Prevocational medical training accreditation Report for: Southern District Health Board

Date of site visit: 15 and 16 October 2019
Date of report: 12 February 2020

Medical Council of New Zealand

Background

Council accredits[1] training providers to provide prevocational medical education and training through the delivery of an intern training programme.

To be accredited, training providers must have:

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

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

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

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

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

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

Training providers are accredited for the provision of education and training for interns (prevocational medical training) for a period of 4 years. However, progress reports may be requested during this period.

Please refer to Council's *Policy on the accreditation of prevocational medical training providers* for further information.

[1] Section 118 of the Health Practitioners Competence Assurance Act 2003

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

Te Kaunihera Rata o Aotearoa
Medical Council of New Zealand

Name of training provider:	Southern District Health Board (DHB)
Name of sites:	Southland Hospital and Dunedin Hospital
Date of training provider accreditation visit:	15 and 16 October 2019
Accreditation team members:	Professor John Nacey (Chair) Susan Hughes Dr Elizabeth King Dr Carmen Chan Joan Simeon Aleyna Hall Hollie Bennett
Date of previous accreditation visit:	5 and 6 April 2016
DHB staff that met with the accreditation team:	
Chief Executive:	Chris Fleming
Chief Medical Officer:	Dr Nigel Millar
Prevocational Educational Supervisors:	Dr David Gow Dr Rebecca Ayers Dr Brendan Arnold Dr Belinda Green Dr Claire Shadwell Dr Amy Leuthauser Dr Alice Febery
RMO Unit staff:	Rhonda Skilling Marlene Griffin Debbie Schaaf Brier Bousie Clair MacGregor Heather Wicks Linda Geros Jessica Savage Liz Hope

Other key people who have a role within the prevocational training programme:
Megan Boivin, General Manager Operations
Patrick Ng, Executive Director Specialist Services
Lisa Gestro, Executive Director Strategy, Primary & Community
Janine Cochrane, General Manager Surgical Services and Radiology Directorate
Mr Stephen Packer, Medical Director Surgical Services and Radiology Directorate
Karin Drummond, General Manager Medicine Women's and Children's Directorate
Dr Caroline Collins, Medical Director Medicine Women's and Children's Directorate
Louise Travers, General Manager Mental Health, Addictions and Intellectual Disability Directorate
Dr Evan Mason, Medical Director Mental Health, Addictions and Intellectual Disability Directorate
Glenn Symon, General Manager Community Services
Dr Hywel Lloyd, Medical Director of Strategy Primary and Community

Information about the training provider:
Number of interns at training provider:
Number of PGY1s: 44 Number of PGY2s: 40

Number of accredited clinical attachments (current): 71
Number of accredited community based attachments: 1

Section A – Executive Summary

The implementation of the prevocational medical training programme continues to be a challenge for Southern District Health Board (DHB). The apparent lack of engagement by senior management and some senior medical staff in this process continues to severely limit its implementation. The Board has prefaced continuing financial pressure resulting in an inability to commit to new programmes involving additional expenditure.

Council has been impressed by the Prevocational Educational Supervisors, Clinical Supervisors and the Resident Medical Officer (RMO) unit's commitment to intern training. Regrettably there seems to be a disconnect at the most senior level demonstrated by a lack of focus on the important strategic obligation of the DHB to commit to quality intern training. Consequently, high standards of medical education and training are not regarded as key strategic priorities for the DHB. Of considerable concern is that the DHB has failed to take any of the steps proposed in 2016 when responding to the findings of the Medical Council's 2015 accreditation assessment. This includes the proposed medical education and training unit and failure to fund a Medical Director for the RMO unit. The consequences of this are considerable, with little training and support for the Prevocational Educational Supervisors.

Irrespective of these concerns, Council acknowledges the commitment of the staff of the 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 this includes rostering, management of leave, facilitation of clinical attachment allocations and the formal education programme.

Council was informed that there are numerous opportunities in the community and providers are willing to establish community based attachments. However, the DHB has no plan in place to develop and implement community based attachments for its interns. The DHB will need to pay immediate attention to developing and implementing community based attachments in order to ensure that, by November 2021, each intern is completing at least one clinical attachment in a Council accredited community based attachment over the course of the two intern years.

Of concern, is that interns at Dunedin Hospital report that they are being asked to consent for procedures that they do not feel confident to undertake. Council's position is that doctors must <u>not</u> consent for procedures unless they have had the training or experience that would enable them to feel confident to do so.

There are a significant number of required actions that Southern DHB must take to address areas requiring improvement. These areas represent a serious deficit in the intern training programme and as such Council has determined that the overall rating for Southern DHB accreditation is not met.

