



# Prevocational medical training accreditation report: Nelson Marlborough District Health Board

Date of site visit: 30 & 31 May 2016

Date of report: 12 October 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 Nelson Marlborough District Health Board (DHB) as a training provider of prevocational training involved:

1. A self-assessment undertaken by Nelson Marlborough 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 Nelson Marlborough DHB.
3. A site visit by an accreditation team to Nelson and Wairau Hospitals on 30 and 31 May 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 Nelson Marlborough DHB staff.

The Accreditation Team is responsible for the assessment of the Nelson Marlborough 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 are provided 30 days to seek formal reconsideration of the accreditation report and/or Council's decision.
7. The accreditation report is published on Council's website 30 days after notifying the training provider of its decision. If formal reconsideration of the accreditation report and/or Council's decision is requested by the training provider then the report will be published 30 days after the process has been completed and a final decision has been notified to the training provider.

# The Medical Council of New Zealand's accreditation of Nelson Marlborough District Health Board



<b>Name of training provider:</b>	Nelson Marlborough DHB
<b>Name of site(s):</b>	Nelson Hospital Wairau Hospital
<b>Date of training provider accreditation visit:</b>	30 and 31 May 2016
<b>Accreditation visit team members:</b>	Dr Curtis Walker (Accreditation Team chair) Dr Allen Fraser Ms Laura Mueller Dr Alastair Maclean Ms Joan Crawford Ms Krystiarna Jarnet Ms Eleanor Quirke
<b>Key staff the accreditation visit team met with:</b>	
Chief Executive:	Mr Chris Fleming
Chief Medical Officer	Dr Nick Baker
Prevocational Educational Supervisors:	Dr Carmen Brown (Wairau Hospital) Dr Reon van Rensburg (Wairau Hospital) Dr Suzanne Busch (Nelson Hospital) Dr Tammy Pegg (Nelson Hospital) Dr Wendy Hunter (Nelson Hospital)
RMO unit staff:	Ms Jenine Down Ms Loretta Matheson
Others	Ms Rosey Wilson
<b>Number of interns at training provider:</b>	
Postgraduate year 1 interns:	12 at Nelson Hospital, 4 at Wairau Hospital
Postgraduate year 2 interns:	9 at Nelson Hospital, 3 at Wairau Hospital

## Section A – Executive Summary

The Nelson Marlborough District Health Board (DHB) offers a broad range of clinical attachments to interns across its two main sites (Wairau Hospital and Nelson Hospital).

There is a strong formal education programme in place at both sites, with a suitable breadth of topics presented by committed senior clinicians. The Resident Medical Officer (RMO) Operational group (formerly the RMO Governance group) provides oversight of the prevocational education programme and has appropriate intern representation and input.

Through these, Nelson Marlborough DHB has demonstrated a commitment to the education, training, medical practice and support of the interns it employs. However, the DHB needs to be more explicit in its documentation of the strategic importance of intern education and training in order to protect the longer term sustainability and quality of the programme. Other areas requiring formal documentation of informal systems and processes include intern management, intern performance when it may affect patient safety and training disputes resolution.

Interns report a generally very positive experience and in particular they value the direct collegial relationships with their clinical supervisors. The generalist medical and surgical experiences are well complemented by a range of clinical specialities. All of this results in a sound apprenticeship-model of learning. There was some uncertainty amongst interns about the requirements to achieve general registration at the end of postgraduate year 1 and the requirements for successfully completing postgraduate year 2.

A major area of concern is the night shifts in the emergency department at Nelson Hospital. Having a sole postgraduate year 2 intern covering emergency department patients overnight is not an appropriately supported clinical attachment and this issue must be resolved.

A further area of concern is bullying of interns in the Nelson Intensive Care Unit (ICU). Although the DHB has recently adopted an anti-bullying and harassment programme, which is encouraging, Council requires that this issue is satisfactorily resolved.

The DHB is strongly encouraged to develop and implement community-based attachments for interns. The DHB also needs to ensure all remaining applications for accreditation of clinical attachments are lodged with the Medical Council of New Zealand (Council). Both of these will require prioritisation and support from the executive leadership of the DHB.

Overall, the DHB met 15 of the 22 sets of standards of Council's *Accreditation standards for training providers*. There are three sets of standards that were not met and four sets of standards which were substantially met. The DHB will be required to meet these within six months of this report being finalised.

The three sets of standards that were not met are:

- 1.0 Strategic priorities.
- 3.2 Programme components.
- 6.2 Welfare and support

The four sets of standards that were substantially met are:

- 2.1 The context of intern training.
- 4.1 Process and systems.
- 6.1 Establishing and allocating accredited clinical attachments.
- 6.4 Resolution of training problems and disputes.

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

1. Support for prevocational medical training must be demonstrated in the Nelson Marlborough DHB strategic plan and the DHB must develop documentation clearly demonstrating the position of intern education and training within the strategic framework.
2. Clear organisational and operational processes to manage interns must be developed and documented and should clearly demonstrate the role of the Chief Medical Officer in prevocational training.
3. The process to address concerns about intern performance that may impact on patient safety must be documented.
4. The night shift issues in the emergency department clinical attachments at Nelson Hospital must be resolved so that the interns are adequately and safely supported. For the sake of clarity, an intern must never be the sole emergency department doctor on duty at any time. Given the high level of concern for the safety of interns in this situation, this must be addressed and a report confirming the details of this provided to the Medical Council of New Zealand by **31 July 2016**.
5. Interns must be encouraged, enabled and monitored to ensure understanding of the process and mechanisms for meeting the requirements for general registration, and for meeting the requirements for prevocational medical training for postgraduate year 2 interns.
6. All applications for accreditation of clinical attachments for 2017 must be received by the Medical Council of New Zealand by **30 September 2016**.
7. The issue of bullying in the intensive care unit at Nelson Hospital must be addressed and resolved.
8. A formal dispute management system for how interns can address problems must be documented and promoted to interns. It should provide clear processes, responsibilities and pathways for resolution that can all be dealt with in a confidential manner.

## Overall outcome of the assessment

The overall rating for the accreditation of Nelson-Marlborough DHB as a training provider for prevocational medical training is:	SUBSTANTIALLY MET
<p>Nelson Marlborough DHB holds accreditation until <b>12 October 2019</b> subject to;</p> <ul style="list-style-type: none"><li>• Council receiving an interim report from Nelson Marlborough DHB by 12 April 2017 that addresses the following required actions;<ol style="list-style-type: none"><li>1. Support for prevocational medical training must be demonstrated in the Nelson Marlborough DHB strategic plan and the DHB must develop documentation clearly demonstrating the position of intern education and training within the strategic framework.</li><li>2. Clear organisational and operational processes to manage interns must be developed and documented and should clearly demonstrate the role of the Chief Medical Officer in prevocational training.</li><li>3. The process to address concerns about intern performance that may impact on patient safety must be documented.</li><li>5. Interns must be encouraged, enabled and monitored to ensure understanding of the process and mechanisms for meeting the requirements for general registration, and for meeting the requirements for prevocational medical training for postgraduate year 2 interns.</li><li>6. All applications for accreditation of clinical attachments for 2017 must be received by the Medical Council of New Zealand by <b>30 September 2016</b>.</li><li>7. The issue of bullying in the intensive care unit at Nelson Hospital must be addressed and resolved.</li><li>8. A formal dispute management system for how interns can address problems must be documented and promoted to interns. It should provide clear processes, responsibilities and pathways for resolution that can all be dealt with in a confidential manner.</li></ol></li><li>• Council receiving a further update in November 2016 on the DHB's progress towards addressing the concerns highlighted in the following required action;<ol style="list-style-type: none"><li>4. The night shift issues in the emergency department clinical attachments at Nelson Hospital must be resolved so that the interns are adequately and safely supported. For the sake of clarity, an intern must never be the sole emergency department doctor on duty at any time. Given the high level of concern for the safety of interns in this situation, this must be addressed and a report confirming the details of this provided to the Medical Council of New Zealand by <b>31 July 2016</b>.</li></ol></li></ul>	

## 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>The strategic importance of high quality intern education at Nelson Marlborough DHB is evidenced by the commitment of the Chief Medical Officer, prevocational educational supervisors, clinical supervisors and the presence and functioning of the Resident Medical Officer (RMO) Operations Group (until recently this was named the RMO Governance Group). This group provides leadership and oversight of prevocational medical training, and is responsible for quality assurance and quality improvement.</p> <p>The work of the RMO Operational Group at the DHB is to be commended. Interns from Wairau and Nelson Hospitals are represented on the group and appear to have effective involvement. However the recent name change to the RMO Operational Group raises concerns that the focus could shift from governance to operational matters. If governance, strategy and oversight functions were to be provided by the DHB's Clinical Governance Committee, this structure may risk insufficient focus on and strategic oversight of prevocational education of interns. It was noted that the existing terms of reference of the RMO Operational Group are draft and subject to confirmation by the Clinical Governance Committee.</p> <p>At DHB level, there is a lack of formal recognition of prevocational intern education in the DHB's strategic plan or related documents. This leaves the current overall good standard of intern training and education at risk from changes in personnel, increasing service demands and or resource limitations. An example of this is the apparent lack of support and resourcing for community based attachments.</p> <p><b>Commendations:</b></p>			

- There is a strong commitment from clinical supervisors and prevocational educational supervisors to intern education.
- The Chief Medical Officer is Chair of the RMO Governance Group, and this group is playing an important role in the strategic oversight of intern training and education.

