



Prevocational medical training accreditation –
site visit report for:
Waitemata District Health Board

Date of site visit: 4 – 5 September 2018

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Background

Section 118 of the Health Practitioners Competence Assurance Act 2003 (HPCAA) sets out the functions of the Medical Council of New Zealand (Council). These include:

- (a) prescribing the qualifications required for scopes of practice, and, for that purpose to accredit and monitor educational institutions and degrees, courses of studies, or programmes
- (e) recognising, accrediting, and setting programmes to ensure the ongoing competence of health practitioners.

The Council will accredit training providers to provide prevocational medical education and training through the delivery of an intern training programme who have:

- structures and systems in place to ensure interns have sufficient opportunity:
 - to attain the learning outcomes of the *New Zealand Curriculum Framework for Prevocational Medical Training* (NZCF), and
 - to satisfactorily complete the requirements for prevocational medical training over the course of PGY1 and PGY2
- an integrated system of education, support and supervision for interns
- individual clinical attachments that meet Council's accreditation standards and provide a breadth of clinical experience and high quality education and learning.

The standards for accreditation of training providers identify the core criteria that must exist in all accredited intern training programmes while allowing flexibility in the ways in which the training provider can demonstrate they meet the accreditation standards.

Prevocational medical training (the intern training programme) spans the two years following registration with Council and includes both postgraduate year 1 (PGY1) and postgraduate year 2 (PGY2). Prevocational medical training must be completed by all graduates of New Zealand and Australian accredited medical schools and doctors who have sat and passed the New Zealand Registration Examination (NZREX Clinical). Doctors undertaking this training are referred to as interns.

Interns must complete their internship in an intern training programme provided by an accredited training provider. Interns complete a variety of accredited clinical attachments, which take place in a mix of both hospital and community settings¹. Clinical attachments may only be accredited if they form part of the intern training programme provided by an accredited training provider.

Prevocational medical training ensures that interns further develop their clinical and professional skills. This is achieved by interns satisfactorily completing four accredited clinical attachments in each of the two prevocational years, setting and completing goals in their professional development plan (PDP) and recording the attainment of the learning outcomes in the NZCF.

The purpose of accrediting prevocational medical training providers and its intern training programme is to ensure that the training provider meets Council's standards for the provision of education and training of interns. The purpose of accrediting clinical attachments for prevocational medical training is to ensure interns have access to quality feedback and assessment and supervision, as well as a breadth of experience with opportunity to achieve the learning outcomes in the NZCF.

Training providers are accredited for the provision of education and training for interns (prevocational medical training) for a period of 3 years. However, interim reports may be requested during this period. Please refer to Council's [Policy on the accreditation of prevocational medical training providers](#) for further information.

¹ Doctors who have passed NZREX Clinical prior to 30 November 2014 and who meet the specified criteria, are eligible to complete all of their PGY1 requirements in a primary care setting. Please refer to Council's prevocational medical training policy.

The Medical Council of New Zealand's accreditation of Waitemata District Health Board



Name of training provider:	Waitemata District Health Board (DHB)
Name of sites:	North Shore and Waitakere Hospitals
Date of training provider accreditation visit:	4 and 5 September 2018
Accreditation visit team members:	Dr Curtis Walker (Accreditation team Chair) Dr Sarah Nicolson Ms Joy Quigley Dr Nathalie de Vries Dr Katelyn Costello Ms Aleyna Hall Mrs Emily Douglas Ms Sidonie
Date of previous training provider accreditation visit:	1 and 2 October 2015
Key staff the accreditation visit team met:	
Chief Executive:	Dr Dale Bramley
Chief Medical Officer (CMO):	Dr Andrew Brant
Associate CMO:	Dr Jonathan Christiansen
Director of Prevocational Training:	Dr Ian Wallace
Prevocational Educational Supervisors:	Dr Ian Wallace Dr Laura Chapman Dr Kerry Read Dr Valerie Ozorio Mr Ian Stewart Mr Peter Shapkov Mr Andrew Herd Dr Vinod Singh Dr Heather Gardner Dr Ramanamma Kalluru Dr Allan Jenner Dr Naveed Ahmed
Clinical Education & Training unit staff:	Ms Naomi Heap (Manager)
Portfolio Manager Workforce Operations Northern Regional Alliance:	Terina Davies
Daily Operations Manager Northern Regional Alliance:	Josie Tansy
Other key people who have a role within the prevocational training programme:	
Chief Advisor Tikanga:	Dame Rangimarie Naida Glavish
Director of Human Resources:	Fiona McCarthy
Director of Finance:	Robert Paine
Director of Special Projects:	John Cullen
Organisation Development Group Manager:	Stephen Anderton

Resuscitation Training Team Leader:
Medical Education Fellow – prevocational:

Leigh Edwards
Leah Pointon

Key data about the training provider:

Number of interns at training provider: 105

Number of PGY1s: 67

Number of PGY2s: 38

Number of accredited clinical attachments (current):

103 (154 placements available)

Number of accredited community-based attachments:

5

Section A – Executive Summary

Waitemata District Health Board (DHB) is a large metropolitan DHB. Along with the two other Auckland region DHBs, Waitemata has experienced a large growth in its catchment population over recent years and has expanded its clinical services and staffing to meet these challenges. This has seen a strong growth in intern numbers and a concomitant increase in the educational support required for delivering the intern training programme, which is delivered across two hospital campuses, North Shore and Waitakere.