Overall, Southern DHB has met 16 of the 21 sets of Council's *Accreditation standards for training providers.*

One set of standards was substantially met:
6.2 Welfare and support

Four sets of standards were not met:
1. Strategic priorities
2.1 The context of intern training
3.1 Programme components
5. Monitoring and evaluation of the intern training programme

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

1. Southern DHB must establish medical education as a priority with an appointment of a position that is accountable and available to provide leadership across prevocational medical training by 30 June 2020.
2. Southern DHB must include prevocational medical education in the strategic plan to support ongoing development and delivery of high quality prevocational medical training and education. This must be implemented by 30 June 2020.
3. Southern DHB must ensure that effective clinical governance and a quality assurance structure is in place to ensure clear lines of responsibility and accountability for intern training. This must be implemented by 30 June 2020.
4. Southern DHB must establish a clear process for the appointment of prevocational educational supervisors to ensure that they meet Council's ratio requirement at all times. This must be implemented by 30 June 2020.
5. Southern DHB must ensure that there are sufficient prevocational educational supervisors in place to support interns in their medical education and training. This must be implemented by 30 June 2020.
6. Southern DHB must provide evidence that it has mechanisms and appropriate resources to plan, develop, implement and review the intern training programme. This must be implemented by 30 June 2020.
7. Southern DHB must have a formalised process and policy as evidence that there are effective organisational and operational structures to manage interns. This must be implemented by 30 June 2020.
8. Southern DHB must have clear procedures to notify Council of changes in a health service or the intern training programme that may have a significant effect on intern training. This must be implemented by 30 June 2020.
9. Southern DHB must provide a plan for how it intends to meet the requirement for community based attachments to ensure that by November 2021, over the course of the two intern years, each intern completes at least one clinical attachment in a Council accredited community based attachment. This must be implemented by 30 June 2020.
10. Appropriate support must be put in place for interns covering the orthopedic service at night to ensure that interns can access assistance from senior medical staff. This must be implemented with immediate effect.
11. Southern DHB must ensure adherence to Council's policy on obtaining informed consent. This must be implemented with immediate effect.
12. Southern DHB must ensure that processes and systems are in place to monitor the intern training programme with input from interns and supervisors. This must be implemented by 30 June 2020.
13. Southern DHB must ensure that mechanisms are in place to gather feedback from interns and supervisors and incorporate this into quality improvement strategies for the intern training programme. This must be implemented by 30 June 2020.
14. Southern DHB must ensure that there are mechanisms in place for interns to provide anonymous feedback on their Prevocational Education Supervisor, the RMO Unit staff and others involved in the intern training programme. This must be implemented by 30 June 2020.
15. Southern DHB must routinely evaluate supervisor effectiveness, taking into account feedback from interns. This must be implemented by 30 June 2020.
16. The DHB must ensure that supervision and education of interns in relief attachments is consistent with the delivery of high quality training and safe patient care. This must be implemented with immediate effect.

Section B – Overall outcome of the accreditation assessment

The overall rating for the accreditation of Southern DHB as a training provider for prevocational medical training	**NOT MET**

Council has extended Southern DHB's accreditation period to 31 October 2020, subject to the following:

a. Receiving a progress report from Southern DHB by **30 April 2020** that satisfies Council that the following required actions have been implemented with immediate effect:
   1. Appropriate support must be put in place for interns covering the orthopaedic service at night to ensure that interns can access assistance from senior medical staff.
   2. Southern DHB must ensure adherence to Council's policy on obtaining informed consent.
   3. The DHB must ensure that supervision and education of interns in relief attachments is consistent with the delivery of high quality training and safe patient care.

b. Receiving a progress report from Southern DHB by **3 July 2020** that satisfies Council that the following required actions have been addressed:
   1. Southern DHB must establish medical education as a priority with an appointment of a position that is accountable and available to provide leadership across prevocational medical training.
   2. Southern DHB must include prevocational medical education in the strategic plan to support ongoing development and delivery of high quality prevocational medical training and education.
   3. Southern DHB must ensure that effective clinical governance and a quality assurance structure is in place to ensure clear lines of responsibility and accountability for intern training. Southern DHB must establish a clear process for the appointment of prevocational educational supervisors to ensure that they meet Council's ratio requirement at all times.
   4. Southern DHB must ensure that there are sufficient prevocational educational supervisors in place to support interns in their medical education and training.
   5. Southern DHB must provide evidence that it has mechanisms and appropriate resources to plan, develop, implement and review the intern training programme.
   6. Southern DHB must have a formalised process and policy as evidence that there are effective organisational and operational structures to manage interns.
   7. Southern DHB must have clear procedures to notify Council of changes in a health service or the intern training programme that may have a significant effect on intern training.
   8. Southern DHB must provide a plan for how it intends to meet the requirement for community based attachments to ensure that by November 2021, over the course of the two intern years, each intern completes at least one clinical attachment in a Council accredited community based attachment.
   12. Southern DHB must ensure that processes and systems are in place to monitor the intern training programme with input from interns and supervisors.
   13. Southern DHB must ensure that mechanisms are in place to gather feedback from interns and supervisors and incorporate this into quality improvement strategies for the intern training programme.
   14. Southern DHB must ensure that there are mechanisms in place for interns to provide anonymous feedback on their Prevocational Education Supervisor, the RMO Unit staff and others involved in the intern training programme.
   15. Southern DHB must routinely evaluate supervisor effectiveness, taking into account feedback from interns.

c. Council determined that there will be a further accreditation team assessment after 3 July 2020. This will include a site visit to occur no later than 31 August 2020.

