



# Prevocational medical training accreditation report: Capital and Coast District Health Board

Date of site visit: 2 and 3 November 2016

Date of report: 12 April 2017

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## Background

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

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 Capital and Coast District Health Board (DHB) as a training provider of prevocational training involved:

1. A self-assessment undertaken by Capital and Coast 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 Capital and Coast DHB.
3. A site visit by an accreditation team to Kenepuru and Wellington Hospitals on 2 and 3 November 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 Capital and Coast DHB staff.

The Accreditation Team is responsible for the assessment of the Capital and Coast 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

## *Self-assessment application for training provider accreditation for prevocational medical training*



### Section A – General Information

<b>Name of training provider:</b>	Capital and Coast District Health Board
<b>Name of site(s):</b>	Wellington Hospital, Kenepuru Hospital
<b>Date of training provider accreditation visit:</b>	2 and 3 November 2016
<b>Accreditation visit team members:</b>	Dr Curtis Walker (Chair) Dr Jonathan Fox Ms Kim Ngārimu** Dr Angela Beard Mr Philip Pigou Ms Eleanor Quirke
<b>Date of previous training provider accreditation visit:</b>	30 and 31 October 2013
<b>Key staff the accreditation visit team will meet:</b>	
Chief Executive:	Ms Debbie Chin
Chief Medical Officer:	Dr John Tait
Prevocational Educational Supervisors:	Dr Huib Buyck Dr Kate Scott Dr Peter Roberts Dr Christine Mouat Dr Stephen Pool
RMO unit staff:	Mr Russell Holder (RMO Manager)
Others	Ms Chris Lowry, Chief Operating Officer Dr Grant Pidgeon, Executive Director, Clinical – Medicine, Cancer & Community Ms Lindsey Bates (Manager, Integrated Operations Centre) Ms Jacqueline Anstead - Clinical Training Advisor
<b>Key data about the training provider:</b>	
Number of interns at training provider:	
Number of PGY1s:           23 (Quarter 4)	Number of PGY2s:    23 (Quarter 4)
Number of accredited clinical attachments (current):	66
Number of accredited clinical attachments (2016):	66
Number of accredited community based attachments:	3

\*\*Ms Kim Ngārimu was appointed to the Board of Capital and Coast DHB following the Team's visit to the DHB. From the time of appointment, Ms Ngārimu ceased all involvement in this accreditation assessment.

## Section A – Executive Summary

Capital and Coast District Health Board (DHB) is a large metropolitan DHB which provides health services to Wellington City and the wider central region through collaboration with several other regional DHBs. This collaboration includes co-ordinating the placement of interns across two neighbouring DHBs (Hutt Valley and Wairarapa), as well as to Kenepuru Hospital at Porirua.

Capital and Coast DHB is delivering a comprehensive formal education programme. However prevocational education is not a documented key strategic priority and there are no formal governance structures in place with responsibility for supporting the excellent work being done by the prevocational educational supervisors, clinical supervisors and Resident Medical Officer Unit. The lack of a formal governance structure or committee responsible for intern education results in insufficient mechanisms for interns to provide feedback into the quality improvement of the education programme.

Allocation and placement of interns into clinical attachments was seen as fair and transparent, with careful consideration given to the interns' career aspirations and learning needs. Capital and Coast DHB is to be commended for its strong leadership as part of the three DHB model and within the Central region training hub. Also commendable is the close relationship with the University of Otago in Wellington, which includes interns having access to the University library.

An intern exchange programme with the Northwest Thames Foundation in the United Kingdom is a noteworthy innovation appreciated by interns. However, no interns were placed into community based attachments in the second half of 2016. Capital and Coast DHB should explore additional opportunities for community based attachments beyond general practice and make these available to interns.

In general, Capital and Coast DHB provides very good pastoral support for interns, with a well-structured initial orientation programme. However, the interns report significant difficulty when applying for leave in the surgical services. This was in contrast to other departments, where leave applications were viewed by the interns as being fair and transparent. A further area of concern was informed consent, where interns report feeling pressured to provide consent in cases where they felt they were not sufficiently experienced or knowledgeable. Both of these concerns were noted in Council's previous accreditation report yet remain problematic.

Overall, the interns report a positive experience at Capital and Coast DHB and value the close working relationship with their clinical supervisors and prevocational educational supervisors. The interns are aware of the support structures which are in place, and are provided with good facilities. The interns report that they would recommend Capital and Coast DHB to their colleagues as a place to work and train.

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 standard 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 which was not met are:

- 1.0 Strategic priorities.

The three sets of standards that were substantially met are:

- 3.2 Program components.
- 5.3 Monitoring and evaluation on the intern training programme.
- 6.2 Welfare and support.

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

1. Capital and Coast DHB must demonstrate that high quality intern training is a key strategic priority.
2. Capital and Coast DHB must develop and implement a strategic plan for the ongoing development and support of the prevocational medical training and education.
3. Governance structures and processes that demonstrate the lines of responsibility and accountability for intern training must be implemented at Capital and Coast DHB, and these structures and processes must include intern representation.
4. The DHB must demonstrate adherence to Council's informed consent policy.
5. The DHB must provide mechanisms to allow intern feedback to be incorporated into the quality improvement of the intern training programme.
6. Capital and Coast DHB must ensure that leave requests, particularly in the surgical services, are dealt with fairly and transparently, and that all interns are able to take adequate leave.

## Overall outcome of the assessment

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The overall rating for the accreditation of Capital and Coast DHB as a training provider for prevocational medical training is:	SUBSTANTIALLY MET
<p>Capital and Coast DHB holds accreditation until <b>31 December 2020</b>, subject to Council receiving an interim report within 6 months from Capital and Coast DHB that satisfies Council that the following required actions identified in the accreditation report have been satisfactorily addressed;</p> <ol style="list-style-type: none"><li>1. Capital and Coast DHB must demonstrate that high quality intern training is a key strategic priority.</li><li>2. Capital and Coast DHB must develop and implement a strategic plan for the ongoing development and support of the prevocational medical training and education.</li><li>4. The DHB must demonstrate adherence to Council's informed consent policy.</li><li>6. Capital and Coast DHB must ensure that leave requests, particularly in the surgical services, are dealt with fairly and transparently, and that all interns are able to take adequate leave.</li></ol>	

## Section B – Accreditation standards

### 1 Strategic Priorities

1 Strategic Priorities			
1.1	High standards of medical practice, education, and training are key strategic priorities for training providers.		
1.2	The training provider is committed to ensuring high quality training for interns.		
1.3	The training provider has a strategic plan for ongoing development and support of a sustainable medical training and education programme.		
1.4	The training provider has clinical governance and quality assurance processes that ensure clear lines of responsibility and accountability for intern training in the overall context of quality medical practice.		
1.5	The training provider ensures intern representation in the governance of the intern training programme.		
1.6	The training provider will engage in the regular accreditation cycle of the Council which will occur at least every three years.		
1. Strategic Priorities			
	Met	Substantially met	Not met
Rating			X
Commentary:			
<p><b>Comments:</b> Capital and Coast DHB works with Hutt Valley DHB and Wairarapa DHB to deliver services to the broader Wellington region. Capital and Coast DHB is responsible for a population of around 290,000, and covers the local authorities of Wellington City, Porirua City and the Kāpiti Coast District south of Te Horo.</p> <p>Capital and Coast DHB states that it is committed to high standards of medical practice, education and training as key strategic priorities. The importance of prevocational medical education and training is evidenced by the commitment of the prevocational educational supervisors, clinical supervisors and Resident Medical Officer (RMO) unit. However the commitment of the DHB is not reflected in its written documentation. The DHB does not have a documented strategic plan for the ongoing development and support of the intern training programme.</p> <p>Executive accountability for the prevocational medical training and education programme at the DHB sits with the Chief Medical Officer, however the DHB does not have a formal governance structure, with responsibility and oversight for the ongoing support and development of prevocational medical education and training. Furthermore, this lack of a formal governance structure means that there is currently no intern representation in the governance of the intern training programme.</p> <p>The recent appointment of an Executive Clinical Director of Performance, Innovation, and Training is expected to provide direction and accountability for the intern training programme.</p>			

The DHB engages in the regular accreditation cycles of the Medical Council of New Zealand.

