allocation to clinical attachments was generally seen as fair and transparent.

Community Based Attachments are popular, and the DHB is on target to meet Council's requirement that all interns will do a CBA during PGY1/PGY2. The DHB will need to ensure that interns remain appropriately supported and supervised during their CBA placements.

Interns starting at the beginning of the year and those commencing through the year are well supported through an effective orientation programme. Two highlights of the orientation at the beginning of the year are the 'Case Race' and the overnight stay at a local marae. Each department within the DHB has its own departmental orientation which is more variable and informal, but interns generally feel adequately orientated to their attachments.

Interns did not report any pressure to take consent in situations where they did not feel confident to do so. However, there was some confusion about the informed consent process with interns obtaining signed consent from patients for procedures they are not performing themselves. Handover is well supported and structured across most services, however, there is no formal intern handover in general surgery and senior support is not always available.

Overall, Lakes DHB has a positive and supportive culture, and delivers a comprehensive intern educational training programme.

The DHB met 19 of the 22 sets of standards of Council's *Accreditation standards for training providers*. There are 3 sets of standard which are substantially met.

- Standard 1 - Strategic Priorities

- Standard 3.2 - Programme components
- Standard 4.2 - Supervision

Four required actions were identified, along with recommendations and commendations. The required actions are:

1. The draft medical workforce strategic plan must be finalised and adopted.
2. Lakes DHB must demonstrate adherence to Council's statement on *Information, choice of treatment and informed consent*.
3. A formal surgical handover process that includes interns must be implemented.
4. The DHB must review the content and implementation of the agreement between the DHB and CBA providers to ensure that there is appropriate supervision for interns at all times.

Overall outcome of the assessment

The overall rating for the accreditation of Lakes DHB as a training provider for prevocational medical training is:	SUBSTANTIALLY MET
<p>Lakes DHB holds accreditation until 13 December 2020, subject to Council receiving an interim report within 6 months, by 13 July 2018, that satisfies Council that the following required actions have been satisfactorily addressed:</p> <ol style="list-style-type: none"><li data-bbox="164 533 1133 566">1. The draft medical workforce strategic plan must be finalised and adopted.<li data-bbox="164 568 1321 636">2. Lakes DHB must demonstrate adherence to Council's statement on <i>Information, choice of treatment and informed consent</i>.<li data-bbox="164 638 1197 672">3. A formal surgical handover process that includes interns must be implemented.<li data-bbox="164 674 1390 741">4. The DHB must review the content and implementation of the agreement between the DHB and CBA providers to ensure that there is appropriate supervision for interns at all times.	

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: Based on the information provided in its accreditation submission and in its discussions with the Accreditation Team, it is evident that Lakes District Health Board (DHB) is committed to high quality training and education and that prevocational medical training is considered a strategic priority. However, this commitment is not formally referenced in the DHB's strategic planning documents. A draft Medical Workforce Strategic Plan that appropriately supports prevocational medical training is being developed.</p> <p>The Prevocational Training Committee has oversight of intern training, is chaired by the Chief Medical Officer (CMO) and has intern representation. In addition, a Clinical Director for Medical Education has recently been appointed to oversee all clinical and medical training, including prevocational training. A new Medical Education Committee has been established to further support training and education. While the new Medical Education Committee has a Resident Medical Officer (RMO) representative, PGY1 or PGY2 intern representation is not assured on the Committee.</p> <p>Lakes DHB engages in the regular accreditation cycle of Council that occurs at least every three years.</p> <p>Commendation: The DHB is to be commended for the appointment of a Clinical Director of Medical Education and the establishment of a Medical Education Committee as these will support intern education and training.</p>			

<p>Recommendation: Although there is already intern representation on the Prevocational Training Committee, it is recommended that the DHB also consider assuring intern representation on the new Medical Education Committee.</p> <p>Required actions: 1. The draft medical workforce strategic plan must be finalised and adopted.</p>

