



Prevocational medical training accreditation report: Northland District Health Board

Date of site visit: 27 and 28 June 2017

Date of report: 10 and 11 October 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 NZREX.

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

1. A self-assessment undertaken by Northland DHB, with documentation provided to Council.
2. Interns being invited to complete a questionnaire about their education experience at Northland DHB.
3. A site visit by an accreditation team to Northland DHB on 27 and 28 June 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 Northland DHB staff.

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



Name of training provider:	Northland DHB
Name of site(s):	Whangarei Hospital, Kaitaia Hospital
Date of training provider accreditation visit:	27 and 28 June 2017
Accreditation visit team members:	Mr Andrew Connolly (Chair) Dr Allen Fraser Ms Joy Quigley Dr Jane Walton Mr Philip Pigou Ms Eleanor Quirke
Key staff the accreditation team met:	
Chief Executive:	Dr Nick Chamberlain
Chief Medical Officer	Dr Michael Roberts
Prevocational Educational Supervisors:	Dr Adam Mullan Dr Mick Killeen Dr Rob Coup
RMO Unit staff:	Ms Emma Carman Ms Pat Hartung Ms Angela Bownes Ms Koea Kaka
Other key people who have a role within the prevocational training programme:	
Academic Coordinator - Northland Clinical Site The University of Auckland	Dr Win Bennett
Admin Assistant to the Prevocational Educational Supervisors	Ms Bronwyn Hedgecock
Key data about the training provider:	
Number of accredited clinical attachments (current):	25
Number of accredited clinical attachments (2016):	24
Number of accredited community based attachments:	1

Section A – Executive Summary

Northland DHB covers a large geographical area from Te Hana in the south to Cape Reinga in the north, and serves a population of just over 170,000 people.

Northland DHB prioritises medical education and training as a key strategic priority with a clearly articulated vision to ensure interns receive high quality training and education. The DHB actively encourages the mentoring of interns to assist their career development and progression. This is part of a long term strategy to encourage interns to return to the DHB as registrars and ultimately as senior medical staff.

The Chief Medical Officer (CMO) has clear accountability for intern education and training and in this role the CMO is strongly supported by the Chief Executive. The CMO has established robust processes for managing intern education and training.

The DHB has established strong links with the University of Auckland and regional DHBs to ensure educational opportunities are maximised. To aid these developments, the DHB has invested in teleconferencing and other IT equipment. The DHB has also recently launched a DHB-wide educational website that allows interns to easily identify learning opportunities.

The prevocational educational supervisors are committed and skilled in their roles. The DHB ensures adequate time and support is available for the prevocational educational supervisors, and the DHB has increased the number of prevocational educational supervisors as intern numbers have increased.

Interns report strong support from their clinical supervisors and the interns greatly value the amount of time they can spend with their clinical supervisors on each attachment. The DHB is committed to providing high quality community based experiences and interns actively seek these positions.

The commitment from senior medical staff to providing a high quality intern experience is obvious. Senior medical staff are supported by the DHB to attend supervisor courses. The ePort system is well understood and effectively utilised by supervisors and interns.

Northland DHB met all of Council's *Accreditation standards for training providers*. A number of commendations for the DHB have been made.

Overall outcome of the assessment

The overall rating for the accreditation of Northland DHB as a training provider for prevocational medical training is:	MET
Northland DHB holds accreditation for prevocational medical training for a period of three years until 30 October 2020 .	

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: Education and training of all staff, including interns, is considered by Northland DHB to be of critical importance. The DHB has demonstrated this in multiple ways; the importance of medical education is included in the DHB’s annual plan as well as the strategic intent of the Board, the Chief Executive, and the Chief Medical Officer (CMO). This has led to a DHB-wide ethos of promoting education and training.</p> <p>Prevocational training is seen as a key aspect of the DHB’s long term strategy to “grow its own”. The DHB actively encourages the mentoring of interns to assist the intern’s career development and progression. Moreover, the DHB maintains links with former interns, in the hope that they will return to the DHB to undertake further training as registrars or work as a member of the senior medical staff.</p> <p>The DHB’s commitment to prevocational training is demonstrated in multiple ways, including its ongoing support of the prevocational educational supervisors and clinical supervisors, ensuring access to training courses for all medical staff, and facilitating training courses and exam preparation courses for interns and registrars.</p> <p>The DHB has a Medical Education Committee, which oversees the prevocational medical training programme. The key function of the Medical Education Committee is to provide the strategic direction for ongoing development and support of sustainable medical education at the DHB. The Committee meets quarterly, is</p>			

chaired by the CMO, attended by a prevocational educational supervisor and has effective intern representation. The Committee reports to the DHB's clinical governance committee.

In addition to the Medical Education Committee, the CMO has regular meetings with the interns,. This enables effective and meaningful communication between senior management and interns. The availability of the Chief Medical Officer to all medical staff allows for collaboration in the delivery of prevocational training as well as the sharing of ideas to improve aspects of service delivery. The interns and prevocational educational supervisors greatly value the availability and support provided by the CMO.

The DHB engages in the regular accreditation cycle of the Council.

Commendations:

- The ethos of valuing and supporting education and training within the DHB is clearly articulated by the Chief Executive and Chief Medical Officer.
- The Chief Medical Officer is committed to ensuring that he is available to interns, and is engaged in ensuring quality training for interns.
- The Chief Executive is commended for his clarity and leadership in relationship to the education and training provided by the DHB.
- The DHB is committed to “growing its own” medical workforce, and this is demonstrated in its mentoring and support of interns. In line with this, the DHB has proactively sought to ensure a positive working and training environment for interns.

Required actions:

Nil.

2 Organisational and operational structures

2.1 The context of intern training			
2.1.1	The training provider can demonstrate that it has the responsibility, authority, and appropriate resources and mechanisms to plan, develop, implement and review the intern training programme.		
2.1.2	The Chief Medical Officer (CMO) or their delegate (for example a Clinical Director of Training) has executive accountability for meeting prevocational education and training standards and for the quality of training and education.		
2.1.3	There are effective organisational and operational structures to manage interns.		
2.1.4	There are clear procedures to address immediately any concerns about intern performance that may impact on patient safety.		
2.1.5	Clear procedures are documented to notify Council of changes in a health service or the intern training programme that may have a significant effect on intern training.		
2.1 The context of intern training			
	Met	Substantially met	Not met
Rating	X		
Commentary:			

Comments:

There is support of the prevocational training programme by the Chief Executive and Chief Medical Officer (CMO). This ensures that the programme is dynamic and can be effectively delivered. Northland DHB has appropriate resources and mechanisms to plan, develop and regularly review the intern training programme. Moreover, the DHB has clear lines of accountability for prevocational medical training, with the Chief Medical Officer having executive accountability for the quality of intern training.

The DHB has effective structures to manage interns. The Resident Medical Officer (RMO) Unit, as well as the assistant to the prevocational educational supervisors, effectively liaise with interns, clinical supervisors and the prevocational educational supervisors to ensure the supervision and assessment of interns, as well as the delivery of the formal education programme. All involved in the delivery of the intern training programme are very motivated and committed to intern education and welfare, and this is great appreciated by interns.

An ethos of openness exists at the DHB. Interns are encouraged to raise concerns and can do so via “speak easy” sessions and via RMO-led forums where full and frank discussion of adverse events or near misses can occur in a supportive learning environment. This is establishing a positive culture in the DHB and is contributing to a continuous quality improvement agenda.

There are clear processes to address any concerns about intern performance that may impact on patient safety, and these processes are well understood by interns and clinical and executive senior staff. Clinical supervisors work with the prevocational educational supervisor on any individual intern performance issues, with oversight and support provided by the CMO. Added support for any intern with performance issues can be arranged, such as “buddying” or additional training. Interns are encouraged to approach their prevocational educational supervisor or the CMO if they feel there are issues they would like to discuss.

Commendations:

- Speak easy sessions, forums and written guides regarding adverse events support open disclosure at the DHB, and facilitate a supportive environment for the discussion of adverse events or near misses. This also supports good professional practice.
- All involved in the delivery of the intern training programme are very motivated and committed to intern education and welfare, and this is greatly appreciated by interns.

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:

Northland DHB has mapped the intern training programme to the *New Zealand Curriculum Framework for Prevocational Medical Training*. A learning needs analysis was conducted to ensure a broad range of experience and learning opportunities across the clinical attachments offered by the DHB. Learning outcomes

not available through the clinical attachments are systematically covered by the DHB's comprehensive formal education programme. The DHB has placed particular emphasis on case based learning, and also makes simulation training available to its postgraduate year 2 interns.

The DHB has appropriate medical education expertise to deliver the intern training programme. The assistant to the prevocational educational supervisors has a strong background in medical education. A number of senior medical staff have honorary appointments with the University of Auckland as lecturers.

Commendation:

The extensive and detailed review of the intern training programme undertaken by the DHB as part of its learning needs analysis to ensure that a broad range of experience and learning opportunities are made available to the interns.

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:

Northland DHB has a close relationship with the University of Auckland Medical School. The DHB also has a link to Starship Hospital for paediatric teaching, and while this is designed for paediatric registrars, the interns can also access the programme. Via the Northern Regional Alliance, the DHB has access to intern educational and career development opportunities such as the "careers events" held in Auckland.

The DHB has links to hospice and to the local general practice educational network.

Required actions:

Nil.

3 The intern training programme

3.1 Professional development plan (PDP) and e-portfolio

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

- 3.1.2 There is a system to ensure that each intern maintains their e-portfolio, to ensure an adequate record of their learning and training experiences from their clinical attachments, CPD activities with reference to the NZCF.
- 3.1.3 There are mechanisms to ensure that the clinical supervisor and the prevocational educational supervisor regularly review and contribute to the intern's PDP.

3.1 Professional development plan (PDP) and e-portfolio

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

Formal monitoring of the interns' PDPs and their progress towards attaining the learning outcomes in the *New Zealand Curriculum Framework for Prevocational Medical Training* is managed by the prevocational educational supervisors. The prevocational educational supervisors meet with their interns twice each quarter, and the interns' goals and learning objectives, personal interests as well as their vocational aspirations, are reviewed at these meetings. The assistant to the prevocational educational supervisor facilitates the arrangements for these key meetings to take place.

In addition, the Resident Medical Officer (RMO) Unit monitors ePort and sends reminders to relevant parties regarding the meeting requirements.

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 at Northland DHB underwent a significant review, and it has since been mapped to the *New Zealand Curriculum Framework for Prevocational Medical Training*. The learning outcomes available on each clinical attachment have been identified, and any outcomes not available on a clinical attachment are covered by the DHB's formal education programme.

The intern training programme at the DHB provides for 8 accredited clinical attachments across postgraduate years 1 and 2. In postgraduate year 1, interns are allocated clinical attachments that offer a generalist experience in medicine and surgery. In postgraduate year 2, interns are invited to submit their preferences for clinical attachments that align with their vocational aspirations. Clinical attachments are allocated by the Resident Medical Officer (RMO) Unit taking into account intern preference and departmental requirements.

The DHB has established one community based attachment at Kaitaia Hospital. This attachment has been very successful to date, and is highly sought after by interns. A second community based attachment will become available in November 2017. The DHB is encouraged to continue exploring additional opportunities for community based attachments within the region, so that by November 2020 every intern has access to one community based attachment over the course of their two years of intern training.

Interns are not rostered on night duties during the first 6 months of the intern year. The DHB is looking to review support available to interns at night to ensure this meets the increasing demand and complexity of clinical presentations. The lines of support available at night are clear and well understood by all medical staff. Interns reported that they are well supported at night.

Handover systems are well understood by the interns, and are working well for interns and senior medical staff. There is a single night house surgeon, and the morning handovers are staggered to allow the intern to attend and handover effectively.

The DHB's informed consent processes are robust, documented and adhere to Council's policy on obtaining informed consent. A session on informed consent processes, facilitated by the Chief Medical Officer, is included in the formal education programme for postgraduate year 1 interns. The interns did not report any concerns with the informed consent process.

