



Prevocational medical training accreditation report: Southern District Health Board

Date of site visit: 17 and 18 September 2015

Date of report: 13 October 2015

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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.

The purpose of accreditation of training providers for prevocational medical training is to ensure that standards have been met for the provision of education and training for interns. 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 is undertaken by 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. Accreditation will be granted to those who have:

- structures and systems in place to enable interns to meet the learning outcomes of the *New Zealand Curriculum Framework for Prevocational Medical Training* (NZCF)
- an integrated system of education, support and supervision for interns
- individual clinical attachments to provide a high quality learning experience.

Process

The process of assessment for the accreditation of Southern District Health Board (DHB) as a training provider for prevocational medical training involved:

1. A self-assessment undertaken by Southern DHB, with documentation provided to the Council.
2. Interns being invited to complete a questionnaire about their educational experience at Southern DHB.
3. A site visit by an accreditation team to Southland Hospital on 17 September 2015 and Dunedin Hospital on 18 September 2015 that included meetings with key staff and interns at both sites.
4. Presentation of key preliminary findings to available senior management at Southern DHB.

The Accreditation Team is responsible for the assessment of the Southern District Health Board intern training programme against the Council's *Accreditation standards for training providers*. Feedback was sought from Southern DHB about any factual inaccuracies prior to this report being finalised. The report was reviewed and approved by Council on 13 October 2015.

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



Name of training provider:	Southern District Health Board	
Name of site(s):	Dunedin Hospital Southland Hospital	
Date of training provider accreditation visit:	17 and 18 September 2015	
Accreditation visit team members:	Professor John Nacey (Accreditation Team Chair) Dr Allen Fraser Ms Susan Hughes Dr Peter Shapkov Ms Joan Crawford Ms Krystiarna Jarnet Ms Charlotte Provan	
Key staff the accreditation visit team met:		
Deputy Chief Executive:	Ms Lexie O'Shea, Executive Director of Patient Services	
Chief Medical Officer:	Mr Richard Bunton	
Prevocational Educational Supervisors:	Mr Gordon Brown Dr Belinda Green	
Resident Medical Officer (RMO) unit staff:		
	Dunedin: Adam Falconer Deb McDonald Sherie Howie	Invercargill: Nikki Little Kris Buckingham
Others:	Janine Cochrane, General Manager, Medicine Lynley Irvine, General Manager, Surgery Louise Travers, General Manager, Mental Health Robert West, General Manager, Community Dr Brad Strong, Medical Director, Mental Health Dr Stephen Chalcraft, Medical Director, Community Megan Boivin, Operations Manager	
Key data about the training provider:		
Number of interns at training provider:		
• Postgraduate year 1 interns:	28	
• Postgraduate year 2 interns:	22	

Section A – Executive Summary

The implementation of the prevocational medical training programme has been challenging for the Southern District Health Board (DHB). While the DHB regard this as an opportunity to revisit intern training with a view to ensuring a quality training experience for its interns, the apparent lack of engagement by senior management and some senior medical staff in this process has severely limited its implementation.

The Council's *Accreditation standards for training providers* exist not only to ensure a quality teaching and learning environment for interns, but are there to also ensure patient safety. Handover and informed consent are key components of patient safety and systems and guidance for interns within the Southern DHB need to be greatly improved to ensure the standards addressing these are met.

There are a significant number of required actions that the Southern DHB need to take to address areas requiring improvement. Some of these are necessarily within a short timeframe and this is indicated where appropriate.

Irrespective of these concerns, Council acknowledges the commitment of the staff of the Resident Medical Officer (RMO) unit in providing a great deal of support to Southern DHB interns. This is particularly with respect to the day to day management and including rostering, management of leave, facilitation of clinical attachment allocations and the formal education programme.