2 Organisational and operational structures

2.1 The context of intern training			
2.1.1	The training provider can demonstrate that it has the responsibility, authority, and appropriate resources and mechanisms to plan, develop, implement and review the intern training programme.		
2.1.2	The Chief Medical Officer (CMO) or their delegate (for example a Clinical Director of Training) has executive accountability for meeting prevocational education and training standards and for the quality of training and education.		
2.1.3	There are effective organisational and operational structures to manage interns.		
2.1.4	There are clear procedures to address immediately any concerns about intern performance that may impact on patient safety.		
2.1.5	Clear procedures are documented to notify Council of changes in a health service or the intern training programme that may have a significant effect on intern training.		
2.1 The context of intern training			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: Lakes DHB has the authority and responsibility and has appropriate resources and mechanisms to deliver the intern training programme. The Chief Medical Officer (CMO) has clear executive accountability and authority for intern training. The CMO is also an ex-officio member of the Medical Education Committee (MEC), and the prevocational educational supervisors are all members of the MEC.</p> <p>The Medical Management Unit (MMU) is effective in providing for interns' operational needs, including rosters, access to leave, and the allocations of clinical attachments. In addition, the MMU provides pastoral care, supports the formal teaching programme and supports ePort activities such as emailing reminders for supervisor and intern meetings.</p> <p>A Prevocational Medical Training Standards Policy supports planning and implementation of the prevocational medical training programme. This policy also stipulates that any concerns around intern performance or patient safety should immediately be escalated to the CMO. The close working relationship between interns and clinical supervisors means that there are effective informal processes that allow appropriate escalation should there be any concerns about an intern's performance. The DHB also has a formal performance management policy applicable to interns.</p>			

The Chief Medical Officer is responsible for notifying the Council of any changes in the health service or factors that may impact intern training, and this is documented in the Prevocational Medical Training Standards Policy.

Commendation:

The DHB has a comprehensive documented Prevocational Medical Training Standards Policy.

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:

Lakes DHB provides interns with a combination of formal learning opportunities through its formal teaching sessions, as well as clinical teaching delivered by experienced clinicians within accredited clinical attachments. In addition, there are a range of departmental education sessions, grand rounds and morbidity and mortality sessions.

The education programme is administered and offered locally, and the DHB has appropriate medical educational expertise to deliver the intern training programme. The DHB has its own staff and facilities to offer courses such as Advanced Cardiac Life Support (ACLS) and Advanced Paediatric Life Support (APLS), and simulation training. The programme is delivered in an environment that values patient culture and religion and respects autonomy and dignity.

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:

<p>Comments: Although Lakes DHB is not part of a networked prevocational training programme, it has an effective locally delivered training programme. The DHB engages external expertise to contribute to its teaching programme in areas such as urology, ophthalmology, renal services. Sessions on financial planning and personal well-being are also provided by community providers.</p> <p>The DHB has an existing relationship with the University of Auckland through undergraduate medical students studying at Rotorua hospital, and this may provide additional opportunities for intern training and education, for example the development of research projects for interns.</p> <p>Required actions: Nil</p>
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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		
<p>Comments: During orientation week for PGY1s, interns are informed of Council’s requirements, including those regarding ePort, maintaining a personal development plan (PDP), assessments, and completion of the <i>New Zealand Curriculum Framework</i>. Prevocational educational supervisors and clinical supervisors reiterate these requirements during their first meetings with interns. In these meetings, interns’ PDP goals are clarified and learning objectives for each clinical attachment are discussed. In addition, clinical supervisors meet with the intern for mid and end of clinical attachment meetings at which time assessments, personal interests and vocational aspirations are discussed.</p> <p>The DHB has effectively implemented the ePort system. Through ePort the DHB is able to effectively manage each intern’s completion of the prevocational training programme. At the end of the clinical attachment, prevocational educational supervisors ensure that interns have completed their goals, set new goals for their next attachment and satisfactorily completed the requirements of the <i>New Zealand Curriculum Framework</i>.</p>			

<p>The Medical Management Unit (MMU) and the prevocational educational supervisors monitor ePort to ensure that interns and clinical supervisors meet at the beginning, mid, and end of the clinical attachment. The MMU sends reminders to clinical supervisors and interns if meetings do not occur in a timely fashion, and any ongoing concerns are escalated to the prevocational educational supervisors.</p> <p>Required actions: Nil</p>			
<p>3.2 Programme components</p>			
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	<p>The training provider selects suitable clinical attachments for training on the basis of the experiences that interns can expect to achieve, including the:</p> <ul style="list-style-type: none"> • 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.		
<p>3.2 Programme components</p>			
	Met	Substantially met	Not met
Rating		X	
<p>Commentary:</p>			
<p>Comments: Council's ePort system has been fully adopted and is utilised effectively by interns. Lakes DHB provides a prevocational medical education programme which allows the interns to satisfactorily achieve the required number of learning outcomes for the <i>New Zealand Curriculum Framework</i> and PDP goals.</p>			

Lakes DHB meets the requirements of the *New Zealand Curriculum Framework*. The DHB has sufficient accredited and appropriate clinical attachments which provide a broad range of clinical experiences and cover sufficient outcomes of the *New Zealand Curriculum Framework*.

Lakes DHB has a fair and transparent process for the allocation of clinical attachments taking into account the interns' preferences, availability of attachments and requirements for the *New Zealand Curriculum Framework*. Interns complete eight accredited clinical attachments during the course of their prevocational training.

Lakes DHB has four accredited Community Based Attachments (CBAs) and is meeting Council's expectations for the number of interns completing CBAs.

Interns are not rostered on nights within the first six weeks. There are also formal handover processes for general medicine, paediatrics, obstetrics and gynaecology (O&G), the emergency department (ED), and orthopaedics. These handovers are well structured and attended. However, there is no structured handover for general surgery. The on-call system for surgical registrars means that they handover to each other, but interns are not formally engaged in this process. The handover room used in O&G is too small for the number of clinical staff attending and places patient confidentiality at risk due to its location and the need to keep the door open to accommodate staff.

The understanding and application of informed consent was variable across the DHB. Interns report that they are routinely asked to undertake consent for procedures they are neither performing nor familiar with. Although the interns report that they are comfortable refusing to take consent when they believe it is inappropriate, it is not clear in the DHB's Informed Consent Policy who is responsible for obtaining consent. There also appears to be some confusion as to the correct consent form being used.

Recommendation:

The O&G handover room should be reviewed as it is inappropriately small for the number of clinicians attending, including interns.

Required actions:

2. Lakes DHB must demonstrate adherence to Council's statement on *Information, choice of treatment and informed consent*.
3. A formal surgical handover process that includes interns must be implemented.

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:			
<p>Comments:</p> <p>There is a weekly formal education programme for interns that support the <i>New Zealand Curriculum Framework</i> learning outcomes. The teaching programme is coordinated by the Prevocational Educational Supervisors and MMU. The sessions are usually consultant-led and well received. In addition to the general formal programme, there are weekly paediatrics, obstetrics and gynaecology (O&G), medical and emergency department (ED) teaching sessions which are well attended and well regarded by the interns. Senior Medical Officers (SMOs) are supportive of the interns attending the formal teaching programme. The interns provide feedback and have input into the content of teaching programme.</p> <p>The interns reported occasional interruptions of teaching sessions as they continue to hold their pagers through the teaching sessions. However, this did not affect their overall ability to participate in the formal programme.</p> <p>There is a wide range of additional work-based teaching and learning opportunities. There is a positive culture that encourages an apprenticeship model of learning, including departmental teaching, morbidity and mortality meetings, departmental audits, journal club, grand rounds and simulation training.</p> <p>The formal education programme includes teaching on development of personal skills, including self-care, managing stress, resilience and financial planning.</p> <p>Commendations:</p> <p>There is a positive culture that encourages an apprenticeship model of learning.</p> <p>Required actions:</p> <p>Nil.</p>			
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>Comments:</p> <p>A comprehensive and innovative five-day orientation is provided at the start of the year. The orientation programme ensures familiarity with the DHB's policies and procedures of relevance to interns' daily practice and the intern training programme. A "Case Race" is a particular highlight, covering a wide range of hospital locations and clinical tasks. Another highlight is the overnight marae stay, which provides a welcome team bonding and cultural experience.</p> <p>Orientation for those starting partway through the year accommodates the needs of those interns and includes a full day orientation and partnering with another intern for three or four days.</p> <p>Commendation:</p> <p>The Case Race and marae visit are particular highlights for the interns during their orientation.</p>			

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:			
<p>Comments: The DHB is supportive in principle of flexible training, accommodating requests for part-time work for those interns with young families. However, some requests for job-sharing have not been able to be accommodated due to considerations relating to continuity of care and clinical risk.</p> <p>Required actions: 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:			
<p>Comments: Lakes DHB proactively reviews, documents and supports interns during their progression through clinical attachments, obtaining the requirements for general registration. This occurs via both formal meetings during clinical attachments and with weekly prevocational educational supervisor 'drop-in' session. The DHB utilises ePort to record progress in clinical attachments.</p> <p>The prevocational educational supervisors clearly communicate the process leading to general registration via the advisory panel to both interns and clinical supervisors; either in written form (clinical supervisor's handbook) or in a teaching session.</p> <p>Required action: Nil.</p>			