Commendation:

The community based attachment at Kaitaia Hospital provides excellent learning opportunities to interns, and is highly sought after.

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:

Northland DHB provides a structured teaching programme which has been mapped to meet the requirements of the *New Zealand Curriculum Framework for Prevocational Medical Training*. A number of sessions are led by postgraduate year 2 interns and other Resident Medical Officers (RMOs), which the interns find valuable. The formal education programme provides opportunities for interns to develop skills in self-care and peer support. The programme also includes “speak easy” sessions lead by the Chief Medical Officer, which provide the interns opportunity to debrief about challenging cases.

The formal education programme is structured so that interns are able to attend at least two thirds of the teaching sessions, and the assistant to the prevocational educational supervisors records and monitors attendance. Interns are encouraged to turn their phones off during the teaching sessions, unless they are holding the resuscitation phone. The interns exercise personal responsibility as to whether they do this on a given day, and this works well for the interns.

Interns are provided with many informal and formal opportunities to provide feedback on the formal education programme, and the programme is sufficiently flexible to meet interns’ learning needs as they are identified. Interns reported that some of the formal teaching sessions can be too advanced for their current needs and they have provided feedback to the DHB regarding this. The DHB is encouraged to continue working with interns to ensure teaching is relevant and appropriate to interns’ learning needs.

The DHB does not provide a dedicated teaching programme for postgraduate year 2 interns. Postgraduate year 2 teaching is broadly provided via the apprenticeship model at the DHB, and the interns report that this suits their needs.

The DHB provides a number of opportunities for additional work-based teaching including grand rounds, training courses, journal club, morbidity and mortality meetings, and departmental multi-disciplinary team meetings. The timing of the grand round on Friday precludes many interns from being able to attend, and the DHB advised the day for these meetings is likely to change. The grand round presentations are recorded and are available on the Medical Community Intranet Site to be watched retrospectively.

The formal education programme provides opportunity for interns to develop skills in self-care and peer support. Prevocational educational supervisors often facilitate these teaching sessions.

The DHB has a dedicated medical audit position which provides guidance to all medical staff regarding the process for carrying out a robust medical audit. All staff are well supported by this position to carry out appropriate and robust medical audits, and the DHB is commended for this.

Commendation:
 There is a dedicated position that supports staff members to carry out appropriate and robust medical audit of work at the DHB, and this provides for excellent learning opportunities for all medical staff.

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:

Comments:
 The Resident Medical Officer (RMO) Unit facilitates Northland DHB’s comprehensive orientation programme. Orientation includes a number of mandatory Moodle courses which must be completed prior to commencing clinical practise.

A “buddy” system is in place for the interns’ first day on the ward and this is greatly appreciated by interns. Interns expressed the desire for better practical orientation to individual attachments, including the further detail as to the “housekeeping” matters particular to each clinical attachment. The DHB is encouraged to work with interns to devise a mechanism and/or documentation that allows for practical orientation at the start of each clinical attachment.

The hospital orientation of interns who start outside the normal time is the same as for those starting in 1st Quarter.

Recommendation:
 The DHB should work with interns to devise mechanisms or documentation to ensure practical and robust departmental orientation at the beginning of each clinical attachment.

Required actions:
 Nil.

3.5 Flexible training

3.5.1 Procedures are in place and followed, to guide and support supervisors and interns in the implementation and review of flexible training arrangements.

3.5 Flexible training

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:
 Northland DHB has not received any requests for flexible training. The DHB advised that any requests would be considered on a case by case basis by the prevocational educational supervisors and Chief Medical Officer.

Required actions: Nil.

