



Prevocational medical training accreditation report: Counties Manukau District Health Board

Date of site visit: 27 and 28 June 2016

Date of report: 12 October 2016

Contents

Contents	2
Background.....	3
Section A – Executive Summary	5
Section B – Accreditation standards.....	8
1 Strategic Priorities	8
2 Organisational and operational structures	9
3 The intern training programme.....	11
4 Assessment and supervision	16
5 Monitoring and evaluation of the intern training programme	20
6 Implementing the education and training framework	21
7 Communication with Council	23
8 Facilities.....	24

Background

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

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.

The 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 for Prevocational Medical Training 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 Counties Manukau District Health Board (DHB) as a training provider of prevocational training involved:

1. A self-assessment undertaken by Counties Manukau DHB, with documentation provided to the Medical Council of New Zealand (Council).
2. Interns being invited to complete a questionnaire about their education experience at Counties Manukau DHB.
3. A site visit by an accreditation team to Middlemore Hospital on 27 and 28 June 2016 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 Counties Manukau DHB staff.

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



Name of training provider:	Counties Manukau DHB
Name of site(s):	Middlemore Hospital, Manukau Superclinic
Date of training provider accreditation visit:	27 and 28 June 2016
Accreditation visit team members:	Professor John Nacey (Chair) Dr Sarah Nicolson Ms Laura Mueller Dr Jules Schofield Mr Philip Pigou Ms Joan Crawford Ms Eleanor Quirke
Key staff the accreditation visit team met with:	
Chief Executive:	Mr Geraint Martin
Chief Medical Officer	Dr Gloria Johnson
Director of Clinical Training (or equivalent):	Dr David Hughes
Prevocational Educational Supervisors:	Mr Zahoor Ahmad Dr Pui Ling Chan Dr Robert Eason Dr Louise Finnel Professor Andrew Hill Dr Linda Huggins Dr Eric Pushparajah
Others, for example medical education unit staff:	Ms Terina Davis Ms Sarah Prentice
Number of interns at training provider:	
Postgraduate year 1 interns:	48
Postgraduate year 2 interns:	45

Section A – Executive Summary

High standards of medical practice, education, and training are key strategic priorities for Counties Manukau DHB and as part of this the DHB is committed to providing a high quality environment for prevocational medical education and training. The DHB has a clinical governance structure reflecting the priority given to teaching and learning and there are clear lines of responsibility and accountability for prevocational medical training in the context of intern training. The Prevocational Training Committee is the main governance body for intern training in the wider Auckland region but there is no direct postgraduate year 1 or postgraduate year 2 representation on this group. Representation from the intern cohort at Counties Manukau DHB on the Prevocational Training Committee is required in order to ensure more appropriate representation that will provide the interns with the opportunity for direct input into the delivery of the intern teaching programme, reviewing past training experiences and advising on future training needs.

There is clear and effective leadership within the DHB with overall clinical responsibility for interns sitting with the Chief Medical Officer. This reflects the importance of prevocational medical education and training within the organisation. There are clear policies and procedures to support and manage doctors in difficulty. This includes a three level triage system, with separate management processes for doctors experiencing developmental or educational issues, performance issues or issues posing significant risk. Issues that may represent significant risk to the intern, patient or employer result in automatic involvement of the Chief Medical Officer.

The intern training programme is strongly underpinned by sound medical education principles. The Clinical Training and Education Centre has a high level of medical educational expertise with a particular focus on keeping up to date with current medical education principles and practice including simulation methods. The Clinical Training and Education Centre at Ko Awatea, as well as senior medical officer links with the University of Auckland, greatly enhance the delivery of dedicated training and support to interns.

A close working relationship between the deputy Chief Medical Officer and the Northern Regional Alliance allows for the quick identification of particular problems with ePort requirements. Individual meetings between the postgraduate year 1 interns and their Prevocational Educational Supervisor are routinely occurring but this is not the case for postgraduate year 2 interns. This leads to insufficient oversight for postgraduate year 2 interns in terms of setting and achieving goals in their Professional Development Plans, attaining the *New Zealand Curriculum Framework for Prevocational Medical Training* learning outcomes, and of their ongoing learning in the prevocational training programme.