The 19 required actions are:

1. Southern DHB must develop and implement a strategic plan addressing prevocational medical training by 29 April 2016. The plan must include intern representation and engagement within the governance structure of the DHB.
2. The DHB paper referencing prevocational medical training at Southern DHB that is currently with the senior leadership team and authored by the RMO Unit Manager (or an iteration thereof) must be implemented within the above timeframe (by 29 April 2016).
3. The *Accreditation standard 2.1.2* directs that the Chief Medical Officer or his or her delegate has executive accountability for meeting prevocational education and training standards. In our interview with the acting Chief Medical Officer he advised that he was not undertaking this role nor had he delegated this role. By 13 November 2015 the party responsible for meeting the requirements of *Accreditation standard 2.1.2* must be identified and advised to Council.
4. The prevocational educational supervisors must meet with each intern (individually) at the end of every quarter to review the end of clinical attachment assessment, progress with attainment of learning outcomes and goals in the intern's professional development plan.
5. The ePort must be current and ready for the Advisory Panel by the middle of the fourth quarter, 27 October 2015.
6. Southland Hospital requires an extension of general medicine's handover system to other disciplines. Recognising that each discipline may have their own specific requirements, the process must be made explicit during the orientation process, and include written documentation.
7. Dunedin Hospital must develop formal systems for handover involving interns in all specialties.
8. At both Dunedin and Southland Hospitals the involvement of interns in the process of obtaining informed consent must be supervised and reflect the Council's expectations, and the determinations of the Health and Disability Commissioner.
9. Southern DHB must ensure formal departmental orientation occurs at the beginning of each clinical attachment at both Dunedin and Southland Hospitals.

10. Structured orientation must be developed for those who start part-way through the year at both Dunedin and Southland Hospitals.
11. Intern input is sought and informs ongoing improvement to the hospital wide orientation at both Dunedin and Southland Hospitals.
12. New prevocational educational supervisors must be appointed in order to meet Council requirements of one prevocational educational supervisor for up to every 10 interns for postgraduate year 1 and 2. This must be attended to no later than 23 November 2015 when prevocational educational supervisors are required to provide oversight to both postgraduate year 1 and 2 interns. A prevocational educational supervisor would be considered appointed once the nomination has been received and approved at Council.
13. A named clinical supervisor must be allocated to each intern with provision made for cover in case of extended leave. Interns must be informed of any changes to their named clinical supervisor.
14. Southern DHB must comply with Council's requirements that clinical supervisors meet with their interns at the beginning, mid and end of each clinical attachment within required timeframes.
15. Clinical supervisors must be reminded of the mandatory nature of providing beginning, middle and end of attachment meetings and feedback to all interns.
16. Membership of the Advisory Panel needs to be confirmed before 27 October 2015. The Advisory Panel must start meeting to review interns' progress by the mid-point of the current attachment.
17. A formal feedback system that allows interns to provide feedback on clinical attachments must be developed and implemented.
18. The intern feedback must be discussed with staff who have undertaken the role of clinical supervisor. This should include feedback about their performance in their supervisory role.
19. Development of the electronic resource pack for interns must be completed.

Overall outcome of the assessment

The overall rating for the accreditation of Southern DHB as a training provider for prevocational medical training is:	NOT MET
<p>Southern DHB holds interim accreditation as a training provider of prevocational medical training until 11 May 2016 subject to:</p> <ol style="list-style-type: none"><p>Council receiving iterative reports from Southern DHB that satisfy Council that the required actions specified below have been addressed by the following specified dates:</p><p>By 27 October 2015:</p><ul style="list-style-type: none">Required action: 5 <i>The ePort must be current and ready for the Advisory Panel by the middle of the fourth quarter, 27 October 2015.</i>Required action: 16 <i>Membership of the advisory panel needs to be confirmed before 27 October 2015. The advisory panel must start meeting to review the intern's progress by the mid-point of the current attachment.</i> Required action 5 and 16 have been completed.<p>By 13 November 2015:</p><ul style="list-style-type: none">Required action: 3 <i>The Accreditation standard 2.1.2 directs that the Chief Medical Officer or his or her delegate has executive accountability for meeting prevocational education and training standards. In our interview with the acting Chief Medical Officer he advised that he was not undertaking this role nor had he delegated this role. By 13 November 2015 the party responsible for meeting the requirements of Accreditation standard 2.1.2 must be identified and advised to Council.</i> Required action 3 has been completed.<p>By 23 November 2015:</p><ul style="list-style-type: none">Required action: 12 <i>New prevocational educational supervisors must be appointed in order to meet Council requirements of one prevocational educational supervisor for up to every 10 interns for postgraduate year 1 and 2. This must be attended to no later than 23 November 2015 when prevocational educational supervisors are required to provide oversight to both postgraduate year 1 and 2 interns. A prevocational educational supervisor would be considered appointed once the nomination has been received and approved at Council.</i> Required action 12 has been completed.<p>By 29 April 2016:</p><ul style="list-style-type: none">Required action: 1 <i>Southern DHB must develop and implement a strategic plan addressing prevocational medical training by 29 April 2016. The plan must include intern representation and engagement within the governance structure of the DHB.</i>Required action: 2 <i>The DHB paper referencing prevocational medical training at Southern DHB that is currently with the senior leadership team and authored by the RMO Unit Manager (or an iteration thereof) must be implemented by 29 April 2016.</i> <p>AND</p>	

2. That a further assessment for the purposes of accreditation of Southern DHB for prevocational medical training is undertaken, including a further accreditation team site visit before 29 April 2016.

