



Prevocational medical training accreditation report: Tairāwhiti District Health Board

Date of site visit: 4 April 2017

Date of report: 15 and 16 August 2017

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Background

Under the Health Practitioners Competence Assurance Act 2003 (HPCAA) the Medical Council of New Zealand (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.

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 Tairāwhiti District Health Board (DHB) as a training provider of prevocational training involved:

1. A self-assessment undertaken by Tairāwhiti DHB, with documentation provided to Council.
2. Interns being invited to complete a questionnaire about their educational experience at Tairāwhiti DHB.
3. A site visit by an accreditation team to Tairāwhiti DHB on 4 April 2017 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 Tairāwhiti DHB staff.

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

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



Name of training provider:	Tairāwhiti DHB
Name of site(s):	Gisborne Hospital
Date of training provider accreditation visit:	4 April 2017
Accreditation visit team members:	Dr Curtis Walker (Chair) Dr Sarah Nicolson Ms Kim Ngārimu Dr David Blundell Ms Valencia van Dyk Ms Eleanor Quirke
Key staff the accreditation visit team met with:	
Chief Executive:	Mr Jim Green
Chief Medical Officer	Dr Ros Iverson
Prevocational Educational Supervisors:	Dr Shaun Grant Dr Intesar Malik
RMO unit staff:	Ms Natalie Atkinson
Number of interns at training provider:	17
Postgraduate year 1 interns:	10
Postgraduate year 2 interns:	7
Number of accredited clinical attachments	28
Number of accredited community based attachments:	1

Section A – Executive Summary

Tairāwhiti DHB provides health services to the Gisborne and East Coast region. It has a large rural catchment area and serves a number of isolated communities and townships, in addition to the main urban centre of Gisborne.

Tairāwhiti DHB values its interns as its future medical workforce. The intern training programme is currently being delivered effectively by very committed prevocational educational supervisors and clinical supervisors, with the support of the Resident Medical Officer (RMO) coordinator. However, the intern training programme is not a key strategic priority for the DHB, and there is no clear strategic plan for prevocational medical education. There is also an inadequate governance structure to support the programme, which places the programme at risk in the longer term.

Tairāwhiti DHB has a relatively small number of interns, however these doctors make up the majority of the house officer positions, with only two house officers who are not either first or second year interns. As there are also very few registrar positions, the interns have a close and direct working relationship with clinical supervisors. This results in excellent clinical learning opportunities which are valued by interns and which result in a very positive experience overall.

The close clinical relationships are mirrored in the excellent relationships with the prevocational educational supervisors and the RMO coordinator. Interns feel that these people are approachable and readily available, and are very positive about the support they receive. The orientation to the DHB is notable for the marae visit and the ability of interns to “shadow” a colleague as part of their orientation. The roles and responsibilities associated with the process of gaining informed consent are particularly well supported and understood by interns and clinical supervisors.

The formal education programme caters well for postgraduate year 1 interns, with a range of topics. There is no formal teaching programme for postgraduate year 2 interns, although this is mitigated by the wide range of learning opportunities available on clinical attachments and the provision of a video link to teaching from the Royal College of Physicians of Edinburgh. However, interns working in the emergency department report difficulty attending the formal teaching sessions, and this should be addressed by the DHB. The interns feel empowered to provide informal feedback into the education programme components, and do so, however there is no formal mechanism for them to provide feedback on their clinical attachments.

Tairāwhiti DHB currently offers a single community based attachment, with no plans to create any further attachments. By November 2020, DHBs are required to ensure that over the course of the two intern years each intern spends at least one clinical attachment in a community setting. The DHB is required to provide a plan to Council as to how it intends to meet Council’s requirement by 2020.

Overall, the interns report a very positive experience in Tairāwhiti DHB and all confirmed that they would recommend it as a place to work and learn.

The DHB met 19 of the 22 sets of standards of Council’s *Accreditation standards for training providers*. There is one set of standards that was not met and two sets of standard which were substantially met.

Standard 1 regarding Strategic Priorities was not met. The two sets of standards that were substantially met are:

- 3.2 – Programme components
- 5 – Monitoring of the Intern Training Programme.

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

1. Evidence must be provided to demonstrate that high quality intern training is a key strategic priority at Tairāwhiti DHB. This must be reflected in the organisation's planning documents.
2. A strategic plan for the ongoing development and support of a sustainable medical training and education programme at the DHB must be developed and adopted.
3. Tairāwhiti DHB must develop clear clinical governance and quality improvement processes to support the intern training programme, and these must ensure intern representation.
4. By 2020, Tairāwhiti DHB must ensure that each intern spends at least one clinical attachment in a community setting over the course of the two intern years. The DHB must provide a plan to Council that details how it intends to meet this requirement.
5. A formal mechanism that allows interns to provide feedback on their clinical attachments, and the quality and content of the teaching sessions, must be developed and implemented by the DHB.

Overall outcome of the assessment

The overall rating for the accreditation of Tairāwhiti DHB as a training provider for prevocational medical training is:	SUBSTANTIALLY MET
<p>Tairāwhiti DHB holds accreditation until 16 August 2020, subject to Council receiving an interim report within 6 months that satisfies Council that the following required actions have been satisfactorily addressed:</p> <ol style="list-style-type: none">1. Evidence must be provided to demonstrate that high quality intern training is a key strategic priority at Tairāwhiti DHB. This must be reflected in the organisation's planning documents.2. A strategic plan for the ongoing development and support of a sustainable medical training and education programme at the DHB must be developed and adopted.3. Tairāwhiti DHB must develop clear clinical governance and quality improvement processes to support the intern training programme, and these must ensure intern representation.4. By 2020, Tairāwhiti DHB must ensure that each intern spends at least one clinical attachment in a community setting over the course of the two intern years. The DHB must provide a plan to Council that details how it intends to meet this requirement.5. A formal mechanism that allows interns to provide feedback on their clinical attachments, and the quality and content of the teaching sessions, must be developed and implemented by the DHB.	