**Recommendations:**

- The draft terms of reference of the RMO Operational Group should be finalised.
- The RMO Operational Group's should maintain a focus on the governance of the intern education.

**Required actions:**

1. Support for prevocational medical training must be demonstrated in the Nelson Marlborough DHB strategic plan and the DHB must develop documentation clearly demonstrating the position of intern education and training within the strategic framework.

## 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:**

**Comments:**

Nelson Marlborough DHB demonstrates that it has the responsibility, authority, mechanisms to plan, develop and implement and review the intern training programme. However it does not appear that adequate resources have been allocated to the administration and coordination of the intern training programme or the development of community based clinical attachments. Therefore at a strategic level, it was not clear that adequate commitment is in effect.

At the operational level, Nelson Marlborough DHB appears committed to developing, planning and implementing the intern training programme within the resources allocated by the DHB.

The Chief Medical Officer has executive accountability and commitment for intern training. The structures to manage interns are effective, but they are not clearly defined or documented. For example there is a lack of

clearly documented procedures to address concerns about interns that may impact on patient safety. However, the clinical supervisors engage with the prevocational educational supervisors as required. The small size of the Wairau intern cohort with their direct interaction with the senior medical staff enables the quick identification of any issues with an underperforming intern.

The interns are appreciative of the level of support provided by the prevocational educational supervisors.

The DHB has good communication with Council and notifies of changes in the intern training programme.

**Commendation:**

The prevocational educational supervisors are fully engaged with and dedicated to the intern training programme.

**Recommendation:**

The DHB should ensure it allocates sufficient resources to support, administer and coordinate a sustainable intern training programme. In particular, the Resident Medical Officer Unit appears to have such a wide range of responsibilities that prevocational education risks being inadequately prioritised due to other workload pressures.

**Required actions:**

2. Clear organisational and operational processes to manage interns must be developed and documented and should clearly demonstrate the role of the Chief Medical Officer in prevocational training.
3. The process to address concerns about intern performance that may impact on patient safety must be documented.

**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 senior medical staff at the DHB have high levels of engagement with intern training, and have the appropriate medical expertise to provide sound teaching and assessment. The senior medical staff receive updates on medical education through college involvement, university roles, being trainers on courses such as Advanced Paediatric Life Support as well as regular updates on site, including Council clinical supervisor training and human factors training. A large number of senior staff have completed the process communication model courses last year. The choice of a retired college principal has brought educational rigour to the prevocational medical training advisory panel.

Teaching at the DHB is based on the apprenticeship model. It appears effective and the direct relationship interns have with senior medical staff facilitates this.

**Commendation:**

The senior medical staff are enthusiastic about teaching interns, and have the appropriate medical expertise to do so. This enhances the apprenticeship model of learning.

<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> The DHB has good relationships with the University of Otago and primary care providers. The effective relationships with primary care will enable community based attachments to be established.</p> <p><b>Commendations:</b> Wairau Hospital has strong links with primary care which has enabled a general practice community based attachment to be successfully piloted in 2016.</p> <p><b>Required actions:</b> Nil.</p>			

### 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:			

**Comments:**

Prevocational educational supervisors, clinical supervisors and interns at the DHB have all engaged well with ePort and this has translated into the setting of goals at the meeting at the beginning of attachment. The mid and end of clinical attachment assessments continue to be completed and recorded.

Interns reported receiving excellent feedback from their clinical supervisors and this has been captured in their record of learning in ePort. The clinical supervisors also reported that ePort encouraged more positive and meaningful interactions with their interns. Both sites are recording the required attachment assessments, although improvements could be made to the timeliness of these. Interns at Wairau Hospital commented that with the flatter team structure they often had a greater number of meetings than are required and informal meetings that were not recorded were also beneficial.