AND

3. The remaining 13 required actions contained within this report need to be addressed prior to the next accreditation assessment (to be scheduled before 29 April 2016).

Section B – Accreditation standards

1 Strategic Priorities

1 Strategic Priorities			
1.1	High standards of medical practice, education, and training are key strategic priorities for training providers.		
1.2	The training provider is committed to ensuring high quality training for interns.		
1.3	The training provider has a strategic plan for ongoing development and support of a sustainable medical training and education programme.		
1.4	The training provider has clinical governance and quality assurance processes that ensure clear lines of responsibility and accountability for intern training in the overall context of quality medical practice.		
1.5	The training provider ensures intern representation in the governance of the intern training programme.		
1.6	The training provider will engage in the regular accreditation cycle of the Council which will occur at least every three years.		
1. Strategic Priorities			
	Met	Substantially met	Not met
Rating			X
Commentary:			
<p>Comments: Southern DHB’s vision is ‘Better Health, Better Lives, Whanau Ora’ with the underpinning mission that involves working in partnership to achieve health and wellbeing, and the seeking of excellence through learning, enquiry, service and caring. The DHB has acknowledged that the implementation of the prevocational medical training programme has provided some challenges and this is viewed by the DHB as an opportunity to revisit intern training with a view to ensuring Southern DHB provides a quality training experience for the interns. Nevertheless, one of the requirements of the accreditation process is <u>evidence</u> that prevocational medical training is a key strategic priority for the Southern DHB. Regrettably the Accreditation Team have not received evidence that provides the necessary degree of confidence in this regard. Throughout the paperwork provided and repeatedly through interviews we have heard of intended strategic planning and direction and been assured that these tasks are to be undertaken within the next 6 months but as yet this has not occurred.</p> <p>Of particular concern is that we have no evidence that this is seen as a priority at a senior leadership or governance level. Council requires evidence regarding the strategic commitment of Southern DHB to the training and prevocational education of interns.</p> <p>It is reassuring to note that there are signals to indicate an intention to have one prevocational training programme across Dunedin and Southland Hospitals. In addition, there are documents which demonstrate that the Southern DHB is committed to improvement. Specifically, these are <i>Better Health, Better Lives,</i></p>			

Whanau Ora; Southern Way; Fourfold Aim and the draft Southern Strategic Health Services plan. We also note the 'incubator' which provides scholarships as part of Southern DHBs 'grow your own' strategy which is in partnership with the community.

Required actions:

1. Southern DHB must develop and implement a strategic plan addressing prevocational medical training by 29 April 2016. The plan must include intern representation and engagement within the governance structure of the DHB.
2. The DHB paper referencing prevocational medical training at Southern DHB that is currently with the senior leadership team and authored by the RMO Unit Manager (or an iteration thereof) must be implemented within the above timeframe (29 April 2016).

2 Organisational and operational structures

2.1 The context of intern training			
2.1.1	The training provider can demonstrate that it has the responsibility, authority, and appropriate resources and mechanisms to plan, develop, implement and review the intern training programme.		
2.1.2	The Chief Medical Officer (CMO) or their delegate (for example a Clinical Director of Training) has executive accountability for meeting prevocational education and training standards and for the quality of training and education.		
2.1.3	There are effective organisational and operational structures to manage interns.		
2.1.4	There are clear procedures to address immediately any concerns about intern performance that may impact on patient safety.		
2.1.5	Clear procedures are documented to notify Council of changes in a health service or the intern training programme that may have a significant effect on intern training.		
2.1 The context of intern training			
	Met	Substantially met	Not met
Rating			X
Commentary:			
<p>Comments: The Accreditation Team have been advised of the intention to establish a prevocational medical training programme underpinned by a governance group that will have overall responsibility for the planning, development, implementation and review of the training programme. It is expected that the operational aspects of this work will be performed by the Prevocational Medical Training and Management Committee.</p> <p>At present the RMO unit provides support with regard to the day to day management of interns. This involves rostering, management of leave, facilitation of run allocations and the formal education programme.</p>			