Section B – Accreditation standards

1 Strategic priorities

1 Strategic Priorities			
1.1	High standards of medical practice, education, and training are key strategic priorities for training providers.		
1.2	The training provider is committed to ensuring high quality training for interns.		
1.3	The training provider has a strategic plan for ongoing development and support of a sustainable medical training and education programme.		
1.4	The training provider has clinical governance and quality assurance processes that ensure clear lines of responsibility and accountability for intern training in the overall context of quality medical practice.		
1.5	The training provider ensures intern representation in the governance of the intern training programme.		
1.6	The training provider will engage in the regular accreditation cycle of the Council which will occur at least every three years.		
1. Strategic Priorities			
	Met	Substantially met	Not met
Rating			X
Commentary:			
<p>Comments:</p> <p>Tairāwhiti DHB recognises the value of interns in achieving population health gains and states that intern training is a strategic priority. However, there is no formal documented strategic plan for the ongoing development and support of the intern training programme. Instead, the training programme is being run by committed individuals. The lack of a strategic plan and governance oversight of the programme places the longer term sustainability of the programme at risk.</p> <p>There is an established Clinical Governance Committee, whose terms of reference include oversight of the intern training programme. However, this Committee is not currently utilised to govern the intern training programme or provide it with strategic support. Instead, the interns use Local Resident Engagement Group (LREG) meetings to provide feedback and consultation on a wide range of issues, including the intern training programme.</p> <p>There are Resident Medical Officer positions on the Clinical Governance Committee but these are not specified as intern positions and the interns' role on the Committee should be clarified, along with the process used to select interns to the Committee.</p> <p>The DHB is engaged in the regular accreditation cycle of the Council. It is acknowledged that this accreditation was postponed from its original date in November 2016 due to unforeseen events out of both parties' control (the Kaikoura earthquakes).</p>			

Commendation:

The Local Resident Engagement Group, consisting of the Chief Medical Officer, prevocational educational supervisors and the Resident Medical Officer coordinator, engages well with the interns.

Required actions:

1. Evidence must be provided to demonstrate that high quality intern training is a key strategic priority at Tairāwhiti DHB. This must be reflected in the organisation's planning documents.
2. A strategic plan for the ongoing development and support of a sustainable medical training and education programme at the DHB must be developed and adopted.
3. Tairāwhiti DHB must develop clear clinical governance and quality improvement processes to support the intern training programme, and these must ensure intern representation.

2 Organisational and operational structures

2.1 The context of intern training			
2.1.1	The training provider can demonstrate that it has the responsibility, authority, and appropriate resources and mechanisms to plan, develop, implement and review the intern training programme.		
2.1.2	The Chief Medical Officer (CMO) or their delegate (for example a Clinical Director of Training) has executive accountability for meeting prevocational education and training standards and for the quality of training and education.		
2.1.3	There are effective organisational and operational structures to manage interns.		
2.1.4	There are clear procedures to address immediately any concerns about intern performance that may impact on patient safety.		
2.1.5	Clear procedures are documented to notify Council of changes in a health service or the intern training programme that may have a significant effect on intern training.		
2.1 The context of intern training			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments:</p> <p>Overall, Tairāwhiti DHB has the responsibility, authority, and appropriate resources and mechanisms to plan, develop, implement and review the intern training programme. The Chief Medical Officer has clear executive accountability for the prevocational training programme, and ensuring the quality of training and education for interns at the DHB.</p> <p>The interns are well supported by two prevocational educational supervisors and a Resident Medical Officer (RMO) coordinator who work effectively and tirelessly to provide for the practical needs of the intern training programme. The close working relationship between the prevocational educational supervisors, RMO coordinator and the interns is commendable. However, there is a lack of formalised and robust structure to support this operational arrangement.</p>			

An intern performance assessment and management process was in draft form at the time of the accreditation visit, however the DHB report that this process is soon to be finalised. It is recommended that the draft process be formalised and implemented across the DHB.

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

Commendation:

The close working relationship and communication between interns, the RMO coordinator and the prevocational educational supervisors.

Recommendation:

The draft process for intern performance management and assessment should be formalised and implemented.

Required actions:

Nil.

2.2 Educational expertise

2.2.1	The training provider can demonstrate that the intern training programme is underpinned by sound medical educational principles.
2.2.2	The training provider has appropriate medical educational expertise to deliver the intern training programme.

2.2 Educational expertise

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

The *New Zealand Curriculum Framework for Prevocational Medical Training* underpins Tairāwhiti DHB’s intern training programme.

Senior medical staff, nursing and allied health staff contribute to the formal teaching programme provided to interns. It was noted that there are gaps in the teaching of the professional domains of the *New Zealand Curriculum Framework for Prevocational Medical Training*, which are largely being delivered by the prevocational educational supervisors. The DHB should source sufficient educational expertise to ensure that teaching of the professionalism domains of the *New Zealand Curriculum Framework for Prevocational Medical Training* continues to be supported and made available to the interns.

Recommendation:

The DHB should source sufficient educational expertise to ensure that teaching of the professionalism domains of the *New Zