



# Prevocational medical training accreditation report: Hutt Valley District Health Board

Date of site visit: 4 August 2016

Date of report: 9 November 2016

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## Background

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

Accreditation of training providers recognises that standards have been met for the provision of education and training for interns, which is also referred to as prevocational medical training. Prevocational medical training spans the two years following graduation from medical school and includes both postgraduate year 1 (PGY1) and postgraduate year 2 (PGY2). Doctors undertaking this training are referred to as interns. Prevocational medical training applies to all graduates of New Zealand and Australian accredited medical schools and doctors who have sat and passed NZREX.

The Council will accredit training providers for the purpose of providing prevocational medical education through the delivery of an intern training programme to those who have:

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

### Process

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

1. A self-assessment undertaken by Hutt Valley DHB, with documentation provided to the Medical Council of New Zealand (Council).
2. Interns being invited to complete a questionnaire about their education experience at Hutt Valley DHB.
3. A site visit by an accreditation team to Hutt Hospital on 4 August 2016 that included meetings with key staff and interns.
4. Presentation of key preliminary findings to the Chief Executive, Chief Medical Officer (CMO) and other relevant Hutt Valley DHB staff.

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

Following the accreditation visit:

1. A draft accreditation report is provided to the training provider.
2. The training provider is invited to comment on the factual accuracy of the report and conclusions.
3. Council's Education Committee considers the draft accreditation report and response from the training provider and make recommendations to Council.
4. Council will consider the Committee's recommendations and make a final accreditation decision.
5. The final accreditation report and Council's decision will be provided to the training provider.
6. The training provider has 30 days to seek formal reconsideration of the accreditation report and/or Council's decision.
7. The accreditation report is published on Council's website 30 days after notifying the training provider of its decision. If formal reconsideration of the accreditation report and/or Council's decision is requested by the training provider then the report will be published 30 days after the process has been completed and a final decision has been notified to the training provider.

# The Medical Council of New Zealand's accreditation of Hutt Valley District Health Board



<b>Name of training provider:</b>	Hutt Valley District Health Board
<b>Name of site(s):</b>	Hutt Hospital
<b>Date of training provider accreditation visit:</b>	4 August 2016
<b>Accreditation visit team members:</b>	Professor John Nacey (Chair) Dr Pamela Hale Ms Susan Hughes QC Dr Shaun Grant Ms Valencia van Dyk Ms Eleanor Quirke
<b>Key staff the accreditation visit team met with:</b>	
Chief Executive:	Dr Ashley Bloomfield
Chief Medical Officer	Dr Sisira Jayathissa
Prevocational Educational Supervisors:	Dr Judy Ormandy Dr Joanne Williams
<b>Other staff</b>	Ms Dale Oliff (Chief Operating Officer) Ms Jenny Rutherford (RMO unit manager)
<b>Number of interns at training provider:</b>	28
Postgraduate year 1 interns:	18
Postgraduate year 2 interns:	10

## Section A – Executive Summary

Hutt Valley DHB is committed to providing a high quality environment for prevocational medical education and training. High standards of medical practice, education and training are key strategic priorities and the DHB has a clinical governance structure reflecting the priority given to teaching and learning. There are clear lines of responsibility and accountability for prevocational medical training in the context of intern training. The DHB has the resources and mechanisms to plan, implement, develop and review the intern training programme. There is leadership with the overall clinical responsibility of the interns resting with the Chief Medical Officer (CMO). However, while the Chief Executive and senior staff are able to clearly articulate their commitment to intern training the DHB does not have a written strategic plan confirming this. It is recognised, however, that the DHB is in a process of transition with an organisational restructure and the accreditation team is confident that when a Council team next visit that such a plan will be available.

The DHB has recently established a training committee comprising clinical supervisors, prevocational educational supervisors, registrars, intern representatives and the CMO. The committee supports prevocational and vocational training within the DHB, and has intern representatives. Although the training committee is relatively new, it is anticipated that the committee will oversee and provide guidance in the delivery of the prevocational training programme.

The prevocational educational supervisors have devised a robust system to review interns' professional development plans (PDP) and e-portfolio. The interns and prevocational educational supervisors reported that clinical supervisors are approachable, engaged and supportive, with the interns reporting they experience no issues in meeting with their clinical supervisors at the beginning, mid-point or end of their clinical attachment. The use of the e-portfolio system is well established at Hutt Valley DHB. Meetings between interns and their clinical supervisors are held in a timely fashion, and include the consideration of the learning outcomes of the NZCF, the interns' PDP as well as their vocational aspirations. The DHB is currently planning the implementation of community based attachments within the region, and is encouraged to continue with this.