In the Accreditation Team's initial interview with senior management, much was made of the restructuring of Southern DHB into 4 Directorates. These Directorates are controlled by four medical directors and they liaise across Dunedin and Southland Hospitals and between each Directorship. However, when the acting Chief Medical Officer met with the Accreditation Team he advised he did not accept executive accountability for intern training. Furthermore, on enquiry he advised that he did not have a delegate representing him in this role. This lack of accountability greatly troubled the Accreditation Team because without leadership of and commitment to intern training at the highest level of Southern DHB, the expected teaching experience is highly likely to be compromised.

Commendations:

- Across Southern DHB there is one RMO unit and staff from both Dunedin and Southland Hospitals have weekly contact through the link system.
- At Southland Hospital there are clear procedures to address concerns about performance. This is a result of the culture within the hospital and the commitment of staff at that site.
- At Dunedin and Southland Hospitals there is a collaborative approach to interns who are struggling. As an example a meeting was held between the prevocational educational supervisor, the RMO unit and the clinical supervisor to assist an intern who was struggling to ensure the correct support was in place.

Required actions:

3. The *Accreditation standard 2.1.2* directs that the Chief Medical Officer or his or her delegate has executive accountability for meeting prevocational education and training standards. In our interview with the acting Chief Medical Officer he advised that he was not undertaking this role nor had he delegated this role. By 13 November 2015 the party responsible for meeting the requirements of *Accreditation standard 2.1.2* must be identified and advised to Council.

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:

Southern DHB has a number of senior medical staff, and others, who have the skills, experience and capacity in which to deliver the intern training programme. Many clinical supervisors have a number of teaching and research responsibilities which they can share with the interns they are working with. In addition, there appears to be a preparedness within the Dunedin School of Medicine to share expertise, particularly in areas to do with leadership and teaching techniques and strategies.

Commendations:

- At Southland Hospital the clinical supervisors are providing excellent teaching both informally and formally. It is part of the organisational culture with the result that the interns enjoy their work. The interns intention to remain with the hospital enhances the organisation's retention of staff.
- Southland Hospital provides excellent training opportunities. The clinical supervisors are passionate about teaching and advise that this is part of their professional obligation.

- Dunedin Hospital conducts regular weekly teaching opportunities and invites interns to identify topics that they would benefit from.

Recommendations:

The Accreditation Team were advised by a number of staff that the Medical Education and Training Unit (METU) at Canterbury DHB was a unit they would like to see emulated at Southern DHB. Southern DHB may wish to consider the establishment of a comparable unit.

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:

Southern DHB has a close relationship with the University of Otago and have several joint ventures. This includes the Dunedin School of Medicine which has offices and several lecture theatres on the Dunedin Hospital site, Health Research South and the Dunedin Clinical Skills Laboratory.

At the time of the visit there was considerable concern that Dunedin Hospital interns were confused about permission to access the University of Otago Medical Library, including the library’s electronic resources. The Accreditation Team have been advised that the contract between Dunedin Hospital and the University of Otago ceased some years ago with the result that interns appear to no longer have ready access to the University of Otago Medical Library. Council has subsequently been informed by Southern DHB that intern access to the University of Otago Medical Library is not essential as there have been recent and extensive improvements to DHB library resources. This includes online access to databases with the DHB library holding appropriate periodicals and books.

Recommendations:

Southern DHB should ensure that interns are aware of the library facilities at Dunedin Hospital and explain how they can access the online databases and texts. Interns need to be made aware of the current DHB arrangements with the University of Otago regarding access to the University of Otago’s Medical Library resources.

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, continuing professional development activities with reference to the NZCF.
- 3.1.3 There are mechanisms to ensure that the clinical supervisor and the prevocational educational supervisor regularly review and contribute to the intern's PDP.