It is the Resident Medical Officer (RMO) coordinator's role to monitor the regular meetings between interns and their clinical supervisors as well as general progress with the attainment of learning outcomes, however due to the new appointment at Wairau Hospital, the RMO coordinator at Nelson Hospital is currently responsible for monitoring ePort for interns across both sites. Workload issues in the RMO unit are preventing full and effective use and monitoring of ePort by the RMO unit.

**Commendation:**

The enthusiasm in which clinical supervisors and prevocational educational supervisors have embraced ePort is to be commended.

**Recommendation:**

The Wairau RMO coordinator should complete training in ePort with Council staff to allow her to undertake monitoring of regular meeting between clinical supervisors and interns and general intern progress at Wairau Hospital.

**Required actions:**

Nil.

### 3.2 Programme components

- 3.2.1 The intern training programme overall, and the individual clinical attachments, are structured to support interns to achieve the goals in their PDP and substantively attain the learning outcomes in the NZCF.
- 3.2.2 The intern training programme for each PGY1 consists of four 13-week accredited clinical attachments which, in aggregate, provide a broad based experience of medical practice.
- 3.2.3 The training provider has a system to ensure that interns' preferences for clinical attachments are considered, mindful of the overall learning objectives of the NZCF and their individual PDP goals in the context of available positions.
- 3.2.4 The training provider selects suitable clinical attachments for training on the basis of the experiences that interns can expect to achieve, including the:
- workload for the intern and the clinical unit
  - complexity of the given clinical setting
  - mix of training experiences across the selected clinical attachments and how these, in aggregate, support achievement of the goals of the intern training programme.
- 3.2.5 The training provider, in discussion with the intern and the prevocational educational supervisor shall ensure that over the course of the two intern years each intern spends at least one clinical

attachment in a community setting. This requirement will be implemented over a five year period commencing November 2015 with all interns meeting this requirement by November 2020.

3.2.6 Interns are not rostered on night duties during the first six weeks of their PGY1 intern year.

3.2.7 The training provider ensures there are mechanisms in place for appropriate structured handovers between clinical teams and between shifts to promote continuity of quality care.

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

### 3.2 Programme components

	Met	Substantially met	Not met
Rating			X

Commentary:

#### Comments:

The intern training programme at the DHB overall is structured to support interns to achieve the goals in their professional development plan (PDP) and substantively attain the learning outcomes in the *New Zealand Curriculum Framework for prevocational medical training (NZCF)*. Both sites offer appropriate, supported clinical attachments with a broad base of learning experience with the exception of the emergency department.

On both sites the intern representatives were enthusiastic and largely complimentary of their experiences. On the whole, interns reported being supported and valued in their roles. Improvement has been made in staffing the evening shift since the previous accreditation visit. Interns are not rostered on night shift for the first 6 months of their postgraduate year 1.

There is significant concern around the emergency department night shifts at Nelson Hospital. Postgraduate year 2 interns describe these as "terrifying". Council's Accreditation Team was able to confirm with the Head of Department of emergency medicine that an intern is the sole doctor on duty in the emergency department overnight. The interns report that they are often responsible for well in excess of eight acute emergency presentations each shift. Although both the emergency department and non-emergency department consultants are seen as supportive and readily come in from home if requested, the number of patients and their complexity means that interns report feeling unsafe and that they feel the care offered is at times substandard. The number of emergency department presentations and case complexity requires a more senior emergency medicine doctor to be present in the department. Without this the postgraduate year 2 intern is not getting the safety, supervision, education and training that they require. The DHB is aware of this situation and yet to date the issue has not been resolved.

At Wairau Hospital, some clinical supervisors reported that interns working on orthopaedic clinical attachments are reluctant to call the on-call consultant overnight. This has been mitigated to a degree by the emergency department providing support should an orthopaedic opinion be required overnight. However there is concern about the impact this may have on interns. The interns report that when they request help from all other specialities overnight it is readily and rapidly available.

Over recent years, the DHB has been offering community placements with local general practices. Due to withdrawal of external funding these placements have now ceased. One community based attachment was undertaken in Wairau this year and the intern involved was a strong advocate for this placement. There appear to be opportunities within the area for community attachments that are not just general practice based. The RMO unit has reported 8 interns are scheduled to complete community based attachments in 2017. It is strongly encouraged that this occurs in order to incrementally move towards Council's requirement of all interns completing a community attachment by 2020.

Medical handover in both sites is reported to be satisfactory. Surgical handover at Wairau Hospital was reported to be satisfactory. However the morning surgical handover at Nelson Hospital lacks formal structure.