Interns are not rostered onto nights within their first 6 months of work. Interns reported that they were very well supported at night and had a manageable workload. Available night support includes a critical care outreach nurse, medical and surgical registrars and experienced senior nurses. Structured, hospital wide handovers occur in the mornings and afternoons, as well as at the start of the night shift. A number of services have an orientation document that provides detail around service-specific handover processes. prevocational educational supervisors, clinical supervisors and interns reported that the handover mechanisms are effective and that they had no concerns regarding handover processes. The DHB provided a copy of its policy on informed consent which makes clear that interns should not consent procedures with which they are not comfortable. Interns confirmed that they were able to avoid consenting inappropriately. Furthermore, if the interns required assistance, they received it and there was no adverse consequence if they declined to consent a patient.

The formal education programme is coordinated and administered by the prevocational educational supervisors. Formal teaching sessions are scheduled twice a week, and devised to cover areas of the *New Zealand Curriculum Framework for Prevocational Medical Training* that are not generally available through the completion of clinical attachments. The DHB collaborates with Capital and Coast DHB to standardise the content of the formal education programme, maximise learning opportunities for interns (who rotate through the three DHBs in the Wellington region) and minimise duplication. The interns confirmed that there is a well-established culture at the DHB that ensures teaching time is supported and protected.

The prevocational educational supervisors and interns make formal appointments to meet and discuss the intern progress throughout the clinical attachment. It was made clear by both the prevocational educational supervisors, clinical supervisors and the interns that meeting appointments were expected to

be met, and that any assessments or discussions were to be recorded promptly. Interns reported that they feel well supported by both their clinical and prevocational educational supervisors, and that they receive useful feedback from their clinical and prevocational educational supervisors. Quarterly, Hutt Valley DHB presents Resident Medical Officer achievement awards. Nominations are sought from all health professionals from within the hospital. The awards are well received by the interns. This is a novel and positive mechanism to encourage interns to seek input on an informal basis from all staff within the hospital as to their performance.

The interns also meet as a collective on a quarterly basis, for what are called 'RMO Executive' meetings. At the beginning of the intern year, the interns elect a leader who acts as the formal conduit between the interns and the prevocational educational supervisors. These meetings provide the opportunity for interns to discuss any concerns they have about their training and working environment at Hutt Valley DHB. The interns expressed a high level of satisfaction with the prevocational medical training they receive and advised that if they identify issues or deficiencies with their training, they were listened to and their requests were promptly actioned if appropriate.

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

Hutt Valley DHB met 22 of the 22 standards of Council's *Accreditation standards for training providers*.

## Overall outcome of the assessment

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<b>The overall rating for the accreditation of Hutt Valley DHB as a training provider for prevocational medical training is:</b>	<b>MET</b>
Hutt Valley DHB holds accreditation until <b>30 June 2020</b> .	

## Section B – Accreditation standards

### 1 Strategic Priorities

1 Strategic Priorities			
1.1	High standards of medical practice, education, and training are key strategic priorities for training providers.		
1.2	The training provider is committed to ensuring high quality training for interns.		
1.3	The training provider has a strategic plan for ongoing development and support of a sustainable medical training and education programme.		
1.4	The training provider has clinical governance and quality assurance processes that ensure clear lines of responsibility and accountability for intern training in the overall context of quality medical practice.		
1.5	The training provider ensures intern representation in the governance of the intern training programme.		
1.6	The training provider will engage in the regular accreditation cycle of the Council which will occur at least every three years.		
1. Strategic Priorities			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p><b>Comments:</b></p> <p>Hutt Valley DHB provides services for a resident population of around 140,000 people and covers the local authorities of Lower Hutt City and Upper Hutt City. The DHB has a diverse community with 17% of the DHB population identifying as Māori and 7% as Pacific. It is acknowledged that reducing disparity is essential for creating a fair health system. The planning that underpins the DHB overarching strategy is based on the 'Triple Aim' - an international healthcare improvement strategy that outlines a plan for better healthcare systems by pursuing three aims: improving patients' experience of care, improving the overall health of a population, and reducing the per-capita cost of health care. This is now in the context of a major restructure with the Wairarapa separating from Hutt and Capital Coast by establishing its own governance group and lead by a newly appointed Chief executive.</p> <p>The DHB recognises that to be effective in meeting their goals they must have a clear commitment to prevocational medical training. Hutt Valley DHB recognises prevocational medical training as a key strategic priority and has demonstrated an enthusiasm and commitment to ensuring the ongoing support and development to interns taking part in the training programme. The DHB aspires to be a centre of excellence for undergraduate and post graduate training and supports this through the commitment of their Chief Medical Officer (CMO), prevocational educational supervisors, senior medical officers and the Resident Medical Officer (RMO) Unit.</p>			

The DHB has the resources and mechanisms to plan, implement, develop and review the intern training programme. There is clear and effective leadership of the programme with the overall clinical responsibility of the interns resting with the CMO. This reflects the importance of intern training within the organisation.

