



Prevocational medical training accreditation report: Southern District Health Board – 2016

Date of site visit: 5 & 6 April 2016

Date of report: 11 May 2016

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

1. A self-assessment undertaken by Southern 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 Southern DHB.
3. A site visit by an accreditation team to Southland Hospital on 5 April and a site visit to Dunedin Hospital on 6 April 2016 that include meetings with key staff and interns.
4. Presentation of key preliminary findings to the Chief Executive, Chief Medical Officer (CMO) and other relevant Southern DHB staff.

The Accreditation Team is responsible for the assessment of the Southern District Health Board intern training programme against the Council's *Accreditation standards for training providers*.

Following the accreditation visit:

1. A draft accreditation report is provided to the training provider.
2. The training provider is invited to comment on the factual accuracy of the report and conclusions.
3. Council's Education Committee considers the draft accreditation report and response from the training provider and make recommendations to Council.
4. Council will consider the Committee's recommendations and make a final accreditation decision.
5. The final accreditation report and Council's decision will be provided to the training provider.
6. The training provider is given 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 Southern District Health Board



Name of training provider:	Southern District Health Board	
Name of site(s):	Dunedin Hospital Southland Hospital	
Date of training provider accreditation visit:	5 & 6 April 2016	
Accreditation visit team members:	Professor John Nacey, Chair of accreditation team Dr Curtis Walker Ms Susan Hughes Dr John Thwaites Ms Joan Crawford Ms Krystiarna Jarnet	
Key staff the accreditation visit team met with:		
Chief Executive:	Ms Carole Heatly	
Chief Medical Officer	Dr Nigel Millar	
Prevocational Educational Supervisors:	Prof David Gerrard Dr Belinda Green Dr David Gow Dr Yih Harnng Chong Mr Gordon Brown	
RMO unit staff:	Rhonda Skilling Dunedin Marlene Griffin, Sherie Howie, Deb McDonald Invercargill Sarah Frost, Clair MacGregor, Belinda Mead	
Other key people who have a role within the prevocational training programme:		
Others, for example medical education unit staff:	Lexie O'Shea	Executive Director of Patient Services / Deputy CEO
	Mr Richard Bunton	Medical Director of Patient Services
	Megan Boivin	District Operations Manager (with RMO Unit in portfolio)
	Janine Cochrane	General Manager, Medical Directorate
	Lynley Irvine	General Manager, Surgical Directorate
	Louise Travers	General Manager, Mental Health, Addictions and Intellectual Disability Directorate

Robert West	General Manager, Older Person's Health and Community Directorate
Dr Belinda Green	Medical Director, Medical Directorate
Mr Stephen Packer	Medical Director, Surgical Directorate
Dr Brad Strong	Medical Director, Mental Health, Addictions and Intellectual Disability Directorate
Dr Stephen Chalcraft	Medical Directorate, Older Person's Health and Community Directorate

Number of interns at training provider:

Postgraduate year 1 interns: 32

Postgraduate year 2 interns: 21

Section A – Executive Summary

This report is to be read in conjunction with the *Prevocational medical training accreditation report: Southern District Health Board* (13 October 2015). While this most recent accreditation process assesses Southern District Health Board (DHB) against the full set of accreditation standards for training providers of prevocational medical training, this report focuses primarily on the response to the 19 required actions that Southern DHB needed to complete following the accreditation assessment in September 2015, as described below.

Accreditation September 2015

Southern DHB was assessed by Council against the *Accreditation standards for training providers* for the purposes of providing prevocational medical training for interns in September 2015. The outcome as outlined in the report *Prevocational medical training accreditation report: Southern District Health Board* (13 October 2015) was an overall rating for the accreditation of Southern DHB as a training provider of prevocational medical training of 'not met'. Interim accreditation was granted to Southern DHB up until 11 May 2016 subject to 19 required actions being completed within specified timeframes, and a further assessment and accreditation team site visit being completed before 29 April 2016.

Accreditation outcome April 2016

Prevocational medical training is undertaken by Southern DHB and as such the DHB is required to meet Council's accreditation standards. Council recognises that a considerable amount of work has been put into meeting the required actions set by Council in October 2015. Council acknowledges the commitment of the Resident Medical Officer unit staff and prevocational educational supervisors who have worked very hard at making improvements to the intern training programme. It is clear that progress has been made since September 2015 and a positive shift in the attitude of the Southern DHB to its responsibilities to the training of interns is evident.