Waitemata DHB is meeting these challenges well, and clearly demonstrates a strong strategic and operational commitment to intern education. High quality, purpose-built educational facilities support a dedicated Clinical Education and Training Unit team (CETU). The interns greatly value the pastoral support provided by the Director of Clinical Training (DCT), and the Medical Educational Fellows (MEFs). Innovations such as e-prescribing and the smart pager system were also appreciated by the interns. The DHB has a demonstrated commitment to Māori health both in service delivery, education, and support of interns who identify as Māori, and are continuing to develop and implement community-based attachments (CBAs) in order to meet Council's requirements.

There is a positive culture throughout the intern training programme, with strong working relationships between interns and clinical supervisors in most areas. However, in medical and surgical 'floating rotations' and with the adoption of a 'home-based' ward system in medicine there is less consistent supervision for interns in these clinical attachments. The interns also reported circumstances where they are obtaining informed consent for procedures which they are neither performing nor responsible for.

The DHB provides a full range of clinical attachments, supported by a formal lecture-based education programme. There is a separate education programme for PGY2 interns which is delivered in blocks, and the interns are well supported to attend the full day courses.

A comprehensive orientation programme is provided for interns commencing at the start of the year. However, for interns commencing part way through the year and for individual clinical attachments, orientation is more variable and does not always adequately prepare interns for their role in the DHB or on individual attachments, and needs to be improved.

As interns rotate to other DHBs in the Auckland region they maintain their prevocational educational supervisors at Waitemata DHB and continue to meet either in person or via video or teleconference, which the interns report works well. The Resident Medical Officer (RMO) Unit is seen by the interns as approachable and supportive, and that most issues are addressed promptly and appropriately. However, interns report that the process of applying for annual leave lacks transparency and is frustrating.

Overall, the interns report a very positive educational experience at Waitemata DHB, supported by a strong education and training ethos. The dedication of individual staff and a collective culture of learning and innovation is commended.

Overall, Waitemata DHB has met 17 of the 21 sets of Council's standards *Accreditation standards for training providers*. Four sets of standards are substantially met:

1. Standard 3.1 Programme Components
2. Standard 3.4 Orientation.
3. Standard 4.3 Supervision – Clinical supervisors
4. Standard 6.2 Welfare and Support

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

1. Waitemata DHB must ensure that the process of obtaining informed consent aligns with Council's statement on *Information, choice of treatment and informed consent* and is understood by all staff involved in patient care and enacted across all services. (Standard 3.1.10)
2. Waitemata DHB must ensure that interns commencing employment partway through the intern year receive appropriate orientation to the DHB. (Standard 3.4.1)
3. Waitemata DHB must ensure that formal orientation at the start of each clinical attachment occurs. (Standard 3.4.2)
4. Waitemata DHB must ensure that interns are clinically supervised at a level appropriate to their clinical experience and responsibilities at all times. (Standard 4.3.2)
5. Waitemata DHB must ensure that applications for annual leave are dealt with fairly and transparently. (Standard 6.2.7)

Section B – Overall outcome of the accreditation assessment

The overall rating for the accreditation of Waitemata DHB as a training provider for prevocational medical training	Substantially Met
<p>Waitemata District Health Board holds accreditation until 31 December 2021, subject to Council receiving an interim report within 6 months (by 14 June 2019), that satisfies Council that the following required actions have been satisfactorily addressed:</p> <ol style="list-style-type: none">1. Waitemata DHB must ensure that the process of obtaining informed consent aligns with Council's statement on Information, choice of treatment and informed consent and is understood by all staff involved in patient care and enacted across all services. (Standard 3.1.10)2. Waitemata DHB must ensure that interns commencing employment partway through the intern year receive appropriate orientation to the DHB. (Standard 3.4.1)3. Waitemata DHB must ensure that formal orientation at the start of each clinical attachment occurs. (Standard 3.4.2)4. Waitemata DHB must ensure that interns are clinically supervised at a level appropriate to their clinical experience and responsibilities at all times. (Standard 4.3.2)5. Waitemata DHB must ensure that applications for annual leave are dealt with fairly and transparently. (Standard 6.2.7). <p>If, 12 months after accreditation has been granted, all the required actions have not satisfactorily been addressed, a further accreditation assessment will be required within 6 months of Council's decision.</p>	

Section C – Accreditation Standards

1 Strategic priorities

1 Strategic priorities			
1.1	High standards of medical practice, education, and training are key strategic priorities for the training provider.		
1.2	The training provider has a strategic plan for ongoing development and support of high quality prevocational medical training and education.		
1.3	The training provider’s strategic plan addresses Māori health.		
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:</p> <p>The importance of intern education and training is clearly demonstrated at a strategic level, with one of the core pillars of the DHB being education and research. Appropriate strategies, plans and organisational structures are in place to direct and support the prevocational training program.</p> <p>There is a strong strategic plan to improve health outcomes for the Māori population within Waitemata DHB’s region, which includes supporting and encouraging the diversity of the DHB’s workforce.</p> <p>The DHB’s strategic commitment to intern education is supported by well-aligned governance and oversight structures. An Executive Education Governance Committee providing oversight and coordination of all training programmes at the DHB, including the intern training programme for interns. A Prevocational Training Committee (PVTTC) provides for specific governance of the intern training programme, and includes appropriate intern representation. Interns report good working relationships on the Committee which results in effective resolution of issues and is a forum to feedback on all aspects of the training programme.</p> <p>Required actions: Nil.</p>			

2 Organisational and operational structures

2.1 The context of intern training			
2.1.1	The training provider demonstrates that it has the mechanisms and appropriate resources 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 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:</p> <p>Waitemata DHB has committed significant resources to ensure high quality and relevant intern training. This training has the commitment and support of the CMO and entire prevocational medical training team.</p> <p>Several groups co-ordinate and share responsibility for planning, developing, implementing and reviewing the intern training programme. The prevocational educational supervisors, the CETU, and the RMO Unit work closely to ensure that interns have high quality clinical working and learning opportunities, regular supervision and mentorship, pastoral care, and deliver the initial orientation and education programmes.</p> <p>There are clear procedures to notify Council of any changes in the health service or the intern training programme. This is supported by appropriate clinical governance and quality assurance processes and structures to ensure clear lines of accountability for intern training.</p> <p>Required actions: Nil.</p>			
2.2 Educational expertise			
2.2.1	The training provider demonstrates 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:			
<p>Comments:</p> <p>The work and support of the DCT and the prevocational MEF are highly valued by the interns. These positions ensure the delivery of an effective training and education programme. Ensuring support of these roles and the functions the DCT and MEF are performing is important to the continued success of the programme. The current DCT and MEF have developed essential relationships with interns and other key training stakeholders.</p>			

The intern training programme is based on clinical learning, formal lectures, and self-directed learning. The lecture programme includes other health professionals such as pharmacists who provide specific training on safe prescribing practices, including e-prescribing. The teaching from non-medical health professionals was greatly valued by the interns who found the expertise very relevant and helpful to their clinical work.

Commendations:

- There are highly committed, effective, approachable leaders within the CETU who are greatly appreciated by the interns and their supervisors.
- The wide range of expert health professionals contributing teaching to the formal programme was greatly valued by the interns.

Recommendation:

- The DHB should ensure that those within the DCT and CETU are continually supported and that succession planning are in place, specifically due to their key important roles within prevocational medical training.

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.
- 2.3.3 The training provider has effective partnerships with Māori health providers to support intern training and education.

2.3 Relationships to support medical education

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

There are effective working relationships between the stakeholders involved in prevocational medical training. Within the Auckland region, the three large DHBs are closely located geographically, and while the intern training programme is delivered internally by each DHB, information on the training programme is shared across the DHBs through the Executive Education Governance Committee and its subcommittees.

The CETU works in partnership with the General Manager of Māori Health and also with the Chief Advisor, Tikanga Māori. The General Manager of Māori Health has input into the intern training programme and delivers a specific cultural competence workshop with Māori clinicians as teachers. Externally, there are excellent formal collaborations with iwi, community providers, regional DHBs and universities, and the DHB is looking to increase the number of Maori provider CBAs.

Commendation:

- Waitemata DHB has strong Māori health programmes which support health care delivery and the development of its Māori health workforce.

Required actions:

Nil.