**Required actions:**

1. Capital and Coast DHB must demonstrate that high quality intern training is a key strategic priority.
2. Capital and Coast DHB must establish and implement a strategic plan for the ongoing development and support of prevocational medical education and training.
3. Governance structures and processes that demonstrate the lines of responsibility and accountability for intern training must be implemented at Capital and Coast DHB, and these structures and processes must include intern representation.

## 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><b>Comments:</b></p> <p>Capital and Coast DHB demonstrates that it has the responsibility, authority and mechanisms to implement the intern training programme. However, there is a lack of administrative support for the prevocational educational supervisors and a lack of resourcing of the Resident Medical Officer (RMO) unit. This has placed considerable pressure on staff responsible for organising the intern training programme.</p> <p>The Chief Medical Officer has clear executive accountability for meeting the prevocational education and training standards, and for the quality of training and education.</p> <p>Overall there are effective organisational and operational structures to manage interns.</p> <p>There is a documented procedure to address concerns around intern performance (“CCDHB Process of Performance Assessment and Management for RMO”), however this is currently a draft document, and is not in operation. The DHB is encouraged to complete this documentation and adopt it across the organisation.</p>			

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

**Recommendations:**

- The level of resourcing provided to the RMO unit should be reviewed.
- The draft “CCDHB Process of Performance Assessment and Management for RMO” should be completed and adopted across the organisation.

**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:**

Capital and Coast DHB’s institutional membership of the Academy of Medical Educators, and use of the *New Zealand Curriculum Framework for Prevocational Medical Training*, underpins the intern training programme at the DHB.

The prevocational educational supervisors, clinical supervisors and clinicians have appropriate medical expertise to deliver the intern training programme.

**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:**

Capital and Coast DHB demonstrates clear and effective relationships with the Wellington School of Medicine, University of Otago.

The DHB coordinates the placement of interns across the three DHBs in the central regional training hub (Capital and Coast DHB, Hutt Valley DHB and Wairarapa DHB) and shares responsibility for the coordination of the regional training programme. The DHB delivers prevocational medical training and education at both its Wellington and Kenepuru Hospital sites.

The DHB has a reciprocal relationship with the North West Thames Foundation School and coordinates an exchange programme for postgraduate year 2 interns.

**Commendations:**

- There is strong leadership shown by the DHB within the 3 DHB model, the Central region training hub and in collaboration with the Wellington School of Medicine, University of Otago.
- The exchange programme with the North West Thames Foundation School is a valuable experience for participating interns.

**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:			
<p><b>Comments:</b></p> <p>The implementation of ePort at Capital and Coast DHB has been managed well by the prevocational educational supervisors and the Residential Medical Officer (RMO) unit. Both the RMO unit and the prevocational educational supervisors are responsible for monitoring ePort and ensuring that the beginning, mid and end of clinical attachment assessments are completed each quarter.</p> <p>The prevocational educational supervisors meet at the beginning and end of each clinical attachment to ensure interns maintain their PDPs. The prevocational educational supervisors also monitor ePort to ensure that the clinical supervisors identify the goals and learning objectives for interns at beginning of the clinical attachment.</p>			

The interns report that the prevocational educational supervisors discuss with them their vocational aspirations and personal interests. Moreover, the interns report that the prevocational educational supervisors are proactive in assisting them and giving guidance about their career goals.

**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 overall, and the clinical attachments available at Capital and Coast DHB, are structured to support the interns to achieve the goals in their PDP and attain the learning outcomes in the *New Zealand Curriculum Framework for Prevocational Medical Training*. Clinical attachments in the Wellington region are grouped into modules of four attachments. Modules are arranged to meet requirements for general registration, and for interns to pursue areas of interest. The modules enable interns to focus on career aspirations early on in postgraduate year 1 and postgraduate year 2.

Interns are invited to indicate their preference for particular modules before the regional prevocational educational supervisors meet to assign interns to modules. The allocations take into account each intern's vocational aspirations wherever possible, as well as their experience and learning needs.