However a number of the required actions identified by Council after the September 2015 accreditation visit have not yet been completed, despite Southern DHB agreeing that all of the required actions were justified and could be completed within the 6 months allowed. Council is disappointed that the required actions were not completed within the timeframe agreed. As this report makes clear, of the 19 agreed required actions only ten have been met. It has been a matter of considerable debate amongst the Accreditation Team as to whether it is appropriate to grant to Southern DHB a 'substantially met' rating or a 'not met' rating. After reflection on the progress made it has been agreed that 'substantially met' is the overall outcome of this assessment.

To complete the remaining required actions requires clear leadership, accountability, medical educational expertise and resourcing. A dedicated project manager may assist this process, however it is for Southern DHB to resolve how this project is brought to a successful conclusion. Council commends to the Southern DHB the establishment of a medical education and training unit that would assist the continuing requirements of education and training within Southern DHB.

The nine required actions arising from this report relate to the five sets of standards that have not been met and the one set of standards that have been substantially met.

The nine required actions remaining are:

1. A strategic plan addressing prevocational medical training must be developed and adopted by **30 June 2016**.
2. The Prevocational Medical Training Programme governance structure, including the Management Committee and Intern Committees at Southland and Dunedin Hospitals must be operational by **30 June 2016**.

3. Prevocational educational supervisors at both Dunedin and Southland Hospitals must meet with each intern at the end of every clinical attachment. Appointments must be scheduled ahead of time, and the meetings held at a suitable meeting venue, ensuring privacy to the intern. Confirmation that each intern has had their end of clinical attachment meeting with their prevocational educational supervisor at the end of the second quarter of 2016 must be provided to Council by **30 June 2016**.
4. A formalised structured process of handover at both Dunedin and Southland Hospitals must be in place by **30 June 2016**.
5. The issues around informed consent must be addressed and the resolution adopted by all clinical departments at both Dunedin and Southland Hospitals by **30 June 2016**.
6. Evidence must be provided to Council that the *'House officer orientation Dunedin Hospital: Initial draft of proposal document'* or a comparable orientation process for hospital wide orientation has been adopted and applied across both Dunedin and Southland Hospitals by **30 June 2016**.
7. Confirmation must be provided to Council that a consistent process for formal departmental orientation at the beginning of each clinical attachment has been documented and applied across both Dunedin and Southland Hospitals by **30 June 2016**.
8. The two applications for the prevocational educational supervisor positions must be provided to Council by **31 May 2016** to ensure the required ratio of one prevocational educational supervisor for up to ten interns.
9. Evidence must be provided to Council that the electronic resource pack 'Sharepoint' has been implemented by **30 June 2016**.

Overall outcome of the assessment

The overall rating for the accreditation of Southern DHB as a training provider for prevocational medical training is:	SUBSTANTIALLY MET
<p>Southern DHB holds accreditation for a period of three years from Council's decision, subject to Council receiving:</p> <ul style="list-style-type: none"> • Confirmation by 31 May 2016 of appointments of prevocational educational supervisors to ensure the appropriate ratio of one prevocational educational supervisor for up to 10 interns (required action 8). • An interim report by 30 June 2016 from Southern DHB that satisfies Council that the required actions listed below have been satisfactorily addressed. <p>Required actions:</p> <ol style="list-style-type: none"> 1. A strategic plan addressing prevocational medical training must be developed and adopted by 30 June 2016. 2. The Prevocational Medical Training Programme governance structure, including the Management Committee and Intern Committees at Southland and Dunedin Hospitals must be operational by 30 June 2016. 3. Prevocational educational supervisors at both Dunedin and Southland Hospitals must meet with each intern at the end of every clinical attachment. Appointments must be scheduled ahead of time, and the meetings held at a suitable meeting venue, ensuring privacy to the intern. Confirmation that each intern has had their end of clinical attachment meeting with their prevocational educational supervisor at the end of the second quarter of 2016 must be provided to Council by 30 June 2016. 4. A formalised structured process of handover at both Dunedin and Southland Hospitals must be in place by 30 June 2016. 5. The issues around informed consent must be addressed and the resolution adopted by all clinical departments at both Dunedin and Southland Hospitals by 30 June 2016. 6. Evidence must be provided to Council that the '<i>House officer orientation Dunedin Hospital: Initial draft of proposal document</i>' or a comparable orientation process for hospital wide orientation has been adopted and applied across both Dunedin and Southland Hospitals by 30 June 2016. 7. Confirmation must be provided to Council that a consistent process for formal departmental orientation at the beginning of each clinical attachment has been documented and applied across both Dunedin and Southland Hospitals by 30 June 2016. 8. The two applications for the prevocational educational supervisor positions must be provided to Council by 31 May 2016 to ensure the required ratio of one prevocational educational supervisor for up to ten interns. 9. Evidence must be provided to Council that the electronic resource pack 'Sharepoint' has been implemented by 30 June 2016. 	