There is a coordinated and structured learning environment where everyone is clear on their roles and responsibilities. The DHB is striving to improve both its training and outcomes and appears to work cooperatively to achieve that objective.

However, while the Chief Executive and senior staff are able to clearly articulate their commitment the DHB does not have a written strategic plan confirming this. It is recognised, however, that the DHB is in a process of transition and the accreditation team is confident that when a Council team next visits that such a plan will be available.

**Recommendation:**

The DHB should develop a written strategic plan that includes reference to the development, implementation and review of the intern training programme and that confirms their commitment to this.

**Required actions:**

Nil.

## 2 Organisational and operational structures

2.1 The context of intern training			
2.1.1	The training provider can demonstrate that it has the responsibility, authority, and appropriate resources and mechanisms to plan, develop, implement and review the intern training programme.		
2.1.2	The Chief Medical Officer (CMO) or their delegate (for example a Clinical Director of Training) has executive accountability for meeting prevocational education and training standards and for the quality of training and education.		
2.1.3	There are effective organisational and operational structures to manage interns.		
2.1.4	There are clear procedures to address immediately any concerns about intern performance that may impact on patient safety.		
2.1.5	Clear procedures are documented to notify Council of changes in a health service or the intern training programme that may have a significant effect on intern training.		
2.1 The context of intern training			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p><b>Comments:</b> Hutt Valley DHB has the responsibility, authority and appropriate resources and mechanisms to plan, develop, implement and review the intern training programme. The Chief Medical Officer (CMO) has executive accountability for the prevocational medical training programme, and ensuring the quality of training and education for interns at the DHB.</p>			

The DHB is currently undergoing a restructure. The Chief Executive believes this will lead to better clinical governance and an improved culture of innovation and service improvement. Irrespective of the required change process, the DHB has maintained a well-defined organisational structure in place to support intern training. The prevocational educational supervisors occupy a pivotal role in this structure and work closely with the CMO, clinical supervisors and the Resident Medical Officer (RMO) Unit to ensure delivery of quality training.

Hutt Valley DHB demonstrates effective organisational and operational structures to manage interns and there is a clear collaborative approach between the CMO, the prevocational educational supervisors, clinical supervisors and the RMO Unit.

The DHB has recently established a training committee comprising clinical supervisors, prevocational educational supervisors, registrars, intern representatives and the CMO. The committee supports prevocational and vocational training within the DHB, and has intern representatives. Although the training committee is relatively new, it is anticipated that the committee will oversee and provide guidance in the delivery of the prevocational training programme.

Hutt Valley DHB has protocols in place to identify and assist interns in difficulty. The prevocational educational supervisors and RMO Unit work closely with clinical supervisors to support these interns. Moreover, there is regular communication between the prevocational educational supervisors at Hutt Valley DHB and their counterparts at Capital and Coast and Wairarapa DHBs. This ensures a good level of support for interns when they move between the three DHBs.

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

**Required actions:**

Nil.

**2.2 Educational expertise**

2.2.1 The training provider can demonstrate that the intern training programme is underpinned by sound medical educational principles.

2.2.2 The training provider has appropriate medical educational expertise to deliver the intern training programme.

**2.2 Educational expertise**

	Met	Substantially met	Not met
Rating	X		

**Commentary:**

**Comments:**

The intern training programme at Hutt Valley DHB is strongly underpinned by sound medical education principles, and is blueprinted on the *New Zealand Curriculum Framework for Prevocational Medical Training*. Senior medical staff, registrars and allied health staff are involved in delivering the intern training programme, and are enthusiastic and committed to providing high quality training to interns.

There is a strong working relationship between Hutt Valley DHB and the University of Otago, Wellington School of Medicine. Hutt Valley DHB is a regional campus of the Wellington School of Medicine and many senior medical staff are clinical senior lecturers at the University of Otago. One of the prevocational educational supervisors is a regional associate dean at the University.

<b>Required actions:</b> Nil.			
<b>2.3 Relationships to support medical education</b>			
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.		
<b>2.3 Relationships to support medical education</b>			
	<b>Met</b>	<b>Substantially met</b>	<b>Not met</b>
Rating	<b>X</b>		
Commentary:			
<p><b>Comments:</b> Many interns rotate through the three DHBs in the Wellington region during their two years of prevocational medical training. There is close collaboration between the three DHBs to ensure consistency in the training the interns receive. The three DHBs work together to develop the outline and schedule of their formal education programmes to minimise duplication. The formal education programme at Hutt Valley DHB is delivered by local senior medical staff, with some sessions provided by Wellington-based specialists when particular specialties are not available at Hutt Valley DHB.</p>			
<b>Required actions:</b> Nil.			