The DHB has clear handover processes that are well understood by interns. There is a formal teaching session on handover during orientation at the beginning of the year, and each department provides orientation on department specific handover processes. Medical and surgical handover is supported by senior medical staff, well-structured and represents good practice.

Interns report that they are well supported working in the hospital at night and have access to senior medical and nursing staff as required.

Some interns were placed into community based attachments in the first half of 2016, however these attachments were not available in second half of 2016. Capital and Coast DHB are currently considering further options for community based attachments in general practice. The DHB should also explore additional opportunities for the development of community based attachments beyond general practice.

There is inconsistent practice with obtaining informed consent, and some confusion about roles and responsibilities within the informed consent process. Interns report pressure to consent beyond their level of clinical responsibility. The DHB must demonstrate adherence to Council's informed consent policy.

**Commendations:**

- The organisation of clinical attachments into modules, as well as the allocation of modules to interns, is well organised and documented. This is supported and coordinated well across the 3 DHBs in the Wellington region.
- Medical and surgical handover is supported by senior medical staff, well-structured and represents good practice.

**Recommendation:**

Capital and Coast DHB should explore additional opportunities for community based attachments beyond general practice.

**Required actions:**

4. The DHB must demonstrate adherence to Council's informed consent policy.

**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
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Rating	X		
Commentary:			
<p><b>Comments:</b> Capital and Coast DHB provides a structured teaching programme for the postgraduate year 1 interns. The programme is tailored to support interns achieve the learning outcomes from the <i>New Zealand Curriculum Framework for Prevocational Medical Training</i> that are not generally available through the completion of clinical attachments. The postgraduate year 1 teaching programme is generally well attended, with attendance records maintained by the Resident Medical Officer (RMO) unit and distributed to the prevocational educational supervisors regularly. The DHB also provides a structured teaching programme for the postgraduate year 2 interns, however this is currently under development with inconsistent attendance by postgraduate year 2 interns.</p> <p>Interns at Wellington hospital report that formal teaching time is not adequately protected, and service demands prevent attendance at some of the formal teaching sessions. Interns working at Kenepuru Hospital report that teaching time is well protected, with all interns supported to travel to Wellington Hospital to attend the scheduled teaching sessions. However there is no process for pagers to be held during formal teaching sessions. The DHB should explore options to better protect formal teaching time.</p> <p>Interns report that they receive excellent departmental teaching during their clinical attachments. The General Medicine teaching was rated as exemplary by interns.</p> <p><b>Recommendation:</b> Capital and Coast DHB should explore options to better protect formal teaching time.</p> <p><b>Required actions:</b> Nil.</p>			
<b>3.4 Orientation</b>			
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.		
<b>3.4 Orientation</b>			
	<b>Met</b>	<b>Substantially met</b>	<b>Not met</b>
Rating	X		
Commentary:			
<p><b>Comments:</b> Capital and Coast DHB provides an excellent initial orientation programme for interns at the start of the year. However, there is a less effective process for orientation for interns who commence part way through the year.</p> <p>Departmental orientation occurs at the beginning of each clinical attachment, however this is often an informal process.</p> <p><b>Commendation:</b> The breadth and scope of the orientation at the beginning of the year was greatly appreciated by the interns.</p> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>A more comprehensive orientation programme for interns joining Capital and Coast DHB partway through the year should be devised.</li> </ul>			

- Capital and Coast DHB should review the departmental orientation provided at the start of clinical attachments.

**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:**

Capital and Coast DHB is willing to make arrangement for interns who require flexible working arrangements, and has done so in the past. The Resident Medical Officer Unit, prevocational educational supervisors and relevant senior medical staff consider requests for altered start dates, extraordinary leave requests and/or altered hours of work on an individual basis, with collaboration with the Chief Medical Officer and other senior managers as required.

**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:

**Comments:**

Capital and Coast DHB effectively utilises ePort to ensure that an intern's training is monitored. Moreover, prevocational educational supervisors meet with the interns at the beginning and end of each attachment to ensure intern's progress towards satisfying the requirements for registration in a general scope of practice.

The process for being considered for a general scope of practice via the advisory panel is described and discussed at a formal teaching session.

**Required action:**

Nil.