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:</p> <p>Lakes DHB have appointed four prevocational educational supervisors who share 0.3 FTE and provide supervision to 28 interns. This offers good flexibility and meets the Council requirement with respect to the ratio of prevocational educational supervisors to interns.</p> <p>Interns are supervised during all clinical attachments by fully registered medical practitioners and all clinical supervisors hold vocational registration. On hospital-based clinical attachments interns report good support from senior medical staff and felt that they received supervision and responsibilities commensurate with their level of experience.</p> <p>The interns reported variable supervision and a level of confusion arising within one Community Based Attachment (CBA) as to what level of support and responsibility was expected of them. They also report feeling isolated during their CBAs and that communication between interns on the CBA and the hospital had initially been difficult. However, the interns reported that this issue had since been resolved.</p> <p>Clinical supervisors advised that interns would be better supported at night if the surgical registrar was on site, rather than on call.</p> <p>No formal administrative support is provided to the prevocational educational supervisors; however they report no difficulty in utilising their departmental and MMU administration resources when required.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> The DHB should explore how interns on community based attachments (CBAs) participate in formal teaching sessions, for example by using teleconferencing. The DHB should consider whether the interns will be better supported at night if there was an on-site surgical registrar. <p>Required action:</p> <p>4. The DHB must review the content and implementation of the agreement between the DHB and the CBA providers to ensure that there is appropriate supervision for the interns at all times.</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									
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	Met	Substantially met	Not met						
Rating	X								
Commentary:									
<p>Comments: Lakes DHB pro-actively supports clinical supervisor training. Clinical supervisors are given an orientation guide on appointment. Council also delivered clinical supervisor training at Lakes DHB within the past 18 months. Clinical supervisors report no difficulty in accessing clinical supervisor training delivered either by the Council or by relevant specialist medical colleges.</p> <p>All prevocational educational supervisors have attended Council’s annual workshops. There is also in-house training, and resources are available to support new prevocational educational supervisors.</p> <p>Required actions: Nil.</p>									
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									
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	Met	Substantially met	Not met						
Rating	X								
Commentary:									
<p>Comments: Clinical supervisors and prevocational educational supervisors meet regularly with interns at which time Professional Development Plans (PDP) and the <i>New Zealand Curriculum Framework</i> are reviewed and discussed.</p> <p>Weekly informal ‘drop in’ sessions, hosted by the prevocational educational supervisors, also offer significant support and feedback to the interns.</p> <p>The close direct working relationship between Clinical Supervisors and interns facilitates early identification of any intern in difficulty. Any Intern with a performance issue that may create a patient safety situation are immediately escalated to the CMO who is actively engaged and takes responsibility for supporting the intern.</p>									

<p>Commendation: The close working relationship between interns, prevocational educational supervisors and clinical supervisors ensures early identification of interns in difficulty, and of appropriate escalation.</p> <p>Required actions: Nil.</p>			
<p>4.5 Advisory panel to recommend registration in a general scope of practice</p>			
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	<p>The advisory panel will comprise:</p> <ul style="list-style-type: none"> • 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 <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	<p>The advisory panel bases its recommendation for registration in a general scope of practice on whether the intern has:</p> <ul style="list-style-type: none"> • 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. 		
<p>4.5 Advisory panel to recommend registration in a general scope of practice</p>			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: Lakes DHB has established an advisory panel that functions effectively in reviewing and assessing each intern’s progress and making a recommendation for a general scope of practice.</p> <p>ePort is utilised by panel members to assist in the above process.</p> <p>Required actions: Nil.</p>			

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			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: Lakes DHB has established processes for the assessment of interns at the end of PGY2. This assessment is informed by the progress of the intern over the course of their two years of prevocational training.</p> <p>Required actions: Nil.</p>			

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: The DHB has 28 accredited clinical attachments, including four community based attachments (CBAs). A Medical Education Committee (MEC) has been formed to ensure the currency of clinical attachments.</p> <p>There is open and receptive communications between interns, the Medical Management Unit (MMU) and prevocational educational supervisors. Intern feedback on the content of the formal teaching programme is welcomed and actioned. The frequent meetings between the interns and their prevocational educational supervisors, as well as the ready availability of MMU staff, also provide opportunities for interns to offer informal feedback.</p>			

All senior staff and MMU staff make an effort to ensure a culture where interns feel able to provide direct feedback. Feedback forms are available at the end of each teaching session and there is excellent informal communication that allows changes to be implemented easily and quickly.