4 Assessment and supervision

4.1 Process and systems			
4.1.1	There are processes to ensure assessment of all aspects of an intern's training and their progress towards satisfying the requirements for registration in a general scope of practice, that are understood by interns, prevocational educational supervisors, clinical supervisors and, as appropriate, others involved in the intern training programme.		
4.1 Process and systems			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: Council's requirements for registration within a general scope of practice are outlined during orientation, and an intern's progress towards meeting these requirements is discussed with the intern by their prevocational educational supervisor throughout postgraduate year 1. The details of these requirements are readily accessible on Northland DHB's Medical Community Intranet Site. These requirements are well understood by the prevocational educational supervisors, the clinical supervisors, Resident Medical Officer (RMO) Unit and the interns.</p> <p>Required actions: 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>Commentary: The ratio of prevocational educational supervisors is three supervisors to 26 interns. The three prevocational educational supervisors are vocationally registered with expertise in their own field, and all have an interest</p>			

in medical education. Appointment of the prevocational educational supervisors is overseen by the Chief Medical Officer.

All clinical supervisors are vocationally registered with expertise in their own field and are expected to have either attended a supervisor training course provided by the Medical Council of New Zealand or a course administered by their affiliated Colleges.

Interns are clinically supervised at a level appropriate to their experience and responsibilities and at all times can expect to have readily available contact with either a registrar or specialist. The proximity and intensity of supervision is higher for postgraduate year 1 interns and tailored to the complexity of the clinical context.

Appropriate administrative support for the prevocational educational supervisors is provided by an assistant.

Required actions:

Nil.

4.3 Training for clinical supervisors and prevocational educational supervisors

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

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

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

4.3 Training for clinical supervisors and prevocational educational supervisors

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

Training opportunities to extend educational skills are circulated to all supervisors and posted on the Medical Community Intranet Site. The Chief Medical Officer (CMO), with assistance from the Resident Medical Officer (RMO) Unit and the assistant to the prevocational educational supervisors, ensures that clinical supervisors undertake relevant training in supervision and assessment.

The prevocational educational supervisors attend an annual prevocational educational supervisor training workshop conducted by Council.

All staff involved in intern training have access to professional development activities to support improvement in the quality of the intern training programme. These are included in collective employment agreements detailing professional development.

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:

Systems are in place to ensure that regular, formal, informal and documented feedback is provided to interns on their performance and their progress in completing goals in their PDP. This is recorded in the intern's ePort.

Northland DHB has mechanisms to identify at an early stage interns who are not performing at the required standard of competence. These mechanisms include:

- Ensuring the clinical supervisor discusses these concerns with the intern and the prevocational educational supervisor (and the Chief Medical Officer or delegate when appropriate);
- Development of an appropriate plan with a focus on patient safety;
- One on one meetings between the intern and the prevocational educational supervisor;
- "Open door" access to the Chief Medical Officer and prevocational educational supervisor;
- Access to the Employee Assistance Programme.

Required actions:

Nil.

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

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

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

4.5.3 The panel follows *Council's Guide for Advisory Panels*.

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

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

- 4.5.6 The advisory panel bases its recommendation for registration in a general scope of practice on whether the intern has:
- satisfactorily completed four accredited clinical attachments

- substantively attained the learning outcomes outlined in the NZCF
- completed a minimum of 10 weeks (full time equivalent) in each clinical attachment
- developed an acceptable PDP for PGY2, to be completed during PGY2
- advanced cardiac life support (ACLS) certification at the standard of New Zealand Resuscitation Council CORE level 7 less than 12 months old.

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

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

An advisory panel is convened to consider progress of each intern during and at the end of the postgraduate year 1. The panel has functioned effectively in reviewing and assessing each intern's progress and making a recommendation to Council for registration within a general scope of practice.

Required actions:

Nil.

4.6 Signoff for completion of PGY2

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

4.6 Signoff for completion of PGY2

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

Prevocational educational supervisors meet with each intern at the end of postgraduate year 2, and reviews the intern's PDP as well as their attainment of the learning outcomes outline in the *New Zealand Curriculum Framework for Prevocational Medical Training*, to determine whether the intern has satisfactorily achieved the goals of their PDP. The prevocational educational supervisor then recommends to the Council as to whether the postgraduate year 2 endorsement can be removed from the intern's practising certificate.

Required actions:

Nil.

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:

Comments:

The Resident Medical Officer (RMO) Unit is responsible for the submission of clinical attachments for accreditation, and ensuring the currency of clinical attachments.