The DHB acknowledged the importance of community based attachments and have made excellent initial progress in establishing a number of community clinical based attachments. The DHB is encouraged to explore the potential for further community based attachments in the latter quarters of 2017.

Interns raised no concerns about the hospital at night and felt that they were well supported. There are excellent handover systems in place. However, interns have expressed serious concerns over the role that they are expected to take in obtaining informed consent in some departments. Council's statement on informed consent states that in a hospital obtaining informed consent is a skill best learned by the interns observing consultants and experienced registrars in the clinical setting. Interns should never be placed in the position of having to manage the entire process and should refuse to take informed consent where they do not feel competent to do so.

The deputy Chief Medical Officer and the Prevocational Medical Education Fellow meet regularly to discuss intern progress, concerns raised by interns and plans for improvement. In addition, the deputy Chief Medical Officer, the Chief Medical Officer and clinical directors meet fortnightly where key messages about prevocational medical training are shared. At present, the Prevocational Educational Supervisors are not

included in these meetings. This is an oversight that should be addressed in order to take advantage of the important and direct link that the Prevocational Educational Supervisors have with the interns.

There are a number of mechanisms in place to identify interns who are not performing satisfactorily. These mechanisms include the roles of the clinical supervisor and the Prevocational Educational Supervisor. The deputy Chief Medical Officer supports the Prevocational Educational Supervisors when problems are identified. The Prevocational Medical Education Fellow provides important pastoral care to interns, which means the Fellow is also in a position to provide early support to an intern who is struggling.

The Northern Regional Alliance sources and collates quarterly feedback on each clinical attachment from interns. This collated feedback is presented to the Chief Medical Officer and is circulated to all clinical departments and clinical directors. The postgraduate year 1 interns meet regularly with their Prevocational Educational Supervisors, who are also in a position to report any concerns regarding clinical attachments. The interns view the Prevocational Medical Education Fellow as an approachable and available liaison person. The Fellow meets regularly with the deputy Chief Medical Officer and is able to convey interns' feedback.

The process of leave remains problematic. Annual leave approval is not transparent and interns report that initially all leave applications are declined and then there are long waiting times for applications to be reconsidered and confirmation of availability of leave to be received. An improvement process is being undertaken by Northern Regional Alliance to resolve the problem but this remains at the business case stage and is at least 1 year away from implementation. The DHB reported that interns are disadvantaged as they are limited as to how far in advance they can apply for leave.

Counties Manukau DHB are to be commended on the strategic priority assigned to teaching and learning and the leadership and high level of engagement with the prevocational training programme. In general, there is a high level of satisfaction from interns who greatly value the teaching and learning experience that has been provided for them.

Overall, the DHB met 18 of the 22 sets of standards of Council's *Accreditation standards for training providers*. There is one set of standards that was not met and three sets of standards which were substantially met. The DHB will be required to meet these within six months of this report being finalised.

The 1 set of standards that was not met is:

- 3.2 Programme components

The 3 sets of standards that were substantially met are:

- 1. Strategic Priorities
- 3.1 Professional development plan and e-portfolio
- 6.2 Welfare and support

Four required actions were identified along with a number of recommendations and commendations. The required actions are:

1. Direct intern representation (postgraduate year 1 or postgraduate year 2) must be incorporated into the prevocational training governance structure.
2. Every intern (postgraduate year 1 and postgraduate year 2) must meet with their Prevocational Educational Supervisor individually at the end of each clinical attachment.
3. The process of obtaining informed consent at Counties Manukau DHB must be supervised and adhere to Council's standards.
4. Counties Manukau DHB must provide Council with a report on the implementation of the improvement project beyond the business case that addresses the issues of annual leave being managed properly, transparently and in a timely manner.