Section C – Accreditation Standards

1 Strategic priorities

1	Strategic priorities
1.1	High standards of medical practice, education, and training are key strategic priorities for the training provider.
1.2	The training provider has a strategic plan for ongoing development and support of high quality prevocational medical training and education.
1.3	The training provider's strategic plan addresses Māori health.
1.4	The training provider has clinical governance and quality assurance processes that ensure clear lines of responsibility and accountability for intern training in the overall context of quality medical practice.
1.5	The training provider ensures intern representation in the governance of the intern training programme.
1.6	The training provider will engage in the regular accreditation cycle of the Council, which will occur at least every three years.

1. Strategic priorities			
	Met	Substantially met	Not met
Rating			**X**

Commentary:

Comments:

Overall, Southern DHB does not view high standards of prevocational medical education and training as a key strategic priority. Of particular concern is that medical education and training does not feature in the DHB's current strategic plan.

It is apparent that key staff members involved in intern training such as the prevocational educational supervisors, clinical supervisors and the RMO Unit are committed to providing interns with high quality education and training. However, there is a concerning disconnect between senior management and staff involved in the operational delivery of training. Senior management noted the current focus is on the DHB achieving a stronger and more sustainable financial position and that continued financial pressure has meant it has been unable to commit to new training and education initiatives that involve additional expenditure.

Required actions:

1. Southern DHB must establish medical education as a priority with an appointment of a position that is accountable and available to provide leadership across prevocational medical training by 30 June 2020.
2. Southern DHB must include prevocational medical education in the strategic plan to support ongoing development and delivery of high quality prevocational medical training and education. This must be implemented by 30 June 2020.
3. Southern DHB must ensure that effective clinical governance and a quality assurance structure is in place to ensure clear lines of responsibility and accountability for intern training. This must be implemented by 30 June 2020.
4. Southern DHB must establish a clear process for the appointment of prevocational educational supervisors to ensure that they meet Council's ratio requirement at all times. This must be implemented by 30 June 2020.

2 Organisational and operational structures

2.1 The context of intern training			
2.1.1 The training provider demonstrates that it has the mechanisms and appropriate resources to plan, develop, implement and review the intern training programme. 2.1.2 The chief medical officer (CMO) or their delegate (for example a Clinical Director of Training) has executive accountability for meeting prevocational education and training standards and for the quality of training and education. 2.1.3 There are effective organisational and operational structures to manage interns. 2.1.4 There are clear procedures to notify Council of changes in a health service or the intern training programme that may have a significant effect on intern training.			
2.1 The context of intern training			
Rating	Met	Substantially met	Not met
			X
Commentary:			

Comments:

Southern DHB has demonstrated a lack of executive accountability for meeting Council's prevocational education and training standards. Council notes that the DHB held the RMO Unit accountable for meeting standards and ensuring quality training and education until the CMO was made accountable approximately one month before Council's current visit. The standards require that the CMO or their delegate has executive accountability for meeting prevocational education and training standards and for the quality of training and education.

The DHB has established a Prevocational Governance Structure which details, in theory, how the intern training programme is planned, developed, implemented and reviewed. This structure would meet Council's requirements but it is yet to be effectively implemented. The Prevocational Educational Governance Group either does not meet or meets on an ad hoc basis.

The Prevocational Medical Training and Management Committee consists of the prevocational educational supervisors, the RMO Unit and an intern representative. It does not include any member of senior management. Southern DHB does not have mechanisms and appropriate resources to plan, develop, implement and review the intern training programme.

The DHB has clear procedures to notify Council of changes in a health service or the intern training programme that may have a significant effect on intern training. However, Council was not notified when the DHB had a single prevocational educational supervisor at Southland Hospital responsible for supervising approximately 26 interns following resignations from the other two prevocational educational supervisors at Southland Hospital. Those vacant positions were not filled promptly nor were other options appropriately explored to provide supervision. The only remaining prevocational educational supervisor then took sabbatical leave, having made a significant but fruitless effort to obtain cover during her absence. As a result, the prevocational educational requirements of a large number of interns was not met for an extended period of time.

Commendation:

- Council commends the commitment from the prevocational educational supervisors to the training of interns and the RMO unit to their pastoral care of the interns.

Required actions:

5. Southern DHB must ensure that there are sufficient prevocational educational supervisors in place to support interns in their medical education and training. This must be implemented by 30 June 2020.

6. Southern DHB must provide evidence that it has mechanisms and appropriate resources to plan, develop, implement and review the intern training programme. This must be implemented by 30 June 2020.
7. Southern DHB must have a formalised process and policy as evidence that there are effective organisational and operational structures to manage interns. This must be implemented by 30 June 2020.
8. Southern DHB must have clear procedures to notify Council of changes in a health service or the intern training programme that may have a significant effect on intern training. This must be implemented by 30 June 2020.

2.2 Educational expertise

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

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

2.2 Educational expertise

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:
Southern DHB has appropriate medical education expertise to deliver the intern training program. The DHB has a strong relationship with the University of Otago and many of the clinical staff have joint appointments with the Otago Medical School. In addition, the DHB is in the fortunate position of being able to access many of the teaching resources available from the University, including the teaching facilities.

Required actions:
Nil.

2.3 Relationships to support medical education

2.3.1 There are effective working relationships with external organisations involved in training and education.

2.3.2 The training provider coordinates the local delivery of the intern training programme, or collaborates in such coordination when it is part of a network programme.

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

2.3 Relationships to support medical education

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:
Southern DHB has an effective working relationship with the University of Otago's Medical School. The DHB has an effective partnership with Māori health providers as evidenced by the new initiative that has recently been put in place to introduce a Māori Health Directorate.

The South Island Regional Training Hub has been working with RMO units and prevocational educational supervisors to support the sharing of training resources across the South Island with a view to sharing teaching sessions through the use of technology.

In both hospitals, the intern education training programme is now being developed by the prevocational educational supervisors and includes teaching sessions by external providers.

Required actions:
Nil.

3 The intern training programme

3.1 Programme components

3.1.1 The intern training programme is structured to support interns to attain the learning outcomes in the NZCF (75% by the end of PGY1 and at least 95% by the end of PGY2).

3.1.2 The intern training programme requires the satisfactory completion of eight 13-week accredited clinical attachments, which in aggregate provide a broad based experience of medical practice.

3.1.3 The training provider has a system to ensure that interns' preferences for clinical attachments are considered, mindful of the overall learning objectives of the NZCF and their individual PDP goals in the context of available positions.

3.1.4 The training provider selects suitable clinical attachments for training on the basis of the experiences that interns can expect to achieve, including the:

- workload for the intern and the clinical unit
- complexity of the given clinical setting
- mix of training experiences across the selected clinical attachments and how they are combined to support achievement of the goals of the intern training programme.

3.1.5 The training provider has processes that ensure that interns receive the supervision and opportunities to develop their cultural competence in order to deliver patient care in a culturally-safe manner.

3.1.6 The training provider, in discussion with the intern and the prevocational educational supervisor, must ensure that over the course of the two intern years each intern spends at least one clinical attachment in a community setting.

3.1.7 Interns are not rostered on nights during the first six weeks of PGY1.

3.1.8 The training provider has process to ensure that interns working on nights are appropriately supported. Protocols are in place that clearly detail how the intern may access assistance and guidance on contacting senior medical staff.

3.1.9 The training provider ensures there are procedures in place for structured handovers between clinical teams and between shifts (morning, evening, nights and weekends) to promote continuity of quality care. The training provider ensures that interns understand their role and responsibilities in handover.

3.1.10 The training provider ensures adherence to the Council's policy on obtaining informed consent.

3.1 Programme components

	Met	Substantially met	Not met
Rating			X

Commentary:

Comments:
Interns are supported to attain the learning outcomes in the NZCF through the completion of the intern training programme. The mix of clinical attachments allocated to interns provides a broad-based experience of medical practice and take into account intern preferences, while ensuring an appropriate mix of training experiences.

A comprehensive plan has recently been developed to support Māori cultural competency. Council encourages the DHB to commit to implementing this plan to ensure culturally safe care is provided by interns to patients.

There has been minimal progress made since the previous accreditation visit in 2015 to establish community based attachments. The accreditation team was informed that there are numerous opportunities in the community and providers are willing to establish community based attachments. However, the DHB has no plan in place to develop and implement community based attachments for its interns. This is disappointing given the significant notice period from Council of this requirement and it also being an explicit requirement in the Minister's letter of expectation. The DHB will need to pay immediate attention to developing and implementing community based attachments in order to ensure, that by November 2021, each intern is completing at least one clinical attachment in a Council accredited community based attachment over the course of the two intern years.

Interns are not rostered on nights in their first six weeks of PGY1.

Interns working on nights at Southland Hospital are well supported by clinical team coordinators and registrars and able to access help when needed. However, interns at Dunedin Hospital raised concerns about support when working nights, in particular for the management of orthopaedic patients. Appropriate support must be put in place for interns covering the orthopedic service at night to ensure that interns can access assistance from senior medical staff.