4.2 Supervision			
4.2.1	The training provider has an appropriate ratio of prevocational educational supervisors in place to oversee the training and education of interns in both PGY1 and PGY2.		
4.2.2	Mechanisms are in place to ensure clinical supervision is provided by qualified medical staff with the appropriate competencies, skills, knowledge, authority, time and resources.		
4.2.3	Interns are clinically supervised at a level appropriate to their experience and responsibilities at all times.		
4.2.4	Administrative support is available to prevocational educational supervisors so they can carry out their roles effectively.		
4.2 Supervision			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p><b>Comments:</b></p> <p>With the appointment of a fifth prevocational educational supervisor, Capital and Coast DHB has met the minimum ratio of prevocational educational supervisors to interns (1:10). With the anticipated increase in intern numbers and to ensure sustainability and cover, the DHB should consider appointing a further prevocational educational supervisor.</p> <p>Appropriate supervision is provided to interns by qualified medical staff and clinical supervisors. The interns and clinical supervisors report that they are very well supported by their prevocational educational supervisors.</p> <p>However, the prevocational educational supervisors report that they struggle to carry out their roles because of a lack of administrative support. The DHB should review the level of administrative support required by the prevocational educational supervisors.</p> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>• With the anticipated increase in intern numbers and to ensure sustainability and cover, Capital and Coast DHB should consider appointing a further prevocational educational supervisor.</li> <li>• The DHB should review the level of administrative support required by the prevocational educational supervisors.</li> </ul> <p><b>Commendation:</b></p> <p>The prevocational educational supervisors contribute a great deal to the success of the intern training programme. This is appreciated by the interns and clinical supervisors.</p> <p><b>Required action:</b></p> <p>Nil.</p>			
4.3 Training for clinical supervisors and prevocational educational supervisors			
4.3.1	Clinical supervisors undertake relevant training in supervision and assessment within three years of commencing this role.		

4.3.2	Prevocational educational supervisors attend an annual prevocational educational supervisor training workshop conducted by Council.		
4.3.3	All staff involved in intern training have access to professional development activities to support improvement in the quality of the intern training programme.		
<b>4.3 Training for clinical supervisors and prevocational educational supervisors</b>			
	<b>Met</b>	<b>Substantially met</b>	<b>Not met</b>
Rating	X		
Commentary:			
<p><b>Comments:</b> Clinical supervisors are encouraged to attend clinical supervisor training, including training workshops held by vocational colleges. Capital and Coast DHB has hosted two Council clinical supervisor training workshops since the implementation of Council's new prevocational training requirements. Supervision training is addressed as part of the DHB's credentialing processes.</p> <p>The prevocational educational supervisors attend the annual prevocational educational supervisor training workshops conducted by Council.</p> <p><b>Required actions:</b> Nil.</p>			
<b>4.4 Feedback to interns</b>			
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.		
<b>4.4 Feedback to interns</b>			
	<b>Met</b>	<b>Substantially met</b>	<b>Not met</b>
Rating	X		
Commentary:			
<p><b>Comments:</b> Clinical supervisors and prevocational educational supervisors discuss the interns' PDP and attaining the learning outcomes in the <i>New Zealand Curriculum Framework for Prevocational Medical Training</i> at the prescribed clinical attachment meetings. Clinical supervisors and prevocational educational supervisors also provide informal feedback throughout the course of the attachment.</p> <p>The close working relationship between the interns, clinical supervisors and prevocational educational supervisors means that interns are identified at any early stage if they are not performing at the required standard. Prevocational educational supervisors across the region meet quarterly and interns not performing at the required standard of competence is a standing agenda item.</p> <p><b>Required actions:</b> Nil.</p>			