### 3 The intern training programme

<b>3.1 Professional development plan (PDP) and e-portfolio</b>			
3.1.1	There is a system to ensure that each intern maintains a PDP as part of their e-portfolio that identifies the intern's goals and learning objectives, informed by the NZCF, mid and end of clinical attachment assessments, personal interests and vocational aspirations.		
3.1.2	There is a system to ensure that each intern maintains their e-portfolio, to ensure an adequate record of their learning and training experiences from their clinical attachments, CPD activities with reference to the NZCF.		
3.1.3	There are mechanisms to ensure that the clinical supervisor and the prevocational educational supervisor regularly review and contribute to the intern's PDP.		
<b>3.1 Professional development plan (PDP) and e-portfolio</b>			
	<b>Met</b>	<b>Substantially met</b>	<b>Not met</b>
Rating	<b>X</b>		
Commentary:			
<p><b>Comments:</b> The prevocational educational supervisors have devised a robust system to review interns' professional development plans (PDP) and ePort. Following the initial contact meeting with the clinical supervisor, the</p>			

prevocational educational supervisors meet the intern within the initial couple of weeks of their clinical attachment, to ensure that the intern's goals and learning objectives have been devised with input from their clinical supervisor. During these meetings, the intern's mid and end of clinical attachment assessments from previous rotations are reviewed. The intern's personal interests and vocational aspirations are also discussed. Areas for improvement that have been identified from previous assessments are also evaluated.

Mid clinical attachment meetings are also reviewed by the prevocational educational supervisors to ensure that the interns are maintaining their PDP.

At the end of the clinical attachment, the prevocational educational supervisors and intern meet to ensure that an adequate record of their learning, training experiences, and professional development activities is taking place with reference to the *New Zealand Curriculum Framework for Prevocational Medical Training* (NZCF).

Clinical supervisors have embraced ePort and contribute to the interns' PDP and continuing professional development activities. The interns and prevocational educational supervisors reported that clinical supervisors are approachable, engaged and supportive, with the interns reporting they experience no issues in meeting with their clinical supervisors at the beginning, mid-point or end of their clinical attachment.

**Commendation:**

The use of the e-portfolio system is well established at Hutt Valley DHB. Meetings between interns and their clinical supervisors are held in a timely fashion, and include the consideration of the learning outcomes of the NZCF, the intern's PDP as well as their vocational aspirations.

**Required actions:**

Nil.

### 3.2 Programme components

- 3.2.1 The intern training programme overall, and the individual clinical attachments, are structured to support interns to achieve the goals in their PDP and substantively attain the learning outcomes in the NZCF.
- 3.2.2 The intern training programme for each PGY1 consists of four 13-week accredited clinical attachments which, in aggregate, provide a broad based experience of medical practice.
- 3.2.3 The training provider has a system to ensure that interns' preferences for clinical attachments are considered, mindful of the overall learning objectives of the NZCF and their individual PDP goals in the context of available positions.
- 3.2.4 The training provider selects suitable clinical attachments for training on the basis of the experiences that interns can expect to achieve, including the:
  - workload for the intern and the clinical unit
  - complexity of the given clinical setting
  - mix of training experiences across the selected clinical attachments and how these, in aggregate, support achievement of the goals of the intern training programme.
- 3.2.5 The training provider, in discussion with the intern and the prevocational educational supervisor shall ensure that over the course of the two intern years each intern spends at least one clinical attachment in a community setting. This requirement will be implemented over a five year period commencing November 2015 with all interns meeting this requirement by November 2020.
- 3.2.6 Interns are not rostered on night duties during the first six weeks of their PGY1 intern year.

- 3.2.7 The training provider ensures there are mechanisms in place for appropriate structured handovers between clinical teams and between shifts to promote continuity of quality care.
- 3.2.8 The training provider ensures adherence to the Council's policy on obtaining informed consent.

### 3.2 Programme components

	Met	Substantially met	Not met
Rating	X		

#### Commentary:

#### Comments:

Hutt Valley DHB provides an intern training programme that supports interns to substantively attain the learning outcomes in the *New Zealand Curriculum Framework for Prevocational Medical Training (NZCF)* and achieve their goals in their professional development plan.

Clinical attachments within the three DHBs in the Wellington region are grouped into modules of four attachments. Modules are arranged to meet requirements for general registration but also for interns to pursue areas of interest, as some modules have a surgical emphasis, some have a medical emphasis and some are arranged for interns who have an interest in general practice. Interns are invited to indicate their preference for particular modules before the regional prevocational educational supervisors meet to allocate the modules. The allocations take into account each intern's vocational aspirations, as well as their experience and learning needs. Moreover, interns are able to swap specific attachments to suit their needs, with approval from the prevocational educational supervisors.