3 The intern training programme

3.1 Programme components			
3.1.1	The intern training programme is structured to support interns to attain the learning outcomes in the NZCF (75% by the end of PGY1 and at least 95% by the end of PGY2).		
3.1.2	The intern training programme requires the satisfactory completion of eight 13-week accredited clinical attachments, which in aggregate provide a broad based experience of medical practice.		
3.1.3	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.		
3.1.4	The training provider selects suitable clinical attachments for training on the basis of the experiences that interns can expect to achieve, including the: <ul style="list-style-type: none"> • workload for the intern and the clinical unit • complexity of the given clinical setting • mix of training experiences across the selected clinical attachments and how they are combined to support achievement of the goals of the intern training programme. 		
3.1.5	The training provider has processes that ensure that interns receive the supervision and opportunities to develop their cultural competence in order to deliver patient care in a culturally-safe manner.		
3.1.6	The training provider, in discussion with the intern and the prevocational educational supervisor, must ensure that over the course of the two intern years each intern spends at least one clinical attachment in a community setting.		
3.1.7	Interns are not rostered on nights during the first six weeks of PGY1.		
3.1.8	The training provider has process to ensure that interns working on nights are appropriately supported. Protocols are in place that clearly detail how the intern may access assistance and guidance on contacting senior medical staff.		
3.1.9	The training provider ensures there are procedures in place for structured handovers between clinical teams and between shifts (morning, evening, nights and weekends) to promote continuity of quality care. The training provider ensures that interns understand their role and responsibilities in handover.		
3.1.10	The training provider ensures adherence to the Council's policy on obtaining informed consent.		
3.1 Programme components			
	Met	Substantially met	Not met
Rating		X	
Commentary:			
<p>Comments:</p> <p>The intern training programme allows for a wide breadth of experience, allowing interns the opportunity to attain the learning outcomes from the <i>New Zealand Curriculum Framework for Prevocational Medical Training</i> (NZCF) and their individual career aspirations.</p> <p>The NRA in conjunction with the PVTC facilitates the allocation of interns to accredited clinical attachments. The process for applying for preferred clinical attachments for PGY2 are understood by interns and supports attainment of the learning goals in the NZCF.</p> <p>The DHB provides an overarching structure that supports development of interns' cultural competence. Waitemata DHB is implementing a new plan to improve Māori cultural literacy and support for interns who identify as Māori. The Māori House Officer Support Programme has been set up to create a learning environment that promotes the growth and development of Māori house officers in the early years of training and to support cultural literacy for all house officers, education and supervision teams.</p> <p>The DHB has five CBAs. The DHB intends to meet Council's requirement of every intern completing a CBA</p>			

by 2020 and acknowledges that CBAs support the DHB's strategic commitment to optimising the region's primary community care and develop the careers of doctors across all health settings.

The DHB provides resources to support interns on after hours and call rosters and to assure an appropriate structured handover. Formal handovers take place in the morning, afternoon and evening. The interns report that the introduction of the Smart-Page has facilitated handover and allows effective communication between nursing staff and themselves. In general medicine, the night handover is attended by the duty nurse, general surgical registrar and orthopaedic registrar. Resources available on the staff intranet (*ABC of ward calls*), availability of the Smart-Page coordinator, intensive care unit outreach nurses and approachable registrars support the interns well, and interns feel safe when on call.

There are a small number of sub-specialty surgical patients for whom senior cover after hours is provided by surgical teams at Auckland City Hospital. There is not always a formal handover to interns of these sub-specialty surgical patients at night, despite interns having a role in care escalation if required. Examples of this have occurred for Ear, Nose and Throat (ENT) and Urology patients.

The DHB has a published policy on informed consent and the formal education programmes include sessions on informed consent. However, the understanding and application of informed consent was variable across the DHB. The interns report instances where they are asked to obtain signed consent even though they are not the doctor performing or responsible for the procedure. The interns report that the DHB's informed consent form specifically allows an option to obtain consent on behalf of the doctor doing the procedure for which consent is obtained.

Commendation:

- Interns highly value and are finding the Smart-Page system effective.

Recommendation:

- The DHB should ensure that interns caring for sub-specialty surgical patients after hours, where consultant cover is provided after hours at Auckland DHB, are provided with clear guidelines for handover and support after hours.

Required actions:

1. Waitemata DHB must ensure that the process of obtaining informed consent aligns with Council's statement on *Information, choice of treatment and informed consent* and is understood by all staff involved in patient care and enacted across all services. (Standard 3.1.10)

3.2 ePort

- 3.2.1 There is a system to ensure that each intern maintains their ePort as an adequate record of their learning and training experiences from their clinical attachments and other learning activities.
- 3.2.2 There is a system to ensure that each intern maintains a PDP in ePort that identifies their goals and learning objectives which are informed by the NZCF, mid and end of clinical attachment assessments, personal interests and vocational aspirations.
- 3.2.3 There are mechanisms to ensure that the clinical supervisor and the prevocational educational supervisor regularly review the goals in the intern's PDP with the intern.
- 3.2.4 The training provider facilitates training for PGY1s on goal setting in the PDP within the first month of the intern training programme.

3.2 ePort

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

Most interns at Waitemata DHB commenced using ePort during their final year of medical school. In addition, ePort training is part of the formal orientation programme of PGY1's. During orientation, interns are given a presentation by the DCT which outlines the requirements for completing their ePort and regular check-ins and reminders to keep ePort up to date occur at weekly teaching sessions.

Monitoring of the interns' PDPs and their progress towards attaining the learning outcomes in the NZCF is managed by the prevocational educational supervisors and CETU.

Required actions:

Nil.

3.3 Formal education programme

- 3.3.1 The intern training programme includes a formal education programme that supports interns to achieve 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 in PGY1 can attend at least two thirds of formal educational sessions.
- 3.3.3 The training provider ensures that all PGY2s attend structured education sessions.
- 3.3.4 The formal education programme provides content on Māori health and culture, and achieving Māori health equity, including the relationship between culture and health.
- 3.3.5 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.
- 3.3.6 The training provider provides opportunities for additional work-based teaching and training.

3.3 Formal education programme

	Met	Substantially met	Not met
Rating	X		

Commentary:**Comments:**

The formal education programme is based on the NZCF and co-designed with interns. The programme includes self-care and the importance of having a GP and sessions on Māori health, cultural competence and health equity.

The teaching programme for first year interns consists of a 1 to 1.5 hour teaching session on Thursdays. The content is appreciated by the interns and interns who are at Waitakere Hospital are able to attend via videoconference. The DHB acknowledges difficulties for some PGY1s to attend the formal teaching programme as interns are frequently rostered off on Thursdays. As a result, the DHB is considering moving the day of the teaching to better fit the interns' needs. Interns report the Smart-Page system facilitates their uninterrupted attendance at formal teaching sessions.

The PGY2 formal teaching programme consists of two full day workshops with lectures, practical skills training and simulation. These are run three times in each quarter in order to minimise service disruption and interns to attend. There are no clinical interruptions at these days as the PGY2s are formally rostered off clinical duties. The PGY2s are very positive about the fact that this programme is targeted to their needs and protected.

Attendance of the first and second year teaching programmes is adequately monitored.

The organisation provides a wide range of other learning opportunities. This includes departmental teaching, grand rounds, online learning modules and Chief Executive Officer's lecture series, involving invited guest speakers.

Commendation:

- The DHB provides an innovative and comprehensive PGY2 teaching programme. The DHB arranges time off clinical duties on behalf of the PGY2 interns. The programme is an efficient workshop based full day block of teaching.

Required actions:

Nil.

3.4 Orientation

3.4.1 An orientation programme is provided for interns commencing employment at the beginning of the intern year and for interns commencing employment partway through the year, to ensure familiarity with the training provider policies and processes relevant to their practice and the intern training programme.

3.4.2 Orientation is provided at the start of each clinical attachment, ensuring familiarity with key staff, systems, policies and processes relevant to that clinical attachment.

3.4 Orientation

	Met	Substantially met	Not met
Rating		X	

Commentary:**Comments:**

Orientation guides to the DHB are available through the RMO portal for PGY1, PGY2 and international medical graduates. CETU provides a comprehensive five day orientation programme for first year interns commencing employment at the beginning of the intern year, which was found to be very useful based on the formal intern feedback. However, interns commencing at other times receive a two day version of the orientation which interns was insufficient.

The orientation to each clinical attachment varies, with some attachments providing a formal and appropriate orientation, but others providing minimal or no orientation. In attachments without formal orientation, interns report that they often approach an intern currently in the attachment in order to seek an informal handover of how the attachment functions.

In addition to the orientation programmes, considerable attention is paid to transition from the trainee intern year to PGY1. The DHB has developed a Trainee Intern Transition programme which includes activities such as training on ward calls, safe prescribing and a peer mentor programme, which the interns found very helpful.

Commendation:

- The DHB has implemented a Trainee Intern Transition programme, which supports interns in their transition to PGY1.

Required actions:

- Waitemata DHB must ensure that interns commencing employment partway through the intern year receive appropriate orientation to the DHB. (Standard 3.4.1)
- Waitemata DHB must ensure that formal orientation occurs at the start of each clinical attachment. (Standard 3.4.2)

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: Although there have not been many requests for flexible training to date, the DHB has clear policies and mechanisms in place to consider and support such requests.			
Required actions: Nil.			

4 Assessment and supervision

4.1 Process and systems			
4.1.1	There are systems in place to ensure that all interns and those involved in prevocational training understand the requirements of the intern training programme.		
4.1 Process and systems			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
Comments: Interns at Waitemata DHB report a good understanding of the requirements of the intern training programme, with robust systems in place to support this.			
The intern orientation programme includes a talk from the DCT on the programme requirements and how ePort functions. There is also a permanent link to ePort on the RMO portal. The prevocational educational supervisors are expected to discuss the intern's progress and requirements during their regular meetings.			
Clinical supervisors and prevocational educational supervisors are informed of the intern training requirements through regular meetings, workshops and online resources. There are also very open lines of communication between the CETU, DCT, interns and senior staff.			
Commendation:			
<ul style="list-style-type: none"> The DCT and CETU's reinforce and support interns to be well aware of the requirements of their intern training programme. 			
Required actions: Nil.			
4.2 Supervision – Prevocational educational supervisors			
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	Prevocational educational supervisors attend an annual prevocational educational supervisor meeting conducted by Council.		
4.2.3	There is oversight of the prevocational educational supervisors by the CMO (or delegate) to ensure that they are effectively fulfilling the obligations of their role.		
4.2.4	Administrative support is available to prevocational educational supervisors so they can carry out their roles effectively.		

4.2 Supervision – Prevocational educational supervisors			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments:</p> <p>Although there is currently an appropriate ratio of prevocational educational supervisors to interns, further resourcing is being considered to provide for additional prevocational educational supervisors to keep up with growing intern numbers. The prevocational supervisors meet quarterly with each intern to review and support their progress. Where interns may have moved to another DHB within the Auckland region, but retain their prevocational supervisor at Waitemata DHB, these meetings continue to occur either in person or via videoconference or telephone. The interns and prevocational supervisors report that this works well, although feel that videoconference or meeting in person are preferable to telephone conversations only.</p> <p>There are formal processes in place for recruitment of new prevocational educational supervisors and all are supported to attend the annual meetings conducted by Council.</p> <p>The DCT has oversight of the prevocational educational supervisors and meets formally with them regularly. In between these formal meetings there is regular communication between the DCT and prevocational educational supervisors to ensure that everyone is kept up to date with educational developments in the DHB. Where policy changes are being considered, the opinions of the prevocational educational supervisors are sought.</p> <p>CETU provides administrative support which was clearly appreciated by the prevocational educational supervisors, MEF and DCT.</p> <p>Commendation:</p> <ul style="list-style-type: none"> • Extensive support is provided to the prevocational educational supervisors, the MEF, and the DCT through the CETU which enables them to fulfil their roles effectively. <p>Recommendation:</p> <ul style="list-style-type: none"> • Meetings between prevocational supervisors and interns who are employed at a different Auckland-region DHB should be in person or via videoconference. <p>Required actions:</p> <p>Nil.</p>			
4.3 Supervision – Clinical supervisors			
4.3.1	Mechanisms are in place to ensure clinical supervisors have the appropriate competencies, skills, knowledge, authority, time and resources to meet the requirements of their role.		
4.3.2	Interns are clinically supervised at a level appropriate to their experience and responsibilities at all times.		
4.3.3	Clinical supervisors undertake relevant training in supervision and assessment as soon as practicable after commencing their supervisory role. This must be within 12 months of appointment as a clinical supervisor.		
4.3.4	The training provider maintains a small group of clinical supervisors for relief clinical attachments.		
4.3.5	All staff involved in intern training have access to professional development activities to support their teaching and educational practice and the quality of the intern training programme.		
4.3 Supervision – Clinical supervisors			
	Met	Substantially met	Not met
Rating		X	

Commentary:

Comments:

Clinical supervisors are engaged in their roles and well supported by the DCT and CETU. All clinical supervisors are vocationally registered and as part of their college commitments attend supervisor workshops where supervision skills are covered. The MEFs also have a role in the delivery of the high quality intern training programme.

Interns spoke highly of the positive culture around after-hours support, especially from the Patient at Risk nurses when on ward call. However, interns however report a discontinuity of clinical supervision, education, and teaching when in general medical and general surgical 'floater' attachments. As a result, interns are not clinically supervised at a level appropriate to their experience at all times. The interns also expressed concern at a lack of continuity of supervision as a consequence of the home warding system in general medicine which is having an impact on intern education and training.

Waitemata DHB has allocated clinical supervisors for relief attachments however some interns report that it was not always clear who their primary clinical supervisor is.

Required actions:

4. Waitemata DHB must ensure that interns are clinically supervised at a level appropriate to their clinical experience and responsibilities at all times. (Standard 4.3.2)

4.4 Feedback and assessment

4.4.1 Systems are in place to ensure that regular, formal feedback is provided to interns and documented in ePort on their performance within each clinical attachment, including end of clinical attachment assessments. This should also cover the intern's progress in completing the goals in their PDP and in attaining the learning outcomes in the NZCF.

4.4.2 There are processes to identify interns who are not performing at the required standard of competence. These ensure that the clinical supervisor discusses concerns with the intern, the prevocational educational supervisor, and that the CMO (or delegate) is advised when appropriate. A remediation plan must be developed, documented and implemented with a focus on supporting the intern and patient safety.

4.4.3 There are processes in place to ensure prevocational educational supervisors inform Council in a timely manner of interns not performing at the required standard of competence.

4.4 Feedback and assessment

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

Interns and their supervisors meet regularly and use ePort appropriately to document and guide the interns' training progress.

Waitemata DHB has a published formal policy for Doctors in Difficulty (DiD). This includes a regional DiD Committee comprised of the DCT from each Auckland metropolitan DHB, a Human Resources Manager Representative from Auckland DHB and an NRA representative. Its purpose is to ensure DiD and their supervisors are consistently supported through their clinical attachments across the regional DHBs. The DiD policy outlines the process to inform Council if interns are not performing at the required standard of competence.

There are strong collegial relationships that would support early identification where intern performance could pose a risk to patient safety.

Required actions:

Nil.

4.5 Advisory panel to recommend registration in the General scope of practice

- 4.5.1 The training provider has established advisory panels to consider progress of each intern at the end of the PGY1 year that comprise:
- a CMO or delegate (who will chair the panel)
 - the intern's prevocational educational supervisor
 - a second prevocational educational supervisor
 - a layperson.
- 4.5.2 The panel follows Council's *Advisory Panel Guide & ePort guide for Advisory Panel members*.
- 4.5.3 There is a process in place to monitor that each eligible PGY1 is considered by an advisory panel.
- 4.5.4 There is a process in place to monitor that all interns who are eligible to apply for registration in the General scope of practice have applied in ePort.
- 4.5.5 The advisory panel bases its recommendation for registration in the General scope of practice on whether the intern has:
- satisfactorily completed four accredited clinical attachments
 - substantively attained the learning outcomes outlined in the NZCF (see standard 3.1.1)
 - 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 Advanced less than 12 months old.

4.5 Advisory panel to recommend registration in the General scope of practice

	Met	Substantially met	Not met
Rating	X		

Commentary:**Comments:**

The Waitemata DHB Advisory Panel is chaired by the CMO or delegate. The panel members meet appropriately midway through the fourth quarter or as required for late-start or out of cycle interns. The panel follows Council's *Advisory Panel Guide* and ensure each intern has met the required criteria.

There is a process in place to ensure interns who are eligible to apply for registration in the General scope of practice have applied in ePort. This is effectively monitored by the DCT and CETU.

Required actions:

Nil.

4.6 End of PGY2 – removal of endorsement on practising certificate

- 4.6.1 There is a monitoring mechanism in place to ensure that all eligible PGY2s have applied to have the endorsement removed from their practising certificates.
- 4.6.2 There is a monitoring mechanism in place to ensure that prevocational educational supervisors have reviewed the progress of interns who have applied to have their endorsement removed.

4.6 End of PGY2 – removal of endorsement on practising certificate

	Met	Substantially met	Not met
Rating	X		

Commentary:**Comments:**

The NRA monitors and notifies PGY2 doctors to ensure they apply to have the endorsement removed from their practising certificate. The prevocational educational supervisors are also notified to ensure

they review the progress of interns who have applied for endorsement removal. Incomplete applications are escalated to the DCT as required.

Required actions:

Nil.

5 Monitoring and evaluation of the intern training programme

5 Monitoring and evaluation of the intern training programme			
5.1	Processes and systems are in place to monitor the intern training programme with input from interns and supervisors.		
5.2	There are mechanisms in place that enable interns to provide anonymous feedback about their educational experience on each clinical attachment.		
5.3	There are mechanisms that allow feedback from interns and supervisors to be incorporated into quality improvement strategies for the intern training programme.		
5.4	There are mechanisms in place that enable interns to provide anonymous feedback on their prevocational educational supervisors, RMO unit staff and others involved in intern training.		
5.5	The training provider routinely evaluates supervisor effectiveness taking into account feedback from interns.		
5.6	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:</p> <p>There are well-documented processes to ensure interns can provide both informal and anonymous feedback on all aspects of the training programme. The intern representatives report back monthly to the DCT and meet quarterly with the DCT through the prevocational training committee and informally as required.</p> <p>NRA facilitates an anonymous electronic clinical attachment feedback prior to the completion of each attachment for all interns, across all three Auckland DHBs. The feedback is collated into a regional summary with the ability to assess each clinical attachment. The summary also includes feedback on orientation, training and induction.</p> <p>Required actions:</p> <p>Nil.</p>			

6 Implementing the education and training framework

6.1 Establishing and allocating accredited clinical attachments	
6.1.1	Processes and mechanisms are in place to ensure the currency of accredited clinical attachments.
6.1.2	The training provider has processes for establishing new clinical attachments.
6.1.3	The process of allocation of interns to clinical attachments is transparent and fair.