Section B – Progress on the required actions

1 Strategic Priorities

There were two required actions under Section 1 Strategic Priorities section in the *Prevocational medical training accreditation report: Southern District Health Board* dated 13 October 2015. They were:

- i. Southern DHB must develop and implement a strategic plan addressing prevocational medical training within 6 months. The plan must include intern representation and engagement within the governance structure of the DHB.
- ii. The DHB paper referencing prevocational medical training at Southern DHB that is currently with the senior leadership team and authored by the RMO Unit Manager (or an iteration thereof) must be implemented within the above timeframe.

1. Strategic Priorities

	Met	Substantially met	Not met
Rating			X

Commentary:

Findings:

i. Not met

A draft strategic overview paper *Prevocational Training for Resident Medical Officers* was provided by the Southern DHB Chief Medical Officer to the Accreditation Team on the second day of the visit. However this paper was not complete. Furthermore it was unclear how the strategic overview would link to the overarching strategic plan for Southern DHB to demonstrate commitment to prevocational medical training by the Chief Executive and Senior Leadership Team.

ii. Not met

The paper, *Proposal to establish a Southern DHB prevocational medical training programme*, recommended establishing a prevocational medical training programme with management and intern committees reporting back to the governance group. The Prevocational Medical Training Programme Governance Group held its first meeting on 30 March 2016 and the Accreditation Team received a copy of the minutes. The complete structure has not yet been implemented. The management committee as outlined in the proposal paper has not been established. The Dunedin intern forum has met, however the Southland intern forum has not yet been established.

Required actions:

1. A strategic plan addressing prevocational medical training must be developed and adopted by 30 June 2016.
2. The Prevocational Medical Training Programme governance structure, including the Management Committee and Intern Committees at Southland and Dunedin Hospitals must be established by 30 June 2016.

2.1 The context of intern training

There was one required action under Section 2.1 The context of intern training section in the *Prevocational medical training accreditation report: Southern District Health Board* dated 13 October 2015. It was:

- iii. The *Accreditation standard 2.1.2* directs that the Chief Medical Officer or his or her delegate has executive accountability for meeting prevocational education and training standards. In our interview

with the acting Chief Medical Officer he advised that he was not undertaking this role nor had he delegated this role. Within 1 month the party responsible for meeting the requirements of *Accreditation standard 2.1.2* must be identified and advised to Council.

2.1 The context of intern training

	Met	Substantially met	Not met
Rating	X		

Commentary:

Findings:

iii. Met

Southern DHB has appointed Dr Nigel Millar as the Chief Medical Officer. Dr Millar commenced this role on 7 March 2016 and has executive accountability for meeting prevocational education and training standards.

Required actions:

Nil.

3.1 Professional development plan (PDP) and e-portfolio

There were two required actions under Section 3.1 Professional development plan and e-portfolio section in the *Prevocational medical training accreditation report: Southern District Health Board* dated 13 October 2015. They were:

- iv. The prevocational educational supervisors must meet with each intern (individually) at the end of every quarter to review the end of clinical attachment assessment, progress with attainment of learning outcomes and goals in the intern's professional development plan.
- v. The ePort must be current and ready for the Advisory Panel by the middle of the fourth quarter, by mid Oct 2015.

3.1 Professional development plan (PDP) and e-portfolio

	Met	Substantially met	Not met
Rating			X

Commentary:

Findings:

iv. Not met

Southern DHB advised that the prevocational educational supervisors understand the requirement to meet with each intern. However the interns at Southland Hospital reported that meetings with prevocational educational supervisors are not happening at the end of each clinical attachment for postgraduate year 2 interns. Furthermore, although postgraduate year 1 interns at Southland Hospital indicated that the meetings with prevocational educational supervisors have been taking place, they are often taking place at the last minute (and out of hours) in an ad hoc fashion and are not taking place in a private setting.

The interns at Dunedin Hospital did not have the same issues and reported that meetings with the prevocational educational supervisors were taking place at the end of each clinical attachment. The interns valued the support from their prevocational educational supervisors. However there was confusion among some interns as to the responsibility to make appointments with their prevocational educational supervisors.

v. Met

ePort information was current and available for advisory panels, which were established in October 2015.

Required actions:

3. Prevocational educational supervisors at both Dunedin and Southland Hospitals must meet with each intern at the end of every clinical attachment. Appointments must be scheduled ahead of time, and the meetings held at a suitable meeting venue, ensuring privacy to the intern. Confirmation that each intern has had their end of clinical attachment meeting with their prevocational educational supervisor at the end of the second quarter of 2016 must be provided to Council by 30 June 2016.

3.2 Programme components

There were three required actions under Section 3.2 Programme components section in the *Prevocational medical training accreditation report: Southern District Health Board* dated 13 October 2015. They were:

- vi. Southland Hospital requires an extension of general medicine's handover system to other disciplines. Recognising that each discipline may have their own specific requirements, the process must be made explicit during the orientation process, and include written documentation.
- vii. Dunedin Hospital must develop formal systems for handover involving interns in all specialties.
- viii. At both Dunedin and Southland Hospitals the involvement of interns in the process of obtaining informed consent must be supervised and reflect the Council's expectations, and the determinations of the Health and Disability Commissioner.

3.2 Programme components

	Met	Substantially met	Not met
Rating			X

Commentary:

Findings:**vi. Not met**

The Accreditation Team acknowledge the excellence of the Southland Hospital general medicine handover. However the interns reported that a comparable handover process was not in place for surgical attachments at Southland Hospital.

vii. Not met

The Accreditation Team was encouraged by advice from the prevocational educational supervisors that considerable work had been undertaken to standardise the handover process at Dunedin Hospital. The interns reported however that morning handover continues to be largely unstructured, informal, registrar focused, and therefore unsatisfactory.

In both hospitals comment was made at the excellence of the paediatric departments and the manner in which they conduct their handover.

viii. Not met

The Accreditation Team was assured by the prevocational educational supervisors that it had been made abundantly clear that only the person doing the procedure should be undertaking informed consent. It was stressed that the interns were free to decline to consent a procedure if they were not confident or competent to do so.

However the interns reported that they were, from time to time, pressured to obtain informed consent in circumstances where it was inappropriate. The pressure appears to be generated in part from concerns that patients would miss necessary procedures and with pressure being brought to bear by nursing, administrative and medical staff to expedite the procedures.

Required actions:

4. A formalised structured process of handover at both Dunedin and Southland Hospitals must be in place by 30 June 2016.
5. The issues around informed consent must be addressed and the resolution adopted by all clinical departments at both Dunedin and Southland Hospitals by 30 June 2016.

3.4 Orientation

There were three required actions under Section 3.4 Orientation section in the *Prevocational medical training accreditation report: Southern District Health Board* dated 13 October 2015. They were:

- ix. Southern DHB must ensure formal departmental orientation occurs at the beginning of each clinical attachment at both Dunedin and Southland Hospitals.
- x. Structured orientation must be developed for those who start part-way through the year at both Dunedin and Southland Hospitals
- xi. Intern input is sought and informs ongoing improvement to the hospital wide orientation at both Dunedin and Southland Hospitals

3.4 Orientation

	Met	Substantially met	Not met
Rating			X

Commentary:

Findings:**ix. Not met**

The Accreditation Team was advised that the requirement of formal departmental orientation at the beginning of each clinical attachment at both Dunedin and Southland Hospitals had been met. However, the interns at Dunedin and Southland Hospitals reported inconsistent and unhelpful orientation. In some cases there was no orientation. Furthermore, the documents related to orientation that do exist are inconsistently actioned and some lack currency.

x. Met

Interns who had started part-way through the year reported that they had undertaken an excellent orientation that included a "buddy" system.

xi. Not met

The Accreditation Team received a document from the interns entitled '*House officer orientation Dunedin Hospital: Initial draft of proposal document*'. That document appears to address the issues raised about hospital wide orientation, but it has not yet been adopted and applied by the DHB.

Required actions:

6. Evidence must be provided to Council that the 'House officer orientation Dunedin Hospital: Initial draft of proposal document' or a comparable orientation process for hospital wide orientation has been adopted and applied across both Dunedin and Southland Hospitals by 30 June 2016.
7. Confirmation must be provided to Council that a consistent process for formal departmental orientation at the beginning of each clinical attachment has been documented and applied across both Dunedin and Southland Hospitals by 30 June 2016.