Overall outcome of the assessment

The overall rating for the accreditation of Counties Manukau DHB as a training provider for prevocational medical training is:	SUBSTANTIALLY MET
<p>Counties Manukau DHB holds accreditation until 12 October 2019 subject to Council receiving an interim report from Counties Manukau DHB by 12 April 2017 that;</p> <ul style="list-style-type: none">• addresses the following required actions;<ol style="list-style-type: none">1. Direct intern representation (postgraduate year 1 or postgraduate year 2) must be incorporated into the prevocational training governance structure.2. Every intern (postgraduate year 1 and postgraduate year 2) must meet with their Prevocational Educational Supervisor individually at the end of each clinical attachment.3. The process of obtaining informed consent at Counties Manukau DHB must be supervised and adhere to Council's standards.• provides an update on Counties Manukau DHB's progress towards implementing an improvement project on the management of annual leave, in line with the below required action;<ol style="list-style-type: none">4. Counties Manukau DHB must provide Council with a report on the implementation of the improvement project beyond the business case that addresses the issues of annual leave being managed properly, transparently and in a timely manner.	

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: Counties Manukau DHB provides health and disability services to an estimated 512,000 people who reside in the local authorities of Auckland, Waikato and Hauraki District making it the largest of New Zealand’s DHBs by population.</p> <p>High standards of medical practice, education, and training are key strategic priorities for Counties Manukau DHB and as part of this the DHB is committed to providing a high quality environment for prevocational medical education and training. The DHB’s annual plan includes high standards of practice and workforce planning as key strategic goals. Prevocational medical education and training are recognised as strategic priorities and the DHB has demonstrated an enthusiasm and commitment to ensuring these priorities are met.</p> <p>The DHB has a clinical governance structure reflecting the priority given to teaching and learning and there are clear lines of responsibility and accountability for prevocational medical training in the context of intern training. These are documented and made available to the interns at their orientation to the DHB. The line of clinical responsibility of the interns is firstly to their registrar, then supervising consultant, clinical head of department, clinical director, and finally the Chief Medical Officer. The Chief Medical Officer is responsible for all medical staff within Counties Manukau DHB.</p> <p>The Prevocational Training Committee is the main governance body for intern training in the wider Auckland region. The Accreditation Team acknowledges Counties Manukau’s establishment and ongoing support of a</p>			

Prevocational Medical Education Fellow and this position is highly regarded by interns. The Prevocational Medical Education Fellow is the current intern representative on the Prevocational Training Committee however he is not a postgraduate year 1 or 2 intern. Representation from the intern cohort at Counties Manukau DHB on the Prevocational Training Committee is required in order to ensure more appropriate representation that will provide the interns with the opportunity for direct input into the delivery of the intern teaching programme, reviewing past training experiences and advising on future training needs.

Commendations:

- Counties Manukau DHB have demonstrated a clear leadership commitment to the importance of interns within the organisation. The interns are seen as “a fresh set of eyes and ears and a source of new ideas”.
- Counties Manukau DHB have demonstrated robust and positive regional collaboration.

Required actions:

1. Direct intern representation (postgraduate year 1 or postgraduate year 2) must be incorporated into the prevocational training governance structure.

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: Counties Manukau DHB has the resources and mechanisms to plan, develop, implement and review the intern training programme and these are integral parts of the Prevocational Training Committee.</p> <p>There is clear and effective leadership within the DHB with overall clinical responsibility for interns sitting with the Chief Medical Officer. This reflects the importance of prevocational medical education and training within the organisation. The deputy Chief Medical Officer (0.4 FTE) and the Prevocational Medical Education Fellow (0.6 FTE) work closely with the Clinical Training and Education Centre at Ko Awatea to provide dedicated training and support to interns.</p>			

The Prevocational Medical Education Fellow role is highly effective at obtaining feedback from interns and supporting interns individually and collectively as needed. This position is also important in working with Prevocational Educational Supervisors and clinical supervisors to manage any performance issues with interns. The interns find real value in the Prevocational Medical Education Fellow position, and particularly the person currently filling this role.