3.1 Professional development plan (PDP) and e-portfolio

	Met	Substantially met	Not met
Rating		X	

Commentary:

Comments:

Southern DHB experienced some initial problems with software which delayed full implementation of the ePort system. Although that has been resolved, it appears to have resulted in variable use of the system by interns and supervisors. In particular, despite some monitoring of interns progress in ePort, the data available demonstrates that inadequate progress is being made by a number of interns with respect to recording learning outcomes and for meeting with their clinical supervisors at the beginning of each clinical attachment to set objectives. It is accepted that the interns have a responsibility to record their own learning. However, Council expects the DHB to monitor, support and drive compliance. This requires that the DHB (through the prevocational educational supervisors) establishes mechanisms and systems that are known and implemented.

In some instances the end of clinical attachment meetings with the prevocational educational supervisor were conducted as a group, not individually (Southland Hospital).

Required actions:

- The prevocational educational supervisors must meet with each intern (individually) at the end of every quarter to review the end of clinical attachment assessment, progress with attainment of learning outcomes and goals in the intern's professional development plan.
- The ePort must be current and ready for the Advisory Panel by the middle of the fourth quarter, 27 October 2015.

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:

There is a workload disparity between Dunedin and Southland Hospitals. The Accreditation Team have been informed that at Dunedin Hospital the interns have such a high patient load that administrative duties markedly decrease the time available to for them to gain “hands-on” clinical experience except in the evenings, at nights or on the weekends. This is not reported as an issue at Southland Hospital.

The handover process is also an area of significant difference between Dunedin and Southland Hospitals. At Southland Hospital general medicine teams, including the interns, meet for handover every morning from Monday through Friday. At other times handover is less formalised. Other specialties, including surgery, report only informal handover processes.

At Dunedin Hospital the registrars and interns meet for a formal handover between the evening and night shifts. All other handovers depend on the interns contacting each other if and when they discern a need to do so. It also appears that some important clinical information may be contained in an electronic task list, although that has a risk of being lost among less important tasks.

Issues of a substandard handover process were raised at the previous accreditation visit to Dunedin Hospital, and the Accreditation Team has no evidence to assure itself that progress has been made on handover since this time.

Intern involvement in obtaining informed consent appears to be working well at Southland Hospital, except for interventional radiology, where on occasions interns are being required to obtain consent for procedures with which they are not familiar. At Council’s last two visits concern was expressed about the involvement of interns in obtaining informed consent. It is disappointing that from the information made available no progress has been made on this, and the use of interns to obtain informed consent continues in an apparently ad hoc manner.

Southern DHB is currently considering options for the development of community clinical attachments. The DHB advise that the current financial situation has precluded progress in achieving this, although there is a

reported willingness amongst the senior leadership team to ensure this occurs.

Commendations:

- At Southland Hospital interns are getting a quality learning experience on their clinical attachments which allows a breadth of experience to support the attainment of the learning outcomes.
- At Southland Hospital there is an appropriate mix of clinical bedside and formal teaching by clinical supervisors.

Recommendations:

With respect to community based attachments it is recommended that Southern DHB explore opportunities to link with regional and national groups who are focused on developing placements in the community. This should include the Royal New Zealand College of General Practitioners and Health Workforce New Zealand group who are coordinating placements in general practice throughout the continuum of training.

Required actions:

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

3.3 Formal education programme

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

3.3 Formal education programme

	Met	Substantially met	Not met
Rating		X	

Commentary:

Comments:

At Southland Hospital there is excellent senior medical officer engagement in the formal teaching programme, which occurs regularly and is well attended by interns.

At Dunedin Hospital, teaching sessions for interns appear less structured and the interns advise that they may be cancelled without replacement. The interns expressed dissatisfaction that the administrative

demands of the clinical attachment merely built up if they attended the teaching sessions and in this respect held the view that the teaching time was not truly protected.

The Accreditation Team notes that the intention is to run the teaching sessions across the two sites concurrently so that these can be shared via videoconference. Interns will, therefore, have the ability to access a wide range of speakers and topics that are not limited because of location.

During the formal teaching programme sessions tracers are held by RMO unit staff. Ward staff are aware of the timing of the sessions and are reminded of these should the need arise.

Some departments, such as the emergency department, will run their own teaching sessions. Depending on the service, these sessions are either in replace of or in addition to the formal teaching programme.

Commendations:

At Southland Hospital there is excellent senior medical officer engagement in the formal teaching programme and this is appreciated by the interns and the RMO unit.

Recommendations:

Dunedin Hospital should ensure that work which arises during the time of the teaching sessions is (where appropriate) done by another member of the team, rather than be added to the intern’s subsequent work load.

3.4 Orientation

3.4.1 An orientation programme is provided for interns commencing employment, to ensure familiarity with the training provider and service policies and processes relevant to their practice and the intern training programme.

3.4 Orientation

	Met	Substantially met	Not met
Rating		X	

Commentary:

Comments:

A Southern DHB orientation is provided to all new employees. The RMO unit is working towards a shared comprehensive programme of orientation so new RMOs to the DHB are provided with the same information and material. Orientation for postgraduate year 1 interns is usually held over a period of 3 – 4 days. There are a number of speakers who attend the sessions with opportunities for the interns to spend some time observing in the teams they have been allocated to.

Dunedin Hospital has an effective buddying system both for those interns starting in November, and (more significantly) for those starting later in the intern year.

Formal departmental orientation (at the beginning of each clinical attachment) is not consistently provided.

Required actions:

9. Southern DHB must ensure formal departmental orientation occurs at the beginning of each clinical attachment at both Dunedin and Southland Hospitals.
10. Structured orientation must be developed for those who start part-way through the year at both Dunedin and Southland Hospitals.

11. Intern input is sought and informs ongoing improvement to the hospital wide orientation at both Dunedin and Southland Hospitals.			
3.5 Flexible training			
3.5.1 Procedures are in place and followed, to guide and support supervisors and interns in the implementation and review of flexible training arrangements.			
3.5 Flexible training			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: Southern DHB has been a leader in the area of flexible training for RMOs. It is not uncommon for RMOs to work in job share arrangements and currently, there are several obstetrics and gynaecology registrars working part time. Southern DHB has previously approved requests for job share arrangements to support young families, health conditions and RMOs undertaking college examinations. This year RMOs have been approved to work in job share arrangements.</p>			

4 Assessment and supervision

4.1 Process and systems			
4.1.1 There are processes to ensure assessment of all aspects of an intern's training and their progress towards satisfying the requirements for registration in a general scope of practice, that are understood by interns, prevocational educational supervisors, clinical supervisors and, as appropriate, others involved in the intern training programme.			
4.1 Process and systems			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: Overall, there is a reasonable understanding by the interns, prevocational educational supervisors and clinical supervisors of the necessary actions to ensure adequate assessment and guidance towards achieving registration in a general scope of practice. Prevocational educational supervisors are seen as bearing the main responsibility, but are adequately supported by the RMO unit.</p>			
4.2 Supervision			
4.2.1 The training provider has an appropriate ratio of prevocational educational supervisors in place to oversee the training and education of interns in both PGY1 and PGY2.			

- 4.2.2 Mechanisms are in place to ensure clinical supervision is provided by qualified medical staff with the appropriate competencies, skills, knowledge, authority, time and resources.
- 4.2.3 Interns are clinically supervised at a level appropriate to their experience and responsibilities at all times.
- 4.2.4 Administrative support is available to prevocational educational supervisors so they can carry out their roles effectively.

4.2 Supervision

	Met	Substantially met	Not met
Rating		X	

Commentary:

Comments:
 The prevocational educational supervisor that the Accreditation Team met with in Dunedin has been driving the implementation of ePort with the clinical supervisors and interns. Although currently there is an adequate number of prevocational educational supervisors at both Dunedin and Southland Hospitals, they will not be able to provide supervision to the postgraduate year 2 interns in 2016. A paper is currently being prepared proposing the appointment of additional prevocational educational supervisors but the process of recruitment should have already been underway.

The interns reported adequate supervision in most cases. However, concerns were raised about instances of confusion about who the clinical supervisor was and difficulties with setting up meetings with clinical supervisors due to leave or inadequate ePort setup and access. Information technology related problems were experienced at Southland Hospital at the beginning of the year, limiting the access to ePort. These have been rectified and currently access is adequate.

Commendations:
 The RMO unit provides excellent support to the prevocational educational supervisors.

Required actions:

- 12. New prevocational educational supervisors must be appointed in order to meet Council requirements of one prevocational educational supervisor for up to every 10 interns for postgraduate year 1 and 2. This must be attended to no later than 23 November 2015 when prevocational educational supervisors are required to provide oversight to both postgraduate year 1 and 2 interns. A prevocational educational supervisor would be considered appointed once the nomination has been received and approved at Council.
- 13. A named clinical supervisor must be allocated to each intern with provision made for cover in case of extended leave. Interns must be informed of any changes to their named clinical supervisor.

4.3 Training for clinical supervisors and prevocational educational supervisors

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

4.3 Training for clinical supervisors and prevocational educational supervisors			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: There has been reasonable interest and enthusiasm by clinical supervisors regarding attendance at training workshops this year. During the Accreditation Team visit, concerns were raised by clinical supervisors about the geographical separation between Dunedin and Southland Hospitals in the Southern DHB posing a significant barrier to attending Council provided workshops.</p>			
4.4 Feedback to interns			
4.4.1	Systems are in place to ensure that regular, formal, informal and documented feedback is provided to interns on their performance within each clinical attachment and in relation to their progress in completing the goals in their PDP, and substantively attaining the learning outcomes in the NZCF. This is recorded in the intern's e-portfolio.		
4.4.2	Mechanisms exist to identify at an early stage interns who are not performing at the required standard of competence; to ensure that the clinical supervisor discusses these concerns with the intern, the prevocational educational supervisor (and CMO or delegate when appropriate); and that a remediation plan is developed and implemented with a focus on patient safety.		
4.4 Feedback to interns			
	Met	Substantially met	Not met
Rating		X	
Commentary:			
<p>Comments: In both Dunedin and Southland Hospitals there is a good system of identifying interns in difficulties and providing support when performance concerns were identified. The buddying system at Dunedin Hospital was well received by the interns.</p> <p>Examples from both Dunedin and Southland Hospitals were provided where clinical supervisors had initially identified an issue and promptly brought the matter to the attention of the RMO unit and the prevocational educational supervisors. A joint approach was then adopted with all three groups cooperating to put the appropriate support arrangements in place for the intern. This included regular catch-ups with the intern, arranging buddying with other interns and assigning the intern to clinical attachments or specific teams within an attachment that had appropriate support mechanisms in place.</p> <p>Provision of feedback by clinical supervisors was reported by the interns to be variable. The Council required meetings at the beginning, middle and end of each clinical attachment were not universally adhered to.</p> <p>At Southland Hospital initial information technology related difficulties in accessing ePort have been rectified.</p> <p>Commendations: The clinical supervisors at Southland Hospital are to be commended on the level of support and supervision as confirmed by the interns. They were eager to be able to access ePort and provide support for the interns.</p>			

Required actions:

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

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

- 4.5.1 The training provider has an established advisory panel to consider progress of each intern during and at the end of the PGY1 year.
- 4.5.2 The advisory panel will comprise:
 - a CMO or delegate (who will Chair the panel)
 - the intern's prevocational educational supervisor
 - a second prevocational educational supervisor
 - a lay person.
- 4.5.3 The panel follows Council's *Guide for Advisory Panels*.
- 4.5.4 There is a process for the advisory panel to recommend to Council whether a PGY1 has satisfactorily completed requirements for a general scope of practice or should be required to undertake further intern training.
- 4.5.5 There is a process to inform Council of interns who are identified as not performing at the required standard of competence.
- 4.5.6 The advisory panel bases its recommendation for registration in a general scope of practice on whether the intern has:
 - satisfactorily completed four accredited clinical attachments
 - substantively attained the learning outcomes outlined in the NZCF
 - completed a minimum of 10 weeks (full time equivalent) in each clinical attachment
 - developed an acceptable PDP for PGY2, to be completed during PGY2
 - advanced cardiac life support (ACLS) certification at the standard of New Zealand Resuscitation Council CORE level 7 less than 12 months old.

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

	Met	Substantially met	Not met
Rating			X

Commentary:

Comments:

Council was advised that a process has been started to establish the Advisory Panel to recommend registration in a general scope of practice. However, the time for reviewing intern progress is fast approaching and the Advisory Panel need to be confirmed as a matter of urgency.

Required actions:

16. Membership of the Advisory Panel needs to be confirmed before 27 October 2015. The Advisory Panel must start meeting to review interns progress by the mid-point of the current attachment.

4.6 Signoff for completion of PGY2
4.6.1 There is a process for the prevocational educational supervisor to review progress of each intern at the end of PGY2, and to recommend to Council whether a PGY2 has satisfactorily achieved the goals in the PDP.
4.6 Signoff for completion of PGY2
<p>Comments: <i>Accreditation standard 4.6 cannot be assessed until 2016.</i></p>

5 Monitoring and evaluation of the intern training programme

5 Monitoring and evaluation of the intern training programme			
5.1	Processes and mechanisms are in place to ensure the currency of accredited clinical attachments.		
5.2	Processes and systems are in place to monitor the intern training programme with input from interns and supervisors.		
5.3	There are mechanisms that allow feedback from interns and supervisors to be incorporated into any quality improvement strategies for the intern training programme.		
5.4	There is a process to address any matters raised by Council in relation to training, including those arising from accreditation visits.		
5. Monitoring and evaluation of the intern training programme			
	Met	Substantially met	Not met
Rating			X
Commentary:			
<p>Comments: There are no formal processes in place for monitoring and evaluating the intern training programme. The Southern DHB has a proposal to establish a prevocational medical training programme with a governance structure which would be responsible for monitoring and evaluation. At the time of the accreditation visit, Southern DHB could not advise when this would be in place.</p> <p>The Accreditation Team saw no evidence that there is a system to allow interns to provide feedback on clinical attachments and that this feedback was provided to clinical supervisors.</p> <p>Required actions:</p> <p>17. A formal feedback system that allows interns to provide feedback on clinical attachments must be developed and implemented.</p> <p>18. The intern feedback must be discussed with staff who have undertaken the role of clinical supervisor. This should include feedback about their performance in their supervisory role.</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>Comments: Southern DHB is in the process of applying for accreditation of clinical attachments.</p> <p>Postgraduate year 1 interns are allocated a broad grouping of clinical attachments to allow a breadth of learning outcomes from the <i>New Zealand Curriculum Framework</i> to be achieved. Prior to their employment prospective postgraduate year 1 interns are canvassed regarding their career aspirations.</p> <p>For postgraduate year 2 interns, Southern DHB allocates clinical attachments based upon the career aspirations of the intern.</p> <p>Postgraduate year 2 interns are able to request clinical attachments in subspecialties or those that currently require at least 1 year postgraduate experience.</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:

Southern DHB have engaged in an Employee Assistance Programme. Information about the programme is provided to interns in various handbooks and discussed at orientation. The Employee Assistance Programme is offered to interns in difficulty.

Commendations:

At Southland Hospital the Accreditation Team were provided with an example of the high level of pastoral care and level of concern of an intern who was struggling. This gave us considerable reassurance that the pastoral and professional needs of the interns are being met.

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:

An electronic resource pack containing information about the intern training programme at Southern DHB is being developed. Access to this resource will be provided to each intern at orientation. This will particularly focus on:

- The prevocational training programme
- Career options
- Medical Education.

Required actions:

19. Development of the electronic resource pack for interns must be completed.

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:

Interns reported they felt comfortable raising concerns with the RMO unit and their prevocational educational supervisors.

Issues raised are managed in a confidential and sensitive nature. Serious concerns are escalated to the relevant Medical Director and or the Chief Medical Officer.

7 Communication with Council

7 Process and systems			
7.1	There are processes in place so that prevocational educational supervisors inform Council in a timely manner of interns whom they identify as not performing at the required standard of competence.		
7. Process and systems			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: There was no documented process provided by Southern DHB in relation to informing Council about interns who are not performing at the required standard of competence. However, the prevocational educational supervisors assured the Accreditation Team that they would notify Council of interns who were not performing at the required standard of competence.</p>			

8 Facilities

8 Facilities			
8.1	Interns have access to appropriate educational resources, facilities and infrastructure to support their training.		
8.2	The training provider provides a safe working and learning environment.		
8. Facilities			
	Met	Substantially met	Not met
Rating		X	
Commentary:			
<p>Comments: Southland Hospital has an extensive library which was commended at the previous accreditation visit in 2011. Access to computers on wards and in common areas is acceptable. Southland Hospital did have software compatibility issues when ePort was initially introduced, but this appears to have been resolved.</p> <p>Dunedin Hospital has its own smaller library facility onsite and access to online publications is available through the hospital network. As discussed in <i>Accreditation standards 2.3</i>, there appears to have been a change since the last visit where interns no longer have access to the University of Otago's Medical Library, including access to their online publications.</p> <p>Southern DHB have a number of human resource and health and safety policies available to all medical members of staff which are designed to provide a safe working environment.</p>			

Recommendation:

Please refer to *Accreditation standard 2.3* regarding intern access to the University of Otago's Medical Library.