<b>4.5 Advisory panel to recommend registration in a general scope of practice</b>			
4.5.1	The training provider has an established advisory panel to consider progress of each intern during and at the end of the PGY1 year.		
4.5.2	The advisory panel will comprise: <ul style="list-style-type: none"> <li>• a CMO or delegate (who will Chair the panel)</li> <li>• the intern's prevocational educational supervisor</li> <li>• a second prevocational educational supervisor</li> <li>• a lay person.</li> </ul>		
4.5.3	The panel follows Council's <i>Guide for Advisory Panels</i> .		
4.5.4	There is a process for the advisory panel to recommend to Council whether a PGY1 has satisfactorily completed requirements for a general scope of practice or should be required to undertake further intern training.		
4.5.5	There is a process to inform Council of interns who are identified as not performing at the required standard of competence.		
4.5.6	The advisory panel bases its recommendation for registration in a general scope of practice on whether the intern has: <ul style="list-style-type: none"> <li>• satisfactorily completed four accredited clinical attachments</li> <li>• substantively attained the learning outcomes outlined in the NZCF</li> <li>• completed a minimum of 10 weeks (full time equivalent) in each clinical attachment</li> <li>• developed an acceptable PDP for PGY2, to be completed during PGY2</li> <li>• advanced cardiac life support (ACLS) certification at the standard of New Zealand Resuscitation Council CORE level 7 less than 12 months old.</li> </ul>		
<b>4.5 Advisory panel to recommend registration in a general scope of practice</b>			
	<b>Met</b>	<b>Substantially met</b>	<b>Not met</b>
Rating	X		
Commentary:			
<p><b>Comments:</b> Capital and Coast DHB established its advisory panel with full representation as required by Council in 2015, and this functioned effectively in reviewing and assessing each intern's progress and making a recommendation for a general scope.</p> <p><b>Required actions:</b> Nil.</p>			
<b>4.6 Signoff for completion of PGY2</b>			
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.		
<b>4.6 Signoff for completion of PGY2</b>			
	<b>Met</b>	<b>Substantially met</b>	<b>Not met</b>
Rating	X		
Commentary:			

**Comments:**

At the time of the visit, plans were in place to undertake a review of progress at the end of postgraduate year 2.

## 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><b>Comments:</b></p> <p>Interns are invited to provide anonymous feedback on the formal education sessions by way of an evaluation form. This feedback is collated by the Resident Medical Officer (RMO) unit and shared with the prevocational educational supervisors quarterly.</p> <p>Clinical attachments are regularly reviewed for their currency. There is oversight by the prevocational educational supervisors as to the suitability of the clinical attachments to the learning needs of interns allocated, and the prevocational educational supervisors also seek feedback from interns regarding the attachment at the end of clinical attachment meeting. The prevocational educational supervisors also informally seek feedback from the services and from clinical supervisors regarding the clinical attachments available to interns.</p> <p>However, feedback regarding the intern training programme overall is received informally, and there are limited avenues for interns and supervisors to provide anonymous feedback. There is no established mechanism or process for feedback to be incorporated into any quality improvement of the intern training programme. The DHB must provide mechanisms to allow intern feedback to be incorporated into the quality improvement of the intern training programme.</p> <p><b>Required actions:</b></p> <p>5. The DHB must provide mechanisms to allow intern feedback to be incorporated into the quality improvement of the intern training programme.</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><b>Comment:</b> There are effective processes, coordinated primarily by the Resident Medical Officer (RMO) unit, for clinical attachments to be submitted to Council via ePort for accreditation. At the time of the visit, all attachments for postgraduate year 1 and year 2 had been submitted to Council and approved.</p> <p>Clinical attachments at each DHB within the Wellington region are grouped into modules. Interns rank their top ten choices for a module of clinical attachments, and the prevocational educational supervisors from the three DHBs meet to discuss and allocate the modules. As far as possible, interns are allocated one of their top choices. The interns report that the process for allocating clinical attachments was fair.</p> <p>The RMO unit maintains a list of the clinical supervisors for each clinical attachment, and this is updated and communicated to all appropriate parties weekly.</p> <p><b>Required actions:</b> Nil.</p>			
6.2 Welfare and support			
6.2.1	The duties, rostering, working hours and supervision of interns are consistent with the delivery of high quality training and safe patient care within a safe working environment, including freedom from harassment.		
6.2.2	Interns have access to personal counselling, and career advice. These services are publicised to interns and their supervisors.		
6.2.3	The procedure for accessing appropriate professional development leave is published, fair and practical.		
6.2.4	The training provider actively encourages interns to maintain their own health and welfare and to register with a general practitioner.		
6.2.5	Applications for annual leave are dealt with properly and transparently.		
6.2 Welfare and support			
	Met	Substantially met	Not met
Rating		X	

**Commentary:**

**Comments:**

Overall, Capital and Coast DHB provides a supportive and collegial work environment which enables an enjoyable and high quality learning experience for interns. 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.