Senior medical staff from the medical department reported that they are currently restructuring their teams in an effort to provide a better form of continuity of supervision to interns. The impact to interns of changes should be monitored.

Council's policy on informed consent is not fully understood or consistently applied across the DHB. Overall there does not appear to be pressure for interns to consent in situations where they are not comfortable. However, there is some confusion for interns at Wairau Hospital when pre-admitting patients for procedures at Nelson Hospital where consent forms are included in the pre-admission documentation. Some interns felt pressure to complete informed consent in these situations. This needs to be clarified for the interns.

In the medical day-stay unit at Nelson Hospital the interns report some situations where they feel they have to consent out of concern that patients may miss out on treatment if they did not obtain consent. In this setting, the interns report that sometimes it was difficult to identify the appropriate consultant to discuss that particular consent. However, clinical supervisors expect to be contacted by their interns about consenting these patients and report they are available. Therefore the interns require clarity on who the consultant responsible for the patient is.

The orientation documents at both sites give clear guidance on how and when to call senior medical staff for advice and this is understood by the interns.

**Commendation:**

Overall, interns were complimentary and happy with the training, education and support they are receiving.

**Recommendations:**

- Nelson Marlborough DHB should explore and further develop community based attachments and ensure that interns have greater opportunity to complete a community based attachment in order to be on target for 2020, when all interns will need to complete an attachment in the community over their two year prevocational training period.
- To support informed consent, clarity should be provided to interns on which consultant is responsible for any patients presenting at the medical day stay at Nelson Hospital.
- At Wairau Hospital, information should be provided to interns clarifying who is responsible for obtaining informed consent during pre-admission for procedures at Nelson Hospital.

**Required actions:**

4. The night shift issues in the emergency department clinical attachments at Nelson Hospital must be resolved so that the interns are adequately and safely supported. For the sake of clarity, an intern must never be the sole emergency department doctor on duty at any time. Given the high level of concern for the safety of interns in this situation, this must be addressed and a report confirming the details of this provided to the Medical Council of New Zealand by **31 July 2016**.

**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 in place and well-structured across both sites at the DHB. Recent personnel changes in the Resident Medical Officer (RMO) Unit may impact on this and will need to be monitored.

The formal education sessions are an hour over lunch time on several days each week and are recognised as protected teaching time. There is a system for pagers and phones to be diverted which interns report was used at Nelson Hospital but inconsistently used at Wairau Hospital.

Interns report difficulty in attending the formal teaching programme at Wairau Hospital when on the orthopaedic clinical attachment. Interns report that they are expected to assist in theatre instead.

A record of attendance to the formal education programme is self-reported on a sheet of paper but is not formally monitored. Given the small cohort of interns, the prevocational educational supervisors know who is attending, however a formal attendance record should be maintained and monitored to allow problems with attendance to be picked up early and to identify barriers to attendance.

There are adequate team based teaching and learning opportunities which is greatly appreciated by the interns. In addition, there is support for remote teaching opportunities via teleconference.

Interns on both sites have access to Morbidity and Mortality meetings, case presentations, journal clubs, radiology and pathology meetings and multi-disciplinary meetings. However the interns at Nelson Hospital do not always know when or where the Morbidity and Mortality meeting are.

Simulation has recently been developed at Nelson Hospital through the emergency department.

A specific breakfast club is offered to discuss self-care topics in addition to those covered within the formal teaching program.

Overall, there is a comprehensive formal education programme, well supported by senior clinicians.

#### Commendation:

There are extensive opportunities for teaching through the week including the formal teaching programme. The DHB incorporate feedback from interns to inform future teaching sessions.

#### Recommendations:

- Attendance at formal teaching sessions should be documented and monitored and should be used to determine what may be impacting on attendance.
- Interns on the orthopaedic clinical attachment at Wairau Hospital should be supported to attend the formal teaching sessions.