The DHB is currently planning the implementation of community based attachments within the region, and is encouraged to continue with this.

Interns are not rostered onto nights within their first 6 months of work. Interns reported that they were very well supported at night and had a manageable workload. Support available to an intern on nights includes a critical care outreach nurse, medical and surgical registrars and experienced senior nurses.

Structured, hospital wide handovers occur in the mornings and afternoons, as well as at the start of the night shift. A number of services have an orientation document that provides detail around service-specific handover processes. Prevocational educational supervisors, clinical supervisors and interns reported that the handover mechanisms are effective and that they had no concerns regarding handover processes.

The DHB provided a copy of its policy on informed consent which makes clear that interns should not consent procedures with which they are not comfortable. Interns confirmed that they were able to avoid consenting inappropriately. Furthermore, if the interns required assistance, they received it and that there was no adverse consequence if they declined to consent a patient.

#### Commendations:

- The DHB administers a very well organised and comprehensive prevocational medical training programme that is greatly appreciated by its interns.
- Interns are well supported at night, and find working at night enjoyable and rewarding.

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

**3.3 Formal education programme**

	Met	Substantially met	Not met
Rating	X		

**Commentary:**

**Comments:**  
 The formal education programme is coordinated and administered by the prevocational educational supervisors. Formal teaching sessions are scheduled twice a week, and devised to cover areas of the *New Zealand Curriculum Framework for Prevocational Medical Training* that are not generally available through the completion of clinical attachments. Hutt Valley DHB collaborates with Capital and Coast DHB to standardise the content of the formal education programme, maximise learning opportunities for interns (who rotate through the three DHBs in the Wellington region) and minimise duplication. Interns report they are asked for input into the content of the formal education programme, and that their input is given due consideration. The prevocational educational supervisors reported they received excellent support from the senior medical staff at the DHB in the delivery of the formal education programme, which they appreciated.

The interns confirmed that there is a well-established culture at the DHB that ensures teaching time is supported and protected. The Resident Medical Officer Unit offers to hold the interns' pagers, and also maintain an attendance record for the sessions. The prevocational educational supervisors monitor attendance and follow up any patterns of non-attendance.

In addition, there are a number of opportunities for additional work-based teaching including ward teaching, morbidity and mortality meetings, audit, quality assurance activities, journal club and grand rounds. The interns reported that are able to access these opportunities if they wish.

**Commendations:**  
 The formal education programme at the DHB is comprehensive, and there is a well-established culture at the DHB that ensures teaching time is supported and protected. The interns value the programme and are able to provide input into it.

**Required actions:**  
 Nil.

**3.4 Orientation**

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

3.4 Orientation			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p><b>Comments:</b> Hutt Valley DHB provides a structured, comprehensive orientation programme that takes place over 5 days and is well regarded by the interns. The content of this programme is organised by the prevocational educational supervisors, and is reviewed on annual basis taking into account feedback from the interns. Over the course of the 5 days, the interns attend a general orientation to the hospital, educational and practical sessions, as well as a resuscitation course and the Acute Life-threatening Events Recognition and Treatment course. The interns spend half a day with their team to orientate themselves to the ward environment at the end of the orientation week. Upon commencement at the DHB, all interns receive a copy of the Hutt House Surgeon Survival guide, which is greatly valued by the interns.</p> <p>Orientation for interns who start partway through the year or partway through a quarter is individualised, however some interns reported that the quality of orientation for these interns is inconsistent. The DHB should review the orientation for these interns to ensure that all interns are appropriately orientated to the hospital before beginning clinical duties.</p> <p><b>Commendation:</b> The orientation programme provided by the DHB at the start of the year is comprehensive and valued by interns.</p> <p><b>Recommendation:</b> Orientation for interns who start partway through the year or partway through a quarter should be reviewed.</p> <p><b>Required actions:</b> Nil.</p>			
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><b>Comments:</b> Hutt Valley DHB is willing and able to make arrangements for interns who require flexible working arrangements. Any requests for flexible training are assessed on a case by case basis with collaboration between the Chief Medical Officer, prevocational educational supervisors, clinical supervisors, the head of department, service manager and the Resident Medical Officer Unit.</p> <p><b>Required actions:</b> Nil.</p>			