Career advice is available through the prevocational educational supervisors, and interns also have access to personal counselling via the Employee Assistance Programme. All interns are encouraged to register with a General Practitioner, and there are sessions on self-care, managing stress and burnout as part of the formal education programme. The prevocational educational supervisors coordinate pastoral care and have access to additional support services.

However, in the surgical specialties, interns report that they experience significant difficulty in accessing annual leave, and to a lesser extent educational leave. This was confirmed by the prevocational educational supervisors and clinical supervisors. This issue was identified at the last Council accreditation visit and is known to the DHB. It is noted that the inability of interns to access leave affects the safe learning environment.

**Required actions:**

- 6. Capital and Coast DHB must ensure that leave requests, particularly in the surgical services, are dealt with fairly and transparently, and that all interns are able to take adequate leave.

**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:**

A weekly Resident Medical Officer (RMO) bulletin is sent detailing the topics for the formal education sessions, as well as any other key information. At least one prevocational educational supervisor attends the formal education programme sessions to liaise with the interns as a group.

**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:**

At orientation at the beginning of the year, the processes to resolve problems around supervision and training are described to the interns. Interns are advised that they are able to approach their clinical supervisor, prevocational educational supervisor, the Resident Medical Officer (RMO) unit and their Resident Doctors Association representative for advice and support. The Deputy Chief Medical Officer (CMO) role has been reorganised and an Executive Director of Innovation, Performance and Training has recently been appointed will be an additional point of contact for interns.

All parties are familiar with the ethics and practice of confidentiality.

Training related disputes are raised at the quarterly prevocational educational supervisor meetings. Also present at these meetings are the RMO Unit Manager and the Clinical Training Advisor. It is anticipated that the newly appointed Executive Director of Innovation, Performance and Training will also attend these meetings.

**Required actions:**

Nil.

## 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><b>Comments:</b> Capital and Coast DHB's draft 'Process for the Performance Assessment and Management for the Resident Medical Officers (RMO)' details the process for supporting and managing interns that are identified as performing below the expected standard of competence, and covers when external bodies, including Council, are required to be informed. The DHB should formalise this policy and it should be adopted across the organisation.</p> <p><b>Required actions:</b> Nil.</p>			

## 8 Facilities

8 Facilities	
8.1	Interns have access to appropriate educational resources, facilities and infrastructure to support their training.

8.2 The training provider provides a safe working and learning environment.

### 8. Facilities

	Met	Substantially met	Not met
Rating	X		

Commentary:

#### Comments:

Capital and Coast DHB provides a broad range of high quality educational resources, facilities and infrastructure to support intern training.

There is a dedicated Learning and Development team, which manages the education centre where weekly teaching sessions are held, and also manages the Wellington Regional Centre for Simulation and Skills Education, which is used for clinical skills training. It has a fully operational simulated operating theatre.

Interns have physical access to the library of the Wellington School of Medicine, University of Otago during opening hours, and 24 hour electronic access to the library's resources.

There is ample access to computers and printers, and to the electronic resources available through the DHB including the library, intranet, hospital policies and information, clinical records, ePort and the Medical Applications Portal.

Wellington and Kenepuru hospitals each have a Resident Medical Officer (RMO) lounge.

Capital and Coast DHB provides a safe working and learning environment. There are clear policies on Workplace Bullying, Harassment, Discrimination and Victimisation Prevention. The Health and Safety policy is being reviewed, and the Code of Conduct has recently been updated. Interns are actively encouraged to ensure self-care, and there is an Employee Assistance Programme in place. Close communication between prevocational educational supervisors and interns is an important factor in maintaining the working and learning environment.

#### Commendation:

Capital and Coast DHB's access to the University of Otago library is an outstanding resource for interns and other medical staff.

#### Required actions:

Nil.