Handover is service dependent with formal and informal handover processes in different services and between shifts. There is inconsistency in handover between interns, particularly between those working on nights in surgery handing over to the day team, and interns handing over following a rostered day off. The team were advised that an intern has developed a handover document (Junior Resident Medical Officer Handover Protocol for Dunedin Public Hospital) to detail when and where handover occurs in each department and this has been provided to management for approval. The DHB is encouraged to consider how this protocol may be implemented to develop consistency across services to ensure quality handover and patient safety.

The interns at Southland Hospital were very clear that they were able to decline to take informed consent for any procedure they thought beyond their capabilities and were aware of the limitation of informed consent.

However, interns at Dunedin Hospital report that they are being asked to consent for procedures that they do not feel confident to undertake. Interns reported feeling under pressure to consent procedures and are being advised that, if consent does not occur, then the procedure would not occur, which may compromise the patient's health. Interns also provided examples that in gastroenterology and interventional radiology they felt pressured to consent procedures inappropriately. Council's position is that doctors must not consent for procedures unless they have had the training or experience that would enable them to feel confident to do so.

Recommendation:

- That the DHB develop consistency across services to ensure quality handover and patient safety.

Required actions:

9. Southern DHB must provide a plan for how it intends to meet the requirement for community based attachments to ensure that by November 2021, over the course of the two intern years, each intern completes at least one clinical attachment in a Council accredited community based attachment. This must be implemented by 30 June 2020.
10. Appropriate support must be put in place for interns covering the orthopedic service at night to ensure that interns can access assistance from senior medical staff. This must be implemented with immediate effect.
11. Southern DHB must ensure adherence to Council's policy on obtaining informed consent. This must be implemented with immediate effect.

3.2 ePort			
3.2.1 There is a system to ensure that each intern maintains their ePort as an adequate record of their learning and training experiences from their clinical attachments and other learning activities. 3.2.2 There is a system to ensure that each intern maintains a PDP in ePort that identifies their goals and learning objectives which are informed by the NZCF, mid and end of clinical attachment assessments, personal interests and vocational aspirations. 3.2.3 There are mechanisms to ensure that the clinical supervisor and the prevocational educational supervisor regularly review the goals in the intern's PDP with the intern. 3.2.4 The training provider facilitates training for PGY1s on goal setting in the PDP within the first month of the intern training programme.			
3.2 ePort			
	Met	Substantially met	Not met
Rating	**X**		
Commentary:			

Comments:
Systems are in place to ensure that each intern maintains an adequate record of learning in ePort and that they set goals and maintain their PDP. The prevocational educational supervisors provide excellent support to the interns and review and discuss with the intern their PDP and goals. The importance of the PDP is discussed as part of the orientation programme.

Required actions:
Nil.

3.3 Formal education programme			
3.3.1 The intern training programme includes a formal education programme that supports interns to achieve NCZF learning outcomes that are not generally available through the completion of clinical attachments. 3.3.2 The intern training programme is structured so that interns in PGY1 can attend at least two thirds of formal educational sessions. 3.3.3 The training provider ensures that all PGY2s attend structured education sessions. 3.3.4 The formal education programme provides content on Māori health and culture, and achieving Māori health equity, including the relationship between culture and health. 3.3.5 The training provider ensures the formal education programme provides opportunity for interns to develop skills in self-care and peer support, including time management, and identifying and managing stress and burn-out. 3.3.6 The training provider provides opportunities for additional work-based teaching and training.			
3.3 Formal education programme			
	Met	Substantially met	Not met
Rating	**X**		
Commentary:			

Comments:
The formal teaching programme supports interns to achieve the NZCF learning outcomes. Interns are able to attend the required sessions.

The content of the teaching programme is being reviewed, including the components focused on Māori health, culture and health equity. The planned changes will further enhance the quality of the formal teaching programme.

Interns are encouraged to attend a range of teaching within the departments in which they are placed, in addition to the intern teaching programme and this is valued by the interns.

Required actions:
Nil.

3.4 Orientation
3.4.1 An orientation programme is provided for interns commencing employment at the beginning of the intern year and for interns commencing employment partway through the year, to ensure familiarity with the training provider policies and processes relevant to their practice and the intern training programme. 3.4.2 Orientation is provided at the start of each clinical attachment, ensuring familiarity with key staff, systems, policies and processes relevant to that clinical attachment.

3.4 Orientation

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:
A comprehensive orientation programme is provided to interns starting at the beginning of each intern year. Interns who had started part way through the year reported that they had received appropriate orientation and particularly valued a buddying system that was put in place for their initial period of work.

Orientation is provided at the start of each clinical attachment, however not all interns were aware that each department had documentation available to support them at the start of a clinical attachment.

Required actions:
Nil.