#### 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> The DHB offers an initial comprehensive hospital orientation that is appreciated by the interns. For interns joining midway through the year orientation is organised on an individual basis and is also reported by the interns, clinical supervisors and the Resident Medical Officer (RMO) coordinator as thorough. The orientation programme is well supported, has input from interns and is regularly reviewed.</p> <p>There is currently a review being undertaken of the DHB's orientation documentation, and individual departmental orientations are also being reviewed. The availability of orientation documentation will be improved by implementing the planned RMO section of the DHB's intranet.</p> <p><b>Commendation:</b> At both sites, the hospital wide orientation at the start of the year and the orientation for any interns commencing part way through the year is very good and appreciated by interns. It has input from interns and is regularly reviewed.</p> <p><b>Recommendation:</b> Implementation of the planned RMO section of the intranet should be prioritised.</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> Part time contracts are supported and flexible training opportunities are offered at the DHB although there are not currently any interns with flexible working arrangements.</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> Interns are appreciative of the support they receive from the prevocational educational supervisors, and for the clinical supervision available at Nelson Marlborough DHB. However, there was confusion amongst interns and supervisors as to the requirements for gaining registration within a general scope of practice for postgraduate year 1 interns, and the requirements for prevocational medical training for postgraduate year 2 interns.</p> <p><b>Commendation:</b> There has been a willingness and enthusiasm to embrace the use of ePort by both interns and clinical supervisors.</p> <p><b>Required action:</b> 5. Interns must be encouraged, enabled and monitored to ensure understanding of the process and mechanisms for meeting the requirements for general registration, and for meeting the requirements for prevocational medical training for postgraduate year 2 interns.</p>			
4.2 Supervision			
4.2.1	The training provider has an appropriate ratio of prevocational educational supervisors in place to oversee the training and education of interns in both PGY1 and PGY2.		
4.2.2	Mechanisms are in place to ensure clinical supervision is provided by qualified medical staff with the appropriate competencies, skills, knowledge, authority, time and resources.		
4.2.3	Interns are clinically supervised at a level appropriate to their experience and responsibilities at all times.		
4.2.4	Administrative support is available to prevocational educational supervisors so they can carry out their roles effectively.		
4.2 Supervision			
	Met	Substantially met	Not met
Rating	X		
Commentary:			

**Comments:**

The recent appointment of a further prevocational educational supervisor ensures that the DHB achieves the appropriate ratio of interns per supervisor. They are enthusiastic, actively engaged, and highly regarded by the interns. Discussion with the clinical supervisors and interns indicate that the clinical supervision is appropriate for the level of training and experience.

Administrative support for the prevocational educational supervisors is provided by the Resident Medical Officer (RMO) unit. A number of changes have occurred in the staffing of the unit with the staff member responsible for managing the formal teaching programme leaving and a new RMO coordinator commencing at Wairau Hospital. The impact of this on available administrative support for the prevocational educational supervisors needs to be monitored.

**Commendation:**

The DHB has been proactive in ensuring appropriate numbers of prevocational educational supervisors.

**Recommendation:**

The DHB should review and monitor the administrative support available to prevocational educational supervisors to ensure they can carry out their roles effectively.

**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:**

The DHB has supported training for clinical supervisors, and many clinical supervisors have attended a supervision training workshop. However there is no system in place to track attendance.

The prevocational educational supervisors have all attended the Council’s annual meetings for prevocational educational supervisors.

**Commendation:**

Clinical supervisors have been encouraged and enabled to attend training workshops.

**Recommendation:**

Individual clinical supervisor attendance at training workshops (either Council or medical college led) should be tracked and monitored, with the aim of ensuring that all attend at least one within three years of commencing their role.

<b>Required actions:</b> Nil.			
<b>4.4 Feedback to interns</b>			
4.4.1	Systems are in place to ensure that regular, formal, informal and documented feedback is provided to interns on their performance within each clinical attachment and in relation to their progress in completing the goals in their PDP, and substantively attaining the learning outcomes in the NZCF. This is recorded in the intern's e-portfolio.		
4.4.2	Mechanisms exist to identify at an early stage interns who are not performing at the required standard of competence; to ensure that the clinical supervisor discusses these concerns with the intern, the prevocational educational supervisor (and CMO or delegate when appropriate); and that a remediation plan is developed and implemented with a focus on patient safety.		
<b>4.4 Feedback to interns</b>			
	<b>Met</b>	<b>Substantially met</b>	<b>Not met</b>
Rating	<b>X</b>		
Commentary:			
<p><b>Comments:</b> Interns in difficulty are identified quickly and there are interventions made which appear sound and effective. However, there is no documented policy setting out the processes to be followed. This could result in what appears to be an excellent support system failing should there be personnel change.</p> <p>Formal feedback occurs and is documented.</p> <p><b>Commendation:</b> The close relationship between interns and their clinical supervisors results in frequent ongoing and informal feedback. This has the benefit of maintaining a high level of enthusiasm in the interns.</p> <p><b>Recommendation:</b> A policy document or protocol should be developed to strengthen the processes that are followed when concern is raised about an intern's progress.</p> <p><b>Required actions:</b> Nil.</p>			
<b>4.5 Advisory panel to recommend registration in a general scope of practice</b>			
4.5.1	The training provider has an established advisory panel to consider progress of each intern during and at the end of the PGY1 year.		
4.5.2	The advisory panel will comprise: <ul style="list-style-type: none"> <li>• a CMO or delegate (who will Chair the panel)</li> <li>• the intern's prevocational educational supervisor</li> <li>• a second prevocational educational supervisor</li> <li>• a lay person.</li> </ul>		
4.5.3	The panel follows Council's <i>Guide for Advisory Panels</i> .		