There is a process to address any matters raised by Council and these are dealt with by the MMU who escalate to prevocational educational supervisors, who in turn escalate to the Chief Medical Officer, if required.

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>Comment: Lakes DHB has successfully applied for accreditation of all its PGY1 and PGY2 clinical attachments. There are 28 accredited attachments, including four Community Based Attachments (CBAs).</p> <p>Allocation of interns to attachments is fair and transparent. PGY1 doctors are asked for their preferences and then attachments are allocated to try and ensure that each doctor is offered a broad range of experience. The DHB's CBAs in general are located as far as 1.25 hours away and therefore are quite isolating, for example interns are unable to return to Rotorua hospital to attend formal teaching sessions. The DHB has stated its intent not to assign interns to these attachments on their first attachment, however this is a possibility.</p> <p>PGY1s are asked to provide their preferred PGY2 clinical attachments in a ranked order. The prevocational educational supervisors then meet and consider the available attachments to provide the best solution for each intern.</p> <p>ePort allows prevocational educational supervisors to see who the clinical supervisors are for each attachment. The DHB has a relatively low turnover of clinical supervisors and the DHB's clinical supervisor pool is very stable. The close working relationships between clinical supervisors supports effective formal and informal communication.</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:			
<p>Comments:</p> <p>The interns are able to raise any concerns through the Prevocational Training Committee. They are able to provide feedback by way of the anonymised Postgraduate Hospital Educational Environment Measure (PHEEM) tool. The DHB practises safe rostering according to NZRDA requirements.</p> <p>The DHB provides a free and confidential Employee Assistance Programme (EAP), to which interns also have access. Career advice is provided by the prevocational educational services. A careers evening is held which is well attended by all Resident Medical Officers (RMOs).</p> <p>Interns apply to MMU for funding for courses and examinations. Where there is any dispute with an application, it is brought to the prevocational educational supervisors for arbitration.</p> <p>At the start of the year, interns are encouraged to have a local general practitioner, book leave and engage in social activities outside of work.</p> <p>Every endeavour is made to accommodate leave requests, and a fair and transparent leave approval process is in place.</p> <p>Commendation:</p> <p>The Medical Management Unit staff and prevocational educational supervisors have excellent engagement with interns and provide outstanding pastoral care.</p> <p>Required actions:</p> <p>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>Comments: The prevocational educational supervisors meet weekly with interns and discusses any changes or issues with the training programme. The Medical Management Unit is active and accessible to the interns in terms of providing information.</p> <p>Required actions: Nil.</p>			
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: The PGY1 interns have a weekly meeting with the prevocational educational supervisors where concerns about training, supervision, and training requirements can be raised in a completely confidential environment. They are also able to raise concerns with their prevocational educational supervisors at any time or raise these at the prevocational medical training committee meetings (that has both a PGY1 and a PGY2 representative). The use of the anonymous PHEEM tool allows for confidential feedback.</p> <p>Lakes DHB has a formal Grievance and Disputes Procedure, which is applicable to interns. The DHB attempts to resolve issues at the lowest appropriate level before escalation as required. Prevocational educational supervisors are available to discuss concerns and put in place solutions as a priority.</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. Process and systems			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: The process for reporting unsatisfactory end-of-clinical-attachment assessments are clear and documented within ePort. The DHB's prevocational Medical Training Standards Policy covers the processes required in order to notify Council of any issues. There have been no underperforming interns at the DHB in the last year.</p> <p>Required actions: 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>Comments: The DHB has simulation facilities, an electronic learning platform, and facilities for video conferencing and/or learning. The DHB's library is well used and the two experienced librarians are helpful and appreciated by the interns. Medical journals and other resources are available online.</p> <p>The interns have a clean, tidy well-equipped common room and separate sleeping rooms.</p> <p>Interns commented on the availability of ward-based computer workstations to complete their tasks, and they believe that one additional workstation per ward would improve their work performance. Interns report that they have a safe and comfortable working environment.</p> <p>In section 3.2, reference was already made to the handover room used in O&G and that is too small for the number of clinical staff attending.</p> <p>Commendation: The simulation suite is a valuable asset for prevocational educational training.</p> <p>Required actions: Nil.</p>			