The Prevocational Training Committee has oversight of interns within the metropolitan Auckland region. Counties Manukau DHB has representation on the Committee via the deputy Chief Medical Officer, the Prevocational Medical Education Fellow and a Prevocational Educational Supervisor.

There are clear policies and procedures to support and manage doctors in difficulty. This includes a three level triage system, with separate management processes for doctors experiencing developmental or educational issues, performance issues or issues posing significant risk. Issues that may represent significant risk to the intern, patient or employer result in automatic involvement of the Chief Medical Officer.

The DHB complies with Council’s guideline regarding changes in a health service or the intern training programme that may have a significant effect on intern training.

Commendation:

The Prevocational Medical Education Fellow provides excellent collegial support and management of 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:

The intern training programme is strongly underpinned by sound medical education principles.

The Clinical Training and Education Centre has a high level of medical educational expertise with a particular focus on keeping up to date with current medical education principles and practice including simulation methods. A number of senior medical officers hold joint appointments with the University of Auckland as part of the South Auckland Clinical School, teaching undergraduate and graduate students in addition to their Counties Manukau DHB positions.

Commendation:

The Clinical Training and Education Centre at Ko Awatea, as well as senior medical officer links with the University of Auckland, greatly enhance the delivery of dedicated training and support to 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:			
<p>Comments:</p> <p>The intern training programme is delivered locally at Counties Manukau DHB, however information regarding the training programme is shared across the region through the Prevocational Training Committee. A key focus of the Committee is regional collaboration, ensuring consistent quality training across the metropolitan Auckland DHBs and streamlining and sharing best practice. The Committee also has representation from the Royal New Zealand College of General Practitioners.</p> <p>The Northern Regional Alliance is owned by the four DHBs in the northern region. The Northern Regional Alliance provides employment, administration and support services for interns at the metro Auckland DHBs. With regard to intern training, the Northern Regional Alliance works closely with Counties Manukau DHB through the Prevocational Training Committee.</p> <p>Required actions:</p> <p>Nil.</p>			

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:

The Northern Regional Alliance monitors ePort compliance at Counties Manukau DHB and send reminders to interns, clinical supervisors and Prevocational Educational Supervisors about recording in ePort the clinical attachment assessments. A close working relationship between the deputy Chief Medical Officer and the Northern Regional Alliance allows for the quick identification of particular problems with ePort requirements. Any concerns or difficulties are escalated to the Chief Medical Officer.

Individual meetings between the postgraduate year 1 interns and their Prevocational Educational Supervisor are routinely occurring. Interns report that their Prevocational Educational Supervisors regularly review and contribute to their PDP.

Individual meetings between Prevocational Educational Supervisors and postgraduate year 2 interns are not routinely occurring. Therefore there is insufficient oversight for postgraduate year 2 interns in terms of setting and achieving goals in their Professional Development Plans, attaining the *New Zealand Curriculum Framework for Prevocational Medical Training* learning outcomes, and of their ongoing learning in the prevocational training programme. Furthermore, many postgraduate year 2 interns are rotating through other DHBs in the region whilst retaining their Prevocational Educational Supervisors at Counties Manukau DHB. This is contributing to low engagement levels between interns and the Prevocational Educational Supervisors. Some postgraduate year 2 interns report they have had very little contact with their Prevocational Educational Supervisor. The four Prevocational Educational Supervisors currently supervising postgraduate year 2 interns noted that they have had little contact with their interns in postgraduate year 2. Contact was particularly limited if the intern was in an attachment at Auckland or Waitemata DHBs. Three of the four prevocational supervisors expressed their preference to supervise postgraduate year 2 interns who were working at Counties Manukau DHB even if this was just for one quarter. It was also reported that the administrative burden prevented this.