6.1 Establishing and allocating accredited clinical attachments			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments:</p> <p>There are formal processes in place to ensure the currency of accredited clinical attachments. Any significant changes to attachments are overseen by the DCT and the prevocational educational supervisors, and an annual review of all attachments occurs before the beginning of each training year.</p> <p>For any new clinical attachments, the DCT and the Manager of the CETU visit the service and review how the requirements for prevocational training may be met before submitting an application for these attachments to be accredited.</p> <p>The interns are well informed about the process for applying for attachment allocation for PGY2 with allocations of interns to clinical attachments being completed in line with the NRA's <i>Selection and Allocation</i> policy, which is reviewed annually by the PVTC. However, the enactment of attachment allocations is less transparent to interns and subject to short-notice changes. The NRA manages any agreed swaps after allocation however this process is also not always clear to interns.</p> <p>Recommendation:</p> <ul style="list-style-type: none"> The DHB, together with the NRA, should work to ensure transparency and stability around attachment allocations. <p>Required actions:</p> <p>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.		
6.2.2	The training provider ensures a safe working and training environment, which is free from bullying, discrimination and sexual harassment.		
6.2.3	The training provider ensures a culturally-safe environment.		
6.2.4	Interns have access to personal counselling, and career advice. These services are publicised to interns and their supervisors.		
6.2.5	The procedure for accessing appropriate professional development leave is published, fair and practical.		
6.2.6	The training provider actively encourages interns to maintain their own health and welfare and to register with a general practitioner.		
6.2.7	Applications for annual leave are dealt with fairly and transparently.		
6.2.8	The training provider recognises that Māori interns may have additional cultural obligations, and has flexible processes to enable those obligations to be met.		
6.2 Welfare and support			
	Met	Substantially met	Not met
Rating		X	
Commentary:			
<p>Comments:</p> <p>The DHB acknowledges the challenges of rostering interns to ensure high quality training and safe patient care. Despite these challenges the interns value the clinical experience and training they are receiving.</p>			

The DHB works to provide a safe environment for its staff. The interns are well supported by their DCT and the MEF and feel comfortable raising issues to them. The interns are confident that any issues will be dealt with in confidence and with respect.

A wider network of support services are available to interns, and the CETU and prevocational educational supervisors take a diligent and proactive approach to intern welfare and career management.

The DHB's '*CETU Plan For Improving Cultural Competence and Supporting Māori House Officers*' is a clear and comprehensive document for providing including interns, with the resources and support that they may require to fulfil any cultural obligations.

The process for applying for annual leave is not seen as fair or transparent by the interns and this is acknowledged by the NRA, who manage the process. Difficulty in accessing leave is exacerbated by intern vacancies and is especially problematic for those commencing employment part way through the training year as there is often no leave available. There is no published policy in place for the allocation for leave, which adds to the frustrations reported by the interns.

Commendation:

- Interns value the positive culture at the DHB and are confident that issues raised are dealt with promptly and confidentially.

Required actions:

5. Waitemata DHB must ensure that applications for annual leave are dealt with fairly and transparently. (Standard 6.2.7)

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 interns at Waitemata DHB are a well-informed and empowered group. Communication with the intern group is actively managed by the CETU and the intern representatives.

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 and 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:

The DCT, the MEF and the CETU support interns with any issues which arise with training or supervision. The interns feel confident that any issues raised are dealt with appropriately and confidentially.

This informal process is supported further by formal clear processes and pathways for disputes resolution.

Required actions:

Nil.

7 Facilities

7 Facilities			
7.1	Interns have access to appropriate educational resources, facilities and infrastructure to support their training.		
7. Facilities			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments:</p> <p>Waitemata DHB has excellent educational facilities available for interns. This includes the Whenua Pupuke, which is a purpose-built education centre opened in 2017 at North Shore Hospital. The centre has dedicated clinical training spaces, including a modern 248-seat lecture auditorium. PGY1 and PGY2 training sessions are held at Whenua Pupuke, with a video conference link to the Waitakere Simulation Centre for PGY1s in attachments at Waitakere Hospital. There are well-resourced simulation skills facilities at both hospitals.</p> <p>The DHB has a library at North Shore Hospital in addition to the Cochrane Library available on the staff intranet. The library also operates with an inter-library loans system with University of Auckland and Auckland University of Technology libraries.</p> <p>There are RMO lounges at both North Shore and Waitakere Hospitals. There are ample computer stations available for interns on the wards, library and RMO lounges.</p> <p>RMOs have their own portal on the staff intranet, which has links to employment and education resources. The DHB's Clinical eDecision Support programme (CeDSS) is available to all interns through the staff intranet and has a dedicated section with intern-specific guidance for common hospital tasks.</p> <p>The DHB has a free staff gym, a swimming pool (at Waitakere Hospital), a cafeteria and spiritual centre available for all interns to use.</p> <p>Commendation:</p> <ul style="list-style-type: none"> The DHB provides a wealth of online learning and clinical support resources for interns. In particular, the Whenua Pupuke which is a purpose-built facility dedicated to education and training, and the skills lab situated on campuses to support the intern training programme. <p>Recommendation:</p> <ul style="list-style-type: none"> The DHB should review the adequacy of facilities for the increasing number of interns working at nights. In particular, arrangements around the provision of beds and meals. <p>Required actions:</p> <p>Nil.</p>			