3.5 Flexible training
3.5.1 Procedures are in place and followed, to guide and support supervisors and interns in the implementation and review of flexible training arrangements.

3.5 Flexible training

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:
Flexible training arrangements are available and examples were provided by interns who are working part-time and job sharing.

Required actions:
Nil.

4 Assessment and supervision

4.1 Process and systems
4.1.1 There are systems in place to ensure that all interns and those involved in prevocational training understand the requirements of the intern training programme.

4.1 Process and systems

Rating	Met	Substantially met	Not met
	X		

Commentary:

Comments:
There is a system in place to ensure that the requirements of the prevocational training programme are understood. ePort requirements are discussed during orientation, and interns report that the prevocational educational supervisors are accessible and available to discuss aspects of their training. The RMO units at both Dunedin and Southland hospital send interns regular email reminders each quarter about completing their attachment requirements.

Required actions:
Nil.

4.2 Supervision – Prevocational educational supervisors

4.2.1 The training provider has an appropriate ratio of prevocational educational supervisors in place to oversee the training and education of interns in both PGY1 and PGY2.
4.2.2 Prevocational educational supervisors attend an annual prevocational educational supervisor meeting conducted by Council.
4.2.3 There is oversight of the prevocational educational supervisors by the CMO (or delegate) to ensure that they are effectively fulfilling the obligations of their role.
4.2.4 Administrative support is available to prevocational educational supervisors so they can carry out their roles effectively.

4.2 Supervision – Prevocational educational supervisors

Rating	Met	Substantially met	Not met
	X		

Commentary:

Comments:
There is currently an appropriate ratio of prevocational educational supervisors in place at both sites. However, interns reported that when the sole remaining prevocational educational supervisor at Invercargill Hospital took pre-arranged sabbatical leave, the supervision arrangements for interns at Southland Hospital were left unclear for an extended period of time.

Prevocational educational supervisors report being able to attend the annual meeting conducted by Council and this has been well attended by supervisors from both sites. Prevocational educational supervisors reported that they are able to access resources to support their professional development in teaching and education.

Until September 2019, the prevocational educational supervisors reported to the RMO unit manager. There were no performance reviews for any of the educational supervisors and feedback on prevocational educational supervisors’ performance has not been sought from interns.

However, this has recently changed and the prevocational educational supervisors now report to the CMO. Individual formal meetings between the prevocational educational supervisors and CMO are scheduled from November 2019.

There is administrative support for the prevocational educational supervisors, and good communication between the RMO Unit and supervisors. At Dunedin Hospital, liaison between the RMO Unit and prevocational educational supervisors has been essential to coordinate support for interns in difficulty.

Recommendation:
- The DHB should plan ahead of any prevocational educational supervisor departures to ensure an appropriate ratio is in place at all times.

Required actions:
Nil.

4.3 Supervision – Clinical supervisors

4.3.1 Mechanisms are in place to ensure clinical supervisors have the appropriate competencies, skills, knowledge, authority, time and resources to meet the requirements of their role.
4.3.2 Interns are clinically supervised at a level appropriate to their experience and responsibilities at all times.
4.3.3 Clinical supervisors undertake relevant training in supervision and assessment as soon as practicable after commencing their supervisory role. This must be within 12 months of appointment as a clinical supervisor.
4.3.4 The training provider maintains a small group of clinical supervisors for relief clinical attachments.
4.3.5 All staff involved in intern training have access to professional development activities to support their teaching and educational practice and the quality of the intern training programme.

4.3 Supervision – Clinical supervisors

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:
Interns report that clinical supervisors at both sites are accessible to provide feedback and support. In particular, interns reported that when Southland Hospital did not have a prevocational educational supervisor their clinical supervisors were an essential point of contact. A number of clinical supervisors hold formal or honorary roles at the University of Otago.

Interns are placed into teams where they are appropriately supported. There are no identified supervision gaps while interns are working on the ward, and systems are in place for interns to escalate clinical support if it is required. After being appointed to the role, clinical supervisors have ready access to training about their role.

Required actions:
Nil.

4.4 Feedback and assessment

4.4.1 Systems are in place to ensure that regular, formal feedback is provided to interns and documented in ePort on their performance within each clinical attachment, including end of clinical attachment assessments. This should also cover the intern's progress in completing the goals in their PDP and in attaining the learning outcomes in the NZCF.
4.4.2 There are processes to identify interns who are not performing at the required standard of competence. These ensure that the clinical supervisor discusses concerns with the intern, the prevocational educational supervisor, and that the CMO (or delegate) is advised when appropriate. A remediation plan must be developed, documented and implemented with a focus on supporting the intern and patient safety.
4.4.3 There are processes in place to ensure prevocational educational supervisors inform Council in a timely manner of interns not performing at the required standard of competence.

4.4 Feedback and assessment

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:
There is an effective system in place to ensure that interns receive regular feedback on their performance through ePort. The DHB regularly records statistics on the interns' progress.