Required actions:

2. Every intern (postgraduate year 1 and postgraduate year 2) must meet with their Prevocational Educational Supervisor individually at the end of each clinical attachment.

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:

Learning outcomes obtained in clinical attachments are mapped to the *New Zealand Curriculum Framework for Prevocational Medical Training*. Clinical attachments are grouped into blocks to ensure that every intern gets a broad-based experience over the course of postgraduate year 1.

The DHB acknowledged the importance of community based attachments and have made excellent initial progress in establishing a number of community clinical based attachments. The DHB is encouraged to explore the potential for further community based attachments in the latter quarters of 2017.

The Hospital at Night team provides a coordinated multidisciplinary service and support for interns managing tasks at night. Interns raised no concerns about the hospital at night and felt that they were well supported.

There are excellent handover systems in place for day to day patient care. This includes morning and evening structured handover across the hospital, as well as a whole of hospital night handover at 10pm everyday where the priority is the identification of vulnerable or physiologically unstable patients.

Informed consent is included in the orientation programme and is reinforced during the year as part of the formal teaching programme. However, the interns have expressed serious concerns over the role that they are expected to take in obtaining informed consent in some departments. They are concerned that they are being pressured to consent patients for procedures that they are not familiar with. Interns report that in some cases their reluctance to consent a patient is met with anger.

Specifically, interns are pressured to take written consent to expedite patient care. An example of this is the refusal of staff to initiate patient transfer from the ward to the procedural environment unless written consent has been obtained by the intern. Many interns when obtaining consent were under the belief that proceduralists would reaffirm appropriate consent had been obtained immediately prior to the procedure.

Council's statement on informed consent states that in a hospital obtaining informed consent is a skill best learned by the interns observing consultants and experienced registrars in the clinical setting. Interns should never be placed in the position of having to manage the entire process and should refuse to take informed consent where they do not feel competent to do so. It is the responsibility of the doctor who is providing treatment to ensure the patient makes an informed choice and consents before initiating treatment.

Commendations:

- Handover systems at the DHB work very well.
- The Hospital at Night programme is very effective at supporting interns.
- The learning outcomes obtained in clinical attachments and taught in formal teaching are mapped to the *New Zealand Curriculum Framework for Prevocational Medical Training*.

Recommendation:
The DHB is encouraged to explore the potential for further community-based attachments.

Required actions:
3. The process of obtaining informed consent at Counties Manukau DHB must be supervised and adhere to Council's standards.

3.3 Formal education programme

- 3.3.1 The intern training programme includes a formal education programme that supports interns to achieve those NCZF learning outcomes that are not generally available through the completion of clinical attachments.
- 3.3.2 The intern training programme is structured so that interns can attend at least two thirds of formal educational sessions, and ensures support from senior medical and nursing staff for such attendance.
- 3.3.3 The training provider provides opportunities for additional work-based teaching and training.
- 3.3.4 The training provider ensures the formal education programme provides opportunity for interns to develop skills in self-care and peer support, including time management, and identifying and managing stress and burn-out.

3.3 Formal education programme

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:
The Prevocational Medical Education Fellow has developed a comprehensive teaching programme which is aligned to the *New Zealand Curriculum Framework for Prevocational Medical Training*, and supports interns to achieve learning outcomes not generally available through the completion of clinical attachments. The interns report that they are happy with the programme and they have considerable input into the content. Weekly formal teaching and the intern workshop series cover many of the clinical and non-clinical aspects of practice.

The series of three intern workshops held over the year have full attendance and are well supported by the RMO unit. SMARTshop provides the opportunity for interns to develop skills in self-care, managing stress, and burn-out. PROshop and SAFEshop intern workshops provide the opportunity for other work-based teaching training, in addition to the multidisciplinary team meetings, journal clubs and departmental teaching available throughout the year.