- 4.5.4 There is a process for the advisory panel to recommend to Council whether a PGY1 has satisfactorily completed requirements for a general scope of practice or should be required to undertake further intern training.
- 4.5.5 There is a process to inform Council of interns who are identified as not performing at the required standard of competence.
- 4.5.6 The advisory panel bases its recommendation for registration in a general scope of practice on whether the intern has:
- 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:**

An advisory panel has been established which has the appropriate membership and is well supported by the Chief Medical Officer. The advisory panel functioned well in 2015.

**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:**

Plans are well 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 at Nelson Marlborough DHB.

**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:			
<p><b>Comments:</b></p> <p>A survey based on the internationally validated Postgraduate Educational Environment Measure tool has recently been implemented. This allows interns at the DHB to provide feedback about their educational experience on each clinical attachment. The prevocational educational supervisors reported that feedback will be collated and considered by the Resident Medical Officer (RMO) Operational group. If any concerns are identified about specific clinical attachments these will be fed back to Head of Departments and Clinical Directors of services. This process has not yet been implemented at the DHB and the DHB are encouraged to monitor its progress.</p> <p>RMO Management meetings are held monthly at Nelson Hospital and bimonthly at Wairau Hospital. All RMOs including postgraduate year 1s and postgraduate year 2s are invited to attend, along with the Service Manager Medical Services, a prevocational educational supervisor and RMO coordinator. Interns are provided an opportunity at this meeting to provide general feedback. Feedback is provided to the RMO Operational Group. The group has an appropriate composition of the Chief Medical Officer (CMO), the Service Manager for Medical Services and the prevocational educational supervisors from both sites, as well as interns from both sites. The group receives all feedback and provides ongoing leadership for quality improvement of prevocational medical training.</p> <p>Any issues related to prevocational medical training, including those raised through a Council accreditation report are included in CMO reporting to the Chief Executive Officer.</p> <p><b>Commendation:</b></p> <p>The new system allowing interns to provide feedback about their educational experience on each clinical attachment provides the DHB with an opportunity for ongoing quality assurance and quality improvement of prevocational medical training.</p> <p><b>Required actions:</b></p> <p>Nil.</p>			