There is an appropriate process to identify underperforming interns, which is clearly identified in the DHB's guidelines for managing interns in difficulty. The DHB also has a standing agenda item for the 'intern in difficulty' at the Prevocational Medical Training and Management Committee meeting, which occurs monthly.

Clinical supervisors report that, where necessary, remediation plans are implemented in consultation with the intern, prevocational supervisor and the RMO Unit. In some instances, this has enabled interns to receive further support via a 'buddy system' or to adjust their roster to ensure that interns are appropriately supported and supervised.

The prevocational educational supervisors are aware of the process for informing Council in a timely manner of underperforming interns.

Required actions:
Nil.

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

4.5.1 The training provider has established advisory panels to consider progress of each intern at the end of the PGY1 year that comprise:

- a CMO or delegate (who will chair the panel)
- the intern's prevocational educational supervisor
- a second prevocational educational supervisor
- a layperson.

4.5.2 The panel follows Council's *Advisory Panel Guide & ePort guide for Advisory Panel members*.

4.5.3 There is a process in place to monitor that each eligible PGY1 is considered by an advisory panel.

4.5.4 There is a process in place to monitor that all interns who are eligible to apply for registration in the General scope of practice have applied in ePort.

4.5.5 The advisory panel bases its recommendation for registration in the General scope of practice on whether the intern has:

- satisfactorily completed four accredited clinical attachments
- substantively attained the learning outcomes outlined in the NZCF (see standard 3.1.1)
- completed a minimum of 10 weeks (full time equivalent) in each clinical attachment
- developed an acceptable PDP for PGY2, to be completed during PGY2
- advanced cardiac life support (ACLS) certification at the standard of New Zealand Resuscitation Council CORE Advanced less than 12 months old.

4.5 Advisory panel to recommend registration in the General scope of practice			
	Met	Substantially met	Not met
Rating	X		
Commentary:			

Comments:
The DHB has an established Advisory Panel to comply with Council's requirements. The Advisory Panel considers interns' progress at the end of PGY1.

This is monitored by the RMO Unit, and reminders are regularly sent to interns to complete this process.

Advisory panel decisions are based on interns successfully completing the required criteria to achieve registration in the general scope of practice.

Required actions:
Nil.

4.6	End of PGY2 – removal of endorsement on practising certificate
4.6.1	There is a monitoring mechanism in place to ensure that all eligible PGY2s have applied to have the endorsement removed from their practising certificates.
4.6.2	There is a monitoring mechanism in place to ensure that prevocational educational supervisors have reviewed the progress of interns who have applied to have their endorsement removed.

4.6 End of PGY2 – removal of endorsement on practising certificate			
	Met	Substantially met	Not met
Rating	X		
Commentary:			

Comments:
There is a mechanism to ensure that all eligible PGY2s have applied to have their endorsement removed from their practising certificates. The CMO, prevocational supervisors and other key staff members convene regularly to review these cases. Interns are able to liaise with their RMO unit and prevocational educational supervisors if they have concerns surrounding this process.

Required actions:
Nil.

5 Monitoring and evaluation of the intern training programme

5	Monitoring and evaluation of the intern training programme
5.1	Processes and systems are in place to monitor the intern training programme with input from interns and supervisors.
5.2	There are mechanisms in place that enable interns to provide anonymous feedback about their educational experience on each clinical attachment.
5.3	There are mechanisms that allow feedback from interns and supervisors to be incorporated into quality improvement strategies for the intern training programme.
5.4	There are mechanisms in place that enable interns to provide anonymous feedback on their prevocational educational supervisors, RMO unit staff and others involved in intern training.
5.5	The training provider routinely evaluates supervisor effectiveness taking into account feedback from interns.
5.6	There is a process to address any matters raised by Council in relation to training, including those arising from accreditation visits.

5. Monitoring and evaluation of the intern training programme			
	Met	Substantially met	Not met
Rating			X
Commentary:			

Comments:
Anonymous feedback is obtained from the interns after each clinical attachment using an online survey. However, there is no clear process to monitor the feedback, or evidence that the feedback is provided to clinical supervisors, heads of department or the CMO. The Prevocational Training and Management Committee is able to review the clinical attachment feedback. However, on review of the 2019 minutes of this Committee, it does not appear to have reviewed the intern feedback or initiated any quality improvement process.

Interns are not asked to provide anonymous feedback on their prevocational educational supervisors, RMO Unit staff or others involved in intern training. However, informal feedback may be provided to prevocational educational supervisors and the RMO Committee through scheduled meetings.

Any concerns raised by Council in relation to training are primarily addressed by the Chief Medical Officer.