The formal weekly teaching sessions are not adequately protected to ensure intern attendance. This is despite the Prevocational Medical Education Fellow holding pagers during the sessions. The tension between service delivery and teaching is impairing attendance.

There is lack of a formal education programme for postgraduate year 2 interns.

Commendations:
The intern workshop series is well structured and supported, and attended by all postgraduate interns.

Recommendation:

- The DHB should identify the obstacles preventing interns from attending weekly formal teaching sessions

and put in place appropriate remedial actions.

- Options for formal postgraduate year 2 teaching should be considered.

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:

A formal comprehensive 5 day orientation programme is provided by the DHB and the RMO support unit at the beginning of the intern year. A buddy programme is also provided for postgraduate year 1 interns for their first two weeks.

Interns joining the DHB part way through the hospital year receive more ad hoc orientation. The Prevocational Medical Education Fellow sometimes has to provide bespoke orientation with little support or notice of interns arriving.

There is variability in the provision of formal orientation to clinical attachments. Some services provide an orientation session and written orientation documents, and others do not. Orientation to clinical attachments needs to be reviewed to ensure all services provide appropriate orientation at the beginning of each clinical attachment.

Commendations:

- A comprehensive formal 5 day orientation program is provided by the DHB at the beginning of the intern year.
- A buddy program is provided for the first 2 weeks as an intern providing additional support to postgraduate year 1 interns.

Recommendations:

- Orientation to clinical attachments for each service should be reviewed to ensure all services provide appropriate orientation at the beginning of each clinical attachment.
- The DHB should develop and implement an orientation programme for those interns starting at times other than the beginning of the hospital year.

Required actions:

Nil.

3.5 Flexible training

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

3.5 Flexible training

	Met	Substantially met	Not met

Rating	X		
Commentary:			
<p>Comments: There are mechanisms in place, administered by the Northern Region Alliance, for those wishing to have flexible working arrangements considered. This is possible for a small number of interns.</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: The deputy Chief Medical Officer and the Prevocational Medical Education Fellow meet regularly to discuss intern progress, concerns raised by interns and plans for improvement. In addition, the deputy Chief Medical Officer, the Chief Medical Officer and clinical directors meet fortnightly where key messages about prevocational medical training are shared. However, the Prevocational Educational Supervisors who are an important and direct link with interns are not included in these meetings.</p> <p>The Prevocational Medical Education Fellow is undertaking many responsibilities that would often be undertaken by the Prevocational Educational Supervisors. Therefore, formal meetings should take place between the deputy Chief Medical Officer, the Prevocational Medical Education Fellow and the group of Prevocational Educational Supervisors to ensure communication across all of those involved in prevocational medical education and training, and to ensure the system works effectively.</p> <p>Recommendation: Formal meetings should be scheduled between the deputy Chief Medical Officer, the Prevocational Medical Education Fellow and the Prevocational Educational Supervisors to facilitate communication between all those involved in prevocational medical training, and the effectiveness of the intern training programme.</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:

Comments:

There are 9 Prevocational Educational Supervisors providing oversight of 48 postgraduate year 1s and 45 postgraduate year 2s. Recruitment is underway for two further Prevocational Educational Supervisors to be appointed by November 2016 to ensure the ratio of 1 Prevocational Educational Supervisor for up to every 10 interns is met.

Support is provided to Prevocational Educational Supervisors by the deputy Chief Medical Officer and the Prevocational Medical Education Fellow. Administrative support is provided to the Prevocational Educational Supervisors by the Northern Regional Alliance, who monitor ePort and send reminders to interns, clinical supervisors and Prevocational Educational Supervisors.

There is a teaching component to all senior medical officer position descriptions emphasising the expectation that they will contribute to teaching. Clinical directors are responsible for the overall education and supervision of interns in their departments. A number of senior medical officers hold joint appointments with the University of Auckland in addition to their Counties Manukau DHB positions and their role as clinical supervisors.