## 4 Assessment and supervision

4.1 Process and systems			
4.1.1	There are processes to ensure assessment of all aspects of an intern's training and their progress towards satisfying the requirements for registration in a general scope of practice, that are understood by interns, prevocational educational supervisors, clinical supervisors and, as appropriate, others involved in the intern training programme.		
4.1 Process and systems			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p><b>Comments:</b> Hutt Valley DHB has established processes and systems that ensure the interns' training and progress is monitored and tracked. These systems are understood by interns and prevocational educational supervisors. The DHB utilises the ePort system to ensure that the interns are making adequate progress towards completing the requirements for a general scope of practice.</p> <p><b>Required action:</b> Nil.</p>			
4.2 Supervision			
4.2.1	The training provider has an appropriate ratio of prevocational educational supervisors in place to oversee the training and education of interns in both PGY1 and PGY2.		
4.2.2	Mechanisms are in place to ensure clinical supervision is provided by qualified medical staff with the appropriate competencies, skills, knowledge, authority, time and resources.		
4.2.3	Interns are clinically supervised at a level appropriate to their experience and responsibilities at all times.		
4.2.4	Administrative support is available to prevocational educational supervisors so they can carry out their roles effectively.		
4.2 Supervision			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p><b>Comments:</b> The prevocational educational supervisors and interns make formal appointments to meet and discuss the intern progress throughout the clinical attachment. It was made clear by both the prevocational educational supervisors, clinical supervisors and the interns that meeting appointments were expected to be met, and that any assessments or discussions were to be recorded promptly. Interns reported that they feel well supported by both their clinical and prevocational educational supervisors, and that they receive useful feedback from their clinical and prevocational educational supervisors. The clinical supervisors are engaged in the delivery of the intern training programme and are committed to providing effective supervision. Clinical supervisors reported they find ePort a useful tool to assist them in their supervision of interns.</p> <p>At the time of the visit, the expected ratio (1:10) of intern to prevocational educational supervisors was not met. The DHB advised that a third prevocational educational supervisor had been appointed and will take up the position at the end of August.</p>			

Whilst the prevocational educational supervisors are assisted by the Resident Medical Officer Unit in some of their duties, the prevocational educational supervisors report spending a large amount of time completing routine administrative tasks as a result of a lack of sufficient administrative support. This should be reviewed to allow the prevocational educational supervisors to focus on the quality of the intern training programme delivered at the DHB.

**Commendations:**

- The performance of the prevocational educational supervisors is exceptional. It is clear that they have an unwavering commitment to the education and support of interns and the success of the interns reflects that commitment.
- The support, supervision and feedback provided to interns by clinical supervisors is greatly appreciated by interns.

**Recommendation:**

The administrative support provided to the prevocational educational supervisors should be reviewed to allow them to focus their time on the quality of training, rather than administrative tasks.

**Required action:**

Nil.

**4.3 Training for clinical supervisors and prevocational educational supervisors**

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

**4.3 Training for clinical supervisors and prevocational educational supervisors**

	Met	Substantially met	Not met
Rating	X		

**Commentary:**

**Comments:**

Many clinical supervisors have already attended Council’s training for clinical supervisors, and many others are attending further Council training scheduled for November 2016. The current prevocational educational supervisors have both attended Council’s annual meetings for prevocational educational supervisors. The DHB senior management is supportive of supervisors attending supervision or leadership training, and development opportunities.

**Required actions:**

Nil.

**4.4 Feedback to interns**

- 4.4.1 Systems are in place to ensure that regular, formal, informal and documented feedback is provided to interns on their performance within each clinical attachment and in relation to their progress in completing the goals in their PDP, and substantively attaining the learning outcomes in the NZCF. This is recorded in the intern’s e-portfolio.

4.4.2 Mechanisms exist to identify at an early stage interns who are not performing at the required standard of competence; to ensure that the clinical supervisor discusses these concerns with the intern, the prevocational educational supervisor (and CMO or delegate when appropriate); and that a remediation plan is developed and implemented with a focus on patient safety.

#### 4.4 Feedback to interns

	Met	Substantially met	Not met
Rating	X		

Commentary:

##### Comments:

Quarterly, Hutt Valley DHB presents Resident Medical Officer (RMO) achievement awards. Nominations are sought from all health professionals from within the hospital. The awards are well received by the interns. This is a novel and positive mechanism to encourage interns to seek input on an informal basis from all staff within the hospital as to their performance.

There are systems in place to ensure that interns receive regular feedback from their prevocational educational supervisors and their clinical supervisors. The interns noted that they valued the feedback they had received during their clinical attachments.

Intern ePort entries are reviewed by the prevocational educational supervisors. There is a comprehensive programme in place to identify and support the doctor in difficulty, whether the difficulties are due to personal issues, or performance-related challenges. The prevocational educational supervisors and senior management reported that, due to the small size of the hospital, it is usually easy to identify struggling interns and extra support is put in place as necessary. This involves the prevocational educational supervisor who engages with the clinical supervisors. Additional meetings are scheduled with any intern who is struggling and these are documented. A remediation plan is developed. Issues are brought to the attention of the Chief Medical Officer if there are any patient safety concerns. Formal documented processes are in place as well.

##### Commendations:

The DHB is commended for its innovation in establishing the RMO achievement awards. This is a novel way of engaging with the interns and encouraging excellence.

##### Required actions:

Nil.

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

4.5.1 The training provider has an established advisory panel to consider progress of each intern during and at the end of the PGY1 year.

4.5.2 The advisory panel will comprise:

- 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:

Hutt Valley DHB established their advisory panel with full representation as required by Council in 2015, and functioned effectively in reviewing and assessing each intern's progress and making a recommendation for a general scope.

##### Required actions:

Nil.

#### 4.6 Signoff for completion of PGY2

4.6.1 There is a process for the prevocational educational supervisor to review progress of each intern at the end of PGY2, and to recommend to Council whether a PGY2 has satisfactorily achieved the goals in the PDP.

#### 4.6 Signoff for completion of PGY2

	Met	Substantially met	Not met
Rating	X		

Commentary:

##### Comments:

Sound plans are in place to undertake review of progress at the end of postgraduate year 2. Beginning, mid and end of clinical attachment assessments are carried out for interns in postgraduate year 2.

##### 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 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:

**Comments:**  
 Council’s clinical attachment feedback forms are sent to all interns throughout the year, and are collated at the end of the year. At the end of every formal education session, interns are given the opportunity to provide anonymous feedback regarding the session and this feedback is reviewed and actioned by the prevocational educational supervisors. Interns and clinical supervisors also approach the prevocational educational supervisors on an informal basis to discuss the intern training programme.

The interns also meet as a collective on a quarterly basis, for what are called ‘RMO Executive’ meetings. At the beginning of the intern year, the interns elect a leader who acts as the formal conduit between the interns and the prevocational educational supervisors. These meetings provide the opportunity for interns to discuss any concerns they have about their training and working environment at Hutt Valley DHB. The meetings are minuted, and any concerns raised to the prevocational educational supervisors. The prevocational educational supervisors action any requests with the assistance of the Chief Medical Officer (CMO) and or senior medical staff as appropriate, and respond to the interns’ requests by way of a formal letter.

Furthermore, the interns reported that they were able to individually approach their prevocational educational supervisor, if they had any concerns or feedback. Interns also reported that they would feel comfortable individually approaching the CMO if they had any suggestions for quality improvement at the DHB. Similarly, the Resident Medical Officer (RMO) Unit manager also provided examples of interns raising concerns with the RMO Unit, and the steps they were able to take to resolve the issue with the intern.

The interns at the DHB made very clear their satisfaction with the prevocational medical training they receive. The interns advised that if they identify issues or deficiencies with their training, they were listened to and their requests are promptly actioned if appropriate.

**Commendation:**  
 The DHB demonstrated that it is constantly striving to improve the educational and training opportunities for interns, as well as provide an environment where feedback and suggestions for quality improvement are welcomed.

**Required actions:**  
 Nil.

**6 Implementing the education and training framework**

6.1 Establishing and allocating accredited clinical attachments			
6.1.1	The training provider has processes for applying for accreditation of clinical attachments.		
6.1.2	The process of allocation of interns to clinical attachments is transparent and fair.		
6.1.3	The training provider must maintain a list of who the clinical supervisors are for each clinical attachment.		
6.1 Establishing and allocating accredited clinical attachments			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p><b>Comment:</b> The Resident Medical Officer (RMO) Unit manager facilitates the accreditation of clinical attachments, with input from clinical supervisors and the prevocational educational supervisors. The RMO Unit maintains a record of clinical supervisors allocated to each clinical attachment.</p> <p>Clinical attachments within the three DHBs in the Wellington region are grouped into modules. Interns indicate their preference for a module of clinical attachments, and the prevocational educational supervisors from the three regional DHBs meet to discuss and allocate the modules. The interns reported that the process for allocating clinical attachments was fair.</p> <p><b>Required actions:</b> Nil.</p>			
6.2 Welfare and support			
6.2.1	The duties, rostering, working hours and supervision of interns are consistent with the delivery of high quality training and safe patient care within a safe working environment, including freedom from harassment.		
6.2.2	Interns have access to personal counselling, and career advice. These services are publicised to interns and their supervisors.		
6.2.3	The procedure for accessing appropriate professional development leave is published, fair and practical.		
6.2.4	The training provider actively encourages interns to maintain their own health and welfare and to register with a general practitioner.		
6.2.5	Applications for annual leave are dealt with properly and transparently.		
6.2 Welfare and support			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p><b>Comments:</b> Hutt Valley DHB demonstrated a clear commitment to the pastoral care of interns, and to providing a safe working environment. The duties, rostering, working hours and supervision of interns are consistent with the</p>			

delivery of high quality training within a safe working environment, and interns provided positive feedback around this.