There are a number of processes and systems in place to monitor the intern training programme. There are two intern representatives on the Medical Education Committee which oversees the development and delivery of the intern training programme. In addition, the interns have a monthly meeting with the Chief Medical Officer (CMO), which allows interns to provide feedback and input into the development of the intern training programme. Northland DHB also conducts a survey of all interns, with results tabled at the Medical Education Committee meetings.

The formal education programme is regularly reviewed by the Medical Education Committee. The Committee utilises the anonymous quarterly surveys of interns to inform its review of the programme. The DHB has endeavoured to ensure that the format of the survey is meaningful and provides comprehensive feedback to inform the programme. It is noted that there are a number of informal discussions between interns, prevocational educational supervisors and the assistant to the prevocational educational supervisor that occur throughout the quarterly formal teaching programme. The formal education programme is flexible and can be amended to suit the learning needs of interns as they are identified.

Overall, the interns were appreciative of the availability of the staff involved in the delivery of intern training programme, and the availability of the CMO in particular. Moreover, the structure and culture of the DHB means that all staff feel they are able to contribute to the delivery of the intern training programme.

The Medical Education Committee is the forum where any matters raised by Council in relation to training (including those arising from accreditation visits) would be managed.

Commendations:

- Northland DHB is committed to receiving meaningful feedback from interns and incorporating this feedback into the ongoing improvement of the intern training programme.
- The Chief Medical Officer, prevocational educational supervisors and assistant to the prevocational educational supervisors are committed to ensuring the intern training programme meets the learning needs of interns, and this is demonstrated by ongoing assessment of the training programme as well as their availability to the interns.

Required actions:

Nil.

6 Implementing the education and training framework

6.1 Establishing and allocating accredited clinical attachments			
6.1.1	The training provider has processes for applying for accreditation of clinical attachments.		
6.1.2	The process of allocation of interns to clinical attachments is transparent and fair.		
6.1.3	The training provider must maintain a list of who the clinical supervisors are for each clinical attachment.		
6.1 Establishing and allocating accredited clinical attachments			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: Northland DHB has clear process for applying for the accreditation of clinical attachments. The Resident Medical Officer (RMO) Unit facilitates this process, and seeks the input of the clinical directors, clinical supervisors and prevocational educational supervisors.</p> <p>Interns are allocated a mixture of medical and surgical runs in their postgraduate year 1, however they are able to advise their preferences for their postgraduate year 2 attachments. The RMO Unit canvasses the interns for their preference, and interns' preferences are sent to the clinical directors for consideration. Interns reported the allocation process was transparent, however noted they are asked to indicate their preferences quite early in the house officer year. The interns would prefer to identify their preferred attachments for postgraduate year 2 later in the year so their experiences at the DHB could further inform their choices.</p> <p>A record of the clinical supervisors allocated to the accredited clinical attachments available at the DHB is kept in ePort, and is regularly updated by the RMO Unit.</p> <p>Required actions: Nil.</p>			
6.2 Welfare and support			
6.2.1	The duties, rostering, working hours and supervision of interns are consistent with the delivery of high quality training and safe patient care within a safe working environment, including freedom from harassment.		
6.2.2	Interns have access to personal counselling, and career advice. These services are publicised to interns and their supervisors.		
6.2.3	The procedure for accessing appropriate professional development leave is published, fair and practical.		
6.2.4	The training provider actively encourages interns to maintain their own health and welfare and to register with a general practitioner.		
6.2.5	Applications for annual leave are dealt with properly and transparently.		
6.2 Welfare and support			
	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

The duties, rostering, working hours and supervision of interns at Northland DHB are consistent with high quality training and safe patient care. The DHB provides a safe working environment for interns, and the interns were appreciative of the collegial support provided by their clinical supervisors and other senior medical staff. The DHB has clear policies around the management of unacceptable behaviours in the workplace.

Interns have access to personal counselling via the Employee Assistance Programme (EAP). Interns are able to discuss career aspirations and vocational interests with their prevocational educational supervisors during their formal meetings during each clinical attachment. The DHB’s formal education programme includes sessions on general practice and rural hospital training. All interns are also invited to attend the Careers Fair organised by the Clinical Education and Training Unit at Auckland DHB, an event which provides information regarding vocational training programmes. A number of interns confirmed that they had attended the event and had found it useful.

The Resident Medical Officer (RMO) Unit has clear processes for the consideration of requests for annual and professional development leave. These processes include appropriate consultation with the relevant service managers and senior staff. The RMO Unit holds annual leave for postgraduate year 1 interns completing their first 6 months of training. This is to ensure that these interns are able to access leave as necessary, supporting interns as they make the transition to full time clinical practice. Interns did not raise any concerns regarding the DHB’s leave processes, reporting that the processes are fair and transparent.

Interns are advised by the DHB to register with a general practitioner. The formal education programme provided by the DHB includes sessions on stress management and self-care.

Commendation:

The DHB has a comprehensive approach to managing annual leave. The reservation of annual leave for interns in their first six months of clinical practice demonstrates the DHB’s commitment to the welfare of its interns.

Required actions:

Nil.

6.3 Communication with interns

6.3.1 Clear and easily accessible information about the intern training programme is provided to interns.

6.3 Communication with interns

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

Northland DHB provides clear information regarding the intern training programme via its Medical Community Intranet Site. The Medical Community Intranet Site includes details of Council’s requirements for prevocational medical training, upcoming formal teaching sessions, the PowerPoint presentation of previous formal teaching sessions as well as recordings of these sessions. The site is comprehensive and easy to navigate, and is an excellent resource for interns. Not all interns were aware of the site. The DHB is encouraged to raise awareness of this resource.

The DHB also provides information regarding the intern training programmes via Medical Education Bulletins which are emailed to all medical personnel, charge nurses, nurse educators and departmental administrators.

Commendation:

The Medical Community Intranet Site is an excellent resource for interns.

Recommendation:

The DHB is encouraged to raise awareness regarding the Medical Community Intranet Site among interns.

Required actions:

Nil.

6.4 Resolution of training problems and disputes

6.4.1 There are processes to support interns to address problems with training supervision and training requirements that maintain appropriate confidentiality.

6.4.2 There are clear impartial pathways for timely resolution of training-related disputes.

6.4 Resolution of training problems and disputes

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

Northland DHB has clear processes to support interns to address any problems identified in their training or supervision. These processes are documented in the DHB's policy around the management of poor performance, as well as the DHB's escalation algorithm for prevocational trainees. The availability of the Chief Medical Officer to senior medical staff and interns alike supports these documented processes.

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:

Comments:

Northland DHB's policies and escalation processes for the management of interns not performing at the required standard of competencies specify the thresholds for notifying the Medical Council of New Zealand.

Required actions:

Nil.

8 Facilities

8 Facilities			
8.1	Interns have access to appropriate educational resources, facilities and infrastructure to support their training.		
8.2	The training provider provides a safe working and learning environment.		
8. Facilities			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: Northland DHB has excellent library resources. The library is well situated and has ample space and technology for intern use.</p> <p>Interns report that access to ward based resources, such as access to computers for prescribing or clinical learning, has been challenging due to physical space available and the number of computers.</p> <p>The DHB is in the process of developing business cases for redevelopment of parts of its hospital and it is anticipated that these challenges will be alleviated through development of the hospital's physical space. The DHB has also advised solutions to address insufficient computer access are underway.</p> <p>The DHB is also seeking to update its IT infrastructure, including the introduction of electronic result management and electronic prescribing. This is closely related to patient safety, and the DHB advised that plans for the introduction of this technology are well advanced.</p> <p>The DHB's videoconferencing system works well and the interns are used to engaging with colleagues via video technology.</p> <p>The Resident Medical Officer lounge is private and equipped with internet access. The facility is on the roof of the hospital and access in wet weather could be problematic. However, no interns expressed dissatisfaction with its position. The room is well stocked with food for interns who may miss regular meal breaks due to urgent clinical demands.</p> <p>Required actions: Nil.</p>			