Clinical supervisors are meeting with interns and recording the beginning, mid and end of clinical attachment assessments in ePort. Interns report that they feel well supported and receive good feedback from their clinical supervisors which they appreciate. This includes the formal feedback at the required meetings as well as informal feedback on the attachment.

Required action:

Nil.

4.3 Training for clinical supervisors and Prevocational Educational Supervisors

- 4.3.1 Clinical supervisors undertake relevant training in supervision and assessment within three years of commencing this role.
- 4.3.2 Prevocational Educational Supervisors attend an annual Prevocational Educational Supervisor training workshop conducted by Council.
- 4.3.3 All staff involved in intern training have access to professional development activities to support improvement in the quality of the intern training programme.

4.3 Training for clinical supervisors and Prevocational Educational Supervisors

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

Clinical supervisors are encouraged to attend Council’s training workshops and many have attended. This number will increase over the remainder of 2016 as more clinical supervisors attend Council’s scheduled workshops. Attendance at training is recorded and monitored.

All Prevocational Educational Supervisors attend the annual Prevocational Educational Supervisor training workshops conducted by Council. The two Prevocational Educational Supervisors that are soon to be appointed will need to attend one of the workshops (scheduled for October 2016) to assist with their orientation to the role.

Recommendation:

The two Prevocational Educational Supervisors that are soon to be appointed should attend one of the annual Prevocational Educational Supervisor training workshop conducted by Council (scheduled for October 2016) to assist with their orientation to the role.

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:

Intern progress recorded in ePort is monitored by clinical supervisors, Prevocational Educational Supervisors and this is supported by the administrative functions of the Northern Regional Alliance. Interns are making good progress with maintaining their Professional Development Plan and attaining the learning outcomes in the *New Zealand Curriculum Framework for Prevocational Medical Training*.

There are a number of mechanisms in place to identify interns who are not performing satisfactorily. These mechanisms include the roles of the clinical supervisor and the Prevocational Educational Supervisor. The deputy Chief Medical Officer supports the Prevocational Educational Supervisors when problems are identified. The Prevocational Medical Education Fellow provides important pastoral care to interns, which means the Fellow is also in a position to provide early support to an intern who is struggling.

The 3 DHBs in the Auckland metro region share a comprehensive programme to identify and support the doctor in difficulty. The Prevocational Training Committee considers all concerns about intern performance and remediation plans are developed and implemented with a focus on patient safety.

Required actions: Nil.			
4.5 Advisory panel to recommend registration in a general scope of practice			
4.5.1	The training provider has an established advisory panel to consider progress of each intern during and at the end of the PGY1 year.		
4.5.2	The advisory panel will comprise: <ul style="list-style-type: none"> • 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	The advisory panel bases its recommendation for registration in a general scope of practice on whether the intern has: <ul style="list-style-type: none"> • 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: The advisory panel met for the first time in October 2015 and functioned effectively in reviewing and assessing each intern's progress and making a recommendation for general registration.			
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		

<p>Commentary:</p> <p>Comments: The advisory panel function is being expanded to also review postgraduate year 2 interns' progress at the end of postgraduate year 2.</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 Northern Regional Alliance sources and collates quarterly feedback on each clinical attachment from interns. This collated feedback is presented to the Chief Medical Officer and is circulated to all clinical departments and clinical directors. The postgraduate year 1 interns meet regularly with their Prevocational Educational Supervisors, who are also in a position to report any concerns regarding clinical attachments.</p> <p>The interns view the Prevocational Medical Education Fellow as an approachable and available liaison person. The Fellow meets regularly with the deputy Chief Medical Officer and is able to convey interns' feedback.</p> <p>The deputy Chief Medical Officer is responsible for the development and leadership of a range of programmes and initiatives for interns at Counties Manukau DHB. This includes any matters raised by Council in relation to training, including those arising from accreditation visits. The Hospital at Night programme and robust evening handover processes are examples of quality improvement strategies that have been successfully implemented to support interns.</p> <p>Required actions: Nil.</p>			