Interns are actively encouraged to maintain their own health and welfare with an emphasis placed on interns registering with a general practitioner. Personal assistance is also available through the Employee Assistance Programme and the occupational health service.

The prevocational educational supervisors provide advice around further training and vocational aspirations. The DHB has recently established a Training Committee, and it is hoped this will provide additional advice and assistance to interns around career planning and vocational training.

The Resident Medical Officer (RMO) Unit is responsible for the interns' roster and leave applications. There is an established process for applying for both annual and professional development leave. Interns reported that applications for annual leave are dealt with properly and transparently, and that they found the process fair and reasonable.

**Commendations:**

The RMO Unit has effective processes for assessing and approving applications for leave, and demonstrates flexibility in endeavouring to accommodate the needs of the interns. The interns were fulsome in their appreciation of the efforts of the RMO Unit.

**Required actions:**

Nil.

**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:**

Information regarding the intern training programme is easily accessed by the interns through the hospital intranet. A copy of the formal education programme is emailed to each intern every quarter by the prevocational educational supervisors.

The prevocational educational supervisors and Resident Medical Officer Unit communicate with the interns on a regular basis via the hospital intranet, email and paging platforms.

On commencement of employment at Hutt Valley DHB, each intern receives a copy of the House Surgeon Survival Guide. The guide is reviewed annually and includes information regarding orientation, clinical attachments and hospital processes. It also includes information about the availability of employee support programmes such as counselling within the DHB, and it is greatly valued by interns.

**Required actions:**

Nil.

**6.4 Resolution of training problems and disputes**

6.4.1 There are processes to support interns to address problems with training supervision and training requirements that maintain appropriate confidentiality.

6.4.2 There are clear impartial pathways for timely resolution of training-related disputes.

#### 6.4 Resolution of training problems and disputes

	Met	Substantially met	Not met
Rating	X		

Commentary:

**Comments:**

Hutt Valley DHB fosters an environment where communication is encouraged and supported. There are regular meetings between interns and the prevocational educational supervisors, and interns are encouraged to discuss any concerns around their training with their prevocational educational supervisors. Interns are encouraged to approach either of the prevocational educational supervisors, and or the Chief Medical Officer, should they have any concerns regarding the supervision they are receiving from their prevocational educational supervisor or clinical supervisor. This is outlined during orientation at the beginning of the year.

There are clear documented processes around the management of employee performance, and these processes are effective, well supported by senior medical staff and maintain appropriate confidentiality.

Hutt Valley, Wairarapa and Capital and Coast DHBs share a policy on “Workplace Bullying, Harassment, Discrimination and Victimization Prevention”, which provides the framework for addressing work-related disputes or concerns.

**Required actions:**

Nil.

## 7 Communication with Council

### 7.1 Process and systems

7.1 There are processes in place so that prevocational educational supervisors inform Council in a timely manner of interns whom they identify as not performing at the required standard of competence.

#### 7. Process and systems

	Met	Substantially met	Not met
Rating	X		

Commentary:

**Comments:**

Hutt Valley DHB’s policies on management of employee performance outlines clear and effective processes for managing an intern who is not performing at the required standard of competence. The prevocational educational supervisors are aware of when to notify Council of interns who are not performing at the required standard of competence.

**Required actions:**

Nil.

## 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><b>Comments:</b></p> <p>The hospital has a comprehensive medical library staffed by librarians. Interns have access to printed and electronic resources, including access to a number of electronic databases.</p> <p>There are two networked computers available in the library for interns with internet and intranet facilities available. There is also computer access in the Resident Medical Officer (RMO) lounge. Further computers and laptops are available on the wards.</p> <p>Networked computers provide access to hospital policies, clinical management guidelines, the RMO handbook as well as access to the library and other learning resources.</p> <p>Hutt Valley DHB has a Clinical Training Unit which provides training to clinical staff. The unit provides simulation training and is also the site of the formal education sessions as well as the Acute Life-threatening Events Recognition and Treatment and resuscitation training courses.</p> <p>In addition to the Clinical Training Unit, the DHB has a learning centre which includes an auditorium and a number of meeting and tutorial rooms that host teaching sessions, grand rounds, journal clubs and Morbidity and Mortality meetings.</p> <p>The DHB provides a safe working and learning environment for interns. There are clear policies around harassment and bullying, and the importance of open disclosure has been promoted by the DHB. There is good communication between senior management, prevocational educational supervisors, clinical supervisors, and this has been a key factor in maintaining a safe working and learning environment at the DHB.</p> <p><b>Required actions:</b> Nil.</p>			