4.2 Supervision

There were two required actions under Section 4.2 Supervision section in the *Prevocational medical training accreditation report: Southern District Health Board* dated 13 October 2015. They were:

- xii. New prevocational educational supervisors must be appointed in order to meet Council requirements of 1 prevocational educational supervisor for up to every 10 interns for postgraduate year 1 and 2. This must be attended to no later than 23 November 2015 when prevocational educational supervisors are required to provide oversight to both postgraduate year 1 and 2 interns.
- xiii. A named clinical supervisor must be allocated to each intern with provision made for cover in case of extended leave. Interns must be informed of any changes to their named clinical supervisor.

4.2 Supervision

	Met	Substantially met	Not met
Rating		X	

Commentary:

Findings:

xii. Substantially met

A selection and appointment process is underway for the two prevocational educational supervisor positions which will become vacant in Dunedin in May 2016.

xiii. Met

A named clinical supervisor has been allocated to each intern with provision made for cover in case of extended leave.

Required action:

- 8. The two applications for the prevocational educational supervisor positions must be provided to Council by 30 April 2016 to ensure the required ratio of one prevocational educational supervisor for up to ten interns.

4.4 Feedback to interns

There were two required actions under Section 4.4 Feedback to interns section in the *Prevocational medical training accreditation report: Southern District Health Board* dated 13 October 2015. They were:

- xiv. Southern DHB must comply with Council's requirements that clinical supervisors meet with their interns at the beginning, mid and end of clinical attachment within required timeframes.
- xv. Clinical supervisors must be reminded of the mandatory nature of providing beginning, middle and end of attachment meetings and feedback to all interns.

4.4 Feedback to interns

	Met	Substantially met	Not met
Rating	X		

Commentary:

Findings:

xiv. Met

xv. Met

The statistical information provided by ePort clearly demonstrates that clinical supervisors are meeting with their interns at the beginning, mid and end of each clinical attachment. These meetings are occurring within required timeframes.

Required actions:

Nil.

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

There was one required action under Section 4.5 Advisory panel to recommend registration in a general scope of practice section in the *Prevocational medical training accreditation report: Southern District Health Board* dated 13 October 2015. It was:

- xvi. Membership of the Advisory Panel needs to be confirmed before 12 October 2015. The Advisory Panel must start meeting to review interns' progress by the mid-point of the current attachment.

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

	Met	Substantially met	Not met
Rating	X		

Commentary:

Findings:

- xvi. Met

Advisory Panel membership was confirmed for Southern DHB and the Advisory Panels at both Southland and Dunedin Hospitals met and reviewed each intern's progress at the end of 2015.

Required actions:

Nil.

5 Monitoring and evaluation of the intern training programme

There were two required actions under Section 5 Monitoring and evaluation of the intern training programme section in the *Prevocational medical training accreditation report: Southern District Health Board* dated 13 October 2015. They were:

- xvii. A formal feedback system that allows interns to provide feedback on clinical attachments must be developed and implemented.
- xviii. The intern feedback must be discussed with staff who have undertaken the role of clinical supervisor. This should include feedback about their performance in their supervisory role.

5. Monitoring and evaluation of the intern training programme

	Met	Substantially met	Not met
Rating	X		

Commentary:

Findings:

- xvii. Met
- xviii. Met

The formal evaluation system for interns to provide feedback at the end of each clinical attachment was implemented at the end of quarter one 2016. The prevocational educational supervisors will be monitoring the feedback and will be providing feedback to clinical supervisors as appropriate.

Required actions:

Nil.

6.3 Communication with interns

There was one required action under Section 6.3 in the *Prevocational medical training accreditation report: Southern District Health Board* dated 13 October 2015. It was:

- xix.** Development of the electronic resource pack for interns must be completed.

6.3 Communication with interns

	Met	Substantially met	Not met
Rating			X

Commentary:

Findings:

- xix. Not met**

The RMO Manager advised that although considerable work had been completed and that a 'Sharepoint' site was under development that this remains a work in progress. Southern DHB have the site they will use for this and the documentation that will be included however the site still requires development. In the interim, interns are being provided documentation in hard copy.

Required actions:

- 9. Evidence must be provided to Council that the electronic resource pack 'Sharepoint' has been implemented by 30 June 2016.