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: Most clinical attachments have now been Council approved. The DHB works with the Northern Regional Alliance to identify and allocate appropriate clinical attachments for postgraduate year 1 interns. They acknowledge the need for a transparent and fair allocation process for postgraduate year 2 interns. Significant input into the development of clinical attachments is provided by the deputy Chief Medical Officer and his directors of clinical training.</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: Several departments have developed customised anti-harassment programmes led by the General Surgery department.</p>			

Interns are reminded of the availability of personal counselling at orientation and during the intern workshop series throughout the year. Career advice is provided at the Regional Careers Fair in March of each year and during the PROshop workshop. All interns are regularly reminded of the importance of having their own general practitioner to ensure no self-prescribing or prescribing for friends/colleagues. The interns' health and well-being is the subject of the SMARTshop component of the intern workshop series.

Access to professional development and/or medical education leave for interns is gained via the RMO unit at Counties Manukau DHB. The DHB supports intern access to training that will progress the interns career.

There is universal acknowledgement that the process of leave remains problematic. The process of annual leave approval is not transparent and interns report that initially all leave applications are declined and then there are long waiting times for applications to be reconsidered and confirmation of availability of leave to be received. An improvement process is being undertaken by Northern Regional Alliance to resolve the problem but this remains at the business case stage and is at least 1 year away from implementation. The DHB reported that interns are disadvantaged as they are limited as to how far in advance they can apply for leave.

Commendation:

The DHB is to be commended for the SMARTshop workshops addressing the issues of health and wellbeing for all interns.

Required actions:

4. Counties Manukau DHB must provide Council with a report on the implementation of the improvement project beyond the business case that addresses the issues of annual leave being managed properly, transparently, and in a timely manner.

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:

The deputy Chief Medical Officer and the Prevocational Medical Education Fellow meet regularly with interns as part of the intern workshop series, with listening sessions scheduled during the workshops to discuss any concerns the interns may have. However the Prevocational Educational Supervisors are not involved in the workshops.

Interns have effective communication with the Prevocational Medical Education Fellow. The Fellow appears to be the first point of contact for the interns, rather than the Prevocational Educational Supervisors.

Communication with interns occurs through a variety of media, the weekly teaching sessions, the Prevocational Medical Education Fellow and through each Prevocational Educational Supervisor. Clear and relevant information is made available to interns in the RMO lounge.

Commendation:

The deputy Chief Medical Officer and the Prevocational Medical Education Fellow have good rapport with the interns and meet regularly to discuss interns' concerns.

Required actions:

Nil.

6.4 Resolution of training problems and disputes			
6.4.1	There are processes to support interns to address problems with training supervision and training requirements that maintain appropriate confidentiality.		
6.4.2	There are clear impartial pathways for timely resolution of training-related disputes.		
6.4 Resolution of training problems and disputes			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: There are transparent and fair processes that support interns to address training problems. There are clear lines of accountability for the resolution of training disputes.</p> <p>The Northern Regional Alliance and the RMO Unit run the Doctors in Difficulty algorithm if training problems or disputes occur.</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 'Doctors in Difficulty' algorithm has been developed to manage and support interns across the three DHBs in the Auckland region. The algorithm outlines separate approaches and escalation processes for concerns relating to developmental or educational issues, performance issues, or issues that pose significant risks. The algorithm identifies the point at which Council will need to be notified of interns who are performing below the required standard.</p> <p>Counties Manukau DHB has not reported any interns with performance issues this 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 RMO lounge is in a temporary building and is distant from clinical facilities.</p> <p>Ko Awatea centre, a centre located within the hospital, provides interns with access to several networked computers and meeting rooms. The formal education programme, and other teaching sessions are delivered in Ko Awatea. Interns also report using Ko Awatea to socialise during their shifts.</p> <p>The interns did not raise any concerns around the facilities provided by Counties Manukau DHB.</p> <p>Required actions: Nil.</p>			