Required actions:

12. Southern DHB must ensure that processes and systems are in place to monitor the intern training programme with input from interns and supervisors. This must be implemented by 30 June 2020.
13. Southern DHB must ensure that mechanisms are in place to gather feedback from interns and supervisors and incorporate this into quality improvement strategies for the intern training programme. This must be implemented by 30 June 2020.
14. Southern DHB must ensure that there are mechanisms in place for interns to provide anonymous feedback on their Prevocational Education Supervisor, the RMO Unit staff and others involved in the intern training programme. This must be implemented by 30 June 2020.
15. Southern DHB must routinely evaluate supervisor effectiveness, taking into account feedback from interns. This must be implemented by 30 June 2020.

6 Implementing the education and training framework

6.1 Establishing and allocating accredited clinical attachments

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

6.1 Establishing and allocating accredited clinical attachments			
	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:
Processes and mechanisms are in place to ensure the currency of accredited clinical attachments. The clinical attachments are reviewed annually via ePort as required by Council.

There is a process to develop clinical attachments, with input from the prevocational educational supervisors and the RMO unit.

Interns are provided with a selection 'band' of attachments designed to ensure that they receive placements consistent with Council's requirements for PGY1. In commencing their second intern year, interns' feedback is sought to ensure that attachments are allocated that take into account their career intentions.

Required actions:
Nil.

6.2 Welfare and support

6.2.1 The duties, rostering, working hours and supervision of interns are consistent with the delivery of high quality training and safe patient care.
6.2.2 The training provider ensures a safe working and training environment, which is free from

bullying, discrimination and sexual harassment.

6.2.3 The training provider ensures a culturally-safe environment.

6.2.4 Interns have access to personal counselling, and career advice. These services are publicised to interns and their supervisors.

6.2.5 The procedure for accessing appropriate professional development leave is published, fair and practical.

6.2.6 The training provider actively encourages interns to maintain their own health and welfare and to register with a general practitioner.

6.2.7 Applications for annual leave are dealt with fairly and transparently.

6.2.8 The training provider recognises that Māori interns may have additional cultural obligations, and has flexible processes to enable those obligations to be met.

6.2 Welfare and support

	Met	Substantially met	Not met
Rating		X	

Commentary:

Comments:

The quality of the training and supervision provided during relief attachments is of concern. Interns in relief attachments are not regularly supervised and there were several instances of interns not having any contact with the supervising consultant.

The work environment is a supportive and safe working and training environment and there are no concerns about cultural discrimination. There is a 'Speak Up' programme in place to allow interns to raise workplace concerns with their peers.

An Employee Assistance Programme is available for counselling support, and interns have set up their own peer support groups through a self-governed RMO Committee.

Interns at Southland Hospital are able to openly review the electronic leave roster, and negotiate with the RMO unit regarding their education leave requirements. There is an 'open-door policy' for acquiring leave at the Dunedin site, and interns report being able to acquire leave if they are organised with their requests.

Interns are actively advised to register with a general practitioner, and the Māori Health Directorate are developing a programme to support *tikanga* Māori.

Required actions:

16. The DHB must ensure that supervision and education of interns in relief attachments is consistent with the delivery of high quality training and safe patient care. This must be implemented with immediate effect.

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 is clear and easily accessible to interns regarding their training programme. There is a published teaching schedule, and reminders are frequently disseminated through communication channels such as email and posters.

There is a two year rotational programme available at Dunedin Hospital, and interns report being able to input into their own education programme and request topics for discussion in conjunction with the prevocational educational supervisor. At Southland Hospital, interns report being able to contribute to the selection of their education topics and working closely with their educational supervisor to ensure a comprehensive curriculum.

Required actions:
Nil.

6.4	**Resolution of training problems and disputes**
6.4.1	There are processes to support interns to address problems with training supervision and training requirements that maintain appropriate confidentiality.
6.4.2	There are clear and impartial pathways for timely resolution of training-related disputes.

6.4 Resolution of training problems and disputes

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:
There is an appropriate process to support interns in addressing problems with training supervision and training requirements. Interns report having ready access to their prevocational educational supervisors if they have concerns. Supervisors and the RMO unit report that care is taken to maintain confidentiality.

Required actions:
Nil.

7 Facilities

7	**Facilities**
7.1	Interns have access to appropriate educational resources, facilities and infrastructure to support their training.

7. Facilities

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:
Both Dunedin and Southland Hospital have extensive libraries, which allow interns to access a wide range of resources. Interns also have access to subscription based journals and electronic educational resources.

There are a number of accessible computers and laptops in the wards and in the RMO rooms. All interns have access to Wi-Fi within the two hospitals.

Simulation training is available in the Skills Lab at Dunedin Hospital and in the Education Centre at Southland Hospital. The Education Centre is new and has been purpose built for intern training. It is able to be used for intern study, seminars, video conferencing and research. In addition, Dunedin Hospital has recently opened a clinical simulation lab inside the hospital to enhance simulation based training, and also offers pop up simulation training.

Required actions:
Nil.