## 6 Implementing the education and training framework

6.1 Establishing and allocating accredited clinical attachments			
6.1.1	The training provider has processes for applying for accreditation of clinical attachments.		
6.1.2	The process of allocation of interns to clinical attachments is transparent and fair.		
6.1.3	The training provider must maintain a list of who the clinical supervisors are for each clinical attachment.		
6.1 Establishing and allocating accredited clinical attachments			
	Met	Substantially met	Not met
Rating		X	
Commentary:			
<p><b>Comment:</b> A number of clinical attachments still await accreditation and have not yet been sent to Council for consideration. The DHB has outlined its process in accrediting clinical attachments, however the RMO unit is struggling with this process and reports some delays in obtaining the necessary information from clinical supervisors.</p> <p>Within the orientation manual, there is a request form to allow interns to provide preferences for clinical attachments. The interns do not report any concerns overall in being allocated their clinical attachments.</p> <p>The Resident Medical Officer (RMO) unit maintains a list of clinical supervisors for each attachment though ePort.</p> <p><b>Recommendation:</b> The RMO unit are provided with more senior clinical input and support for the accreditation process of clinical attachments.</p> <p><b>Required actions:</b></p> <p>6. All applications for accreditation of clinical attachments for 2017 must be received by the Medical Council of New Zealand by <b>30 September 2016</b>.</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></p> <p>Overall there is a very supportive, collegial work environment which enables a high quality intern experience at the DHB.</p> <p>Interns value the direct working relationships they have with clinical supervisors and this is seen as an attraction of working at the DHB. The addition of medical registrar positions at Nelson Hospital since the last Council accreditation visit is seen as a positive by interns. An evening admission shift for house officers has also improved workloads on long days. Similarly, the introduction of “4/3” night shifts has allowed for shorter long day shifts at Nelson Hospital, and a similar roster is planned for Wairau Hospital.</p> <p>Bullying behaviour by nursing staff in the intensive care unit at Nelson Hospital was reported by interns and prevocational educational supervisors. This issue is known to the DHB and they advise they have recently adopted the anti-bullying and harassment programme implemented by Counties Manukau DHB. The specific issue of bullying in the intensive care unit at Nelson Hospital needs to be addressed.</p> <p>Interns were well aware of the pastoral support provided by their prevocational supervisors and appeared comfortable approaching them with any welfare or bullying issues.</p> <p>The formal education programme includes sessions on maintaining interns’ own personal health and welfare. Counselling and support services are available through the DHB and information about these are also presented at orientation. Interns are pro-actively supported to find and register with a local general practitioner, and this is part of their orientation.</p> <p>Career advice is readily available through prevocational educational supervisors.</p> <p>Professional development leave and annual leave processes are published in the RMO orientation manuals at Wairau and Nelson Hospitals and are seen as “fair” at both sites, but are not always well organised and interns often need to cross cover absent colleagues, sometimes at quite short notice.</p> <p>Interns were well aware of the need to avoid prescribing to colleagues (both peers and senior colleagues), and did not report any pressure to do so.</p> <p><b>Commendations:</b></p> <ul style="list-style-type: none"> <li>• The addition of medical registrars, split night shifts and an evening admission shift have all improved intern workloads and education.</li> <li>• Pastoral care is provided by the DHB, interns are supported to find and register with a general practitioner and the formal education programme includes sessions on maintaining personal health and welfare. These are all supportive mechanisms that assist interns.</li> <li>• Clinical supervisors and prevocational educational supervisors are seen as approachable and supportive.</li> </ul> <p><b>Recommendations:</b></p> <p>The processes to arrange cover for annual leave should be reviewed to ensure a more systematic approach.</p> <p><b>Required actions:</b></p> <p>7. The issue of bullying in the intensive care unit at Nelson Hospital must be addressed and resolved.</p>			

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:			
<p><b>Comments:</b>  The <i>House Surgeon Orientation Manuals</i> provide good detail and guidance on the intern training programme. In particular the teaching session timetable and topics are well communicated by the prevocational educational supervisors.</p> <p>Given the size and close collegial relationships between interns, clinical and prevocational educational supervisors, regular, often daily communication is being readily achieved.</p> <p><b>Required actions:</b>  Nil.</p>			
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:			
<p><b>Comments:</b>  Interns report that prevocational educational supervisors and clinical supervisors are highly approachable, and they feel confident in raising issues with them. Although there are processes to assist interns to resolve disputes, these are informal and not documented and rely on the direct relationship between interns, clinical supervisors and educational supervisors. Processes need to be documented to ensure transparency, clarity and sustainability.</p> <p><b>Required actions:</b>  8. A formal dispute management system for how interns can address problems must be documented and promoted to interns. It should provide clear processes, responsibilities and pathways for resolution that can all be dealt with in a confidential manner.</p>			

## 7 Communication with Council

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

7. Process and systems			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p><b>Comments:</b> There is an established process for prevocational educational supervisors to inform Council if there are interns not performing at the required standard of competence and this is facilitated and automated through the electronic ePort system. The prevocational educational supervisors have a very good relationship with Council staff and communicate at an early stage about any interns they have concerns about.</p> <p><b>Required actions:</b> Nil.</p>			

## 8 Facilities

8 Facilities			
8.1	Interns have access to appropriate educational resources, facilities and infrastructure to support their training.		
8.2	The training provider provides a safe working and learning environment.		
8. Facilities			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p><b>Comments:</b> The facilities at the DHB such as the library and the intern lounge were not observed by the Accreditation Team. Overall feedback from the interns was positive.</p> <p>The interns in Nelson Hospital did not know that electronic databases and journals were available to them. However Wairau Hospital interns reported very good access, therefore some clarification to interns at Nelson Hospital is needed.</p> <p>The interns at Nelson Hospital report the Concerto system crashing repeatedly, which caused them frustration and an inability to access records.</p> <p>There were adequate resources such as computers, with interns reporting they could always access computers when needed.</p> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>• The teaching program should include a session on literature review and accessing clinical journals and online databases.</li> <li>• The planned revision of the orientation manual should include a section on the availability of and access to electronic journals and library services.</li> </ul> <p><b>Required actions:</b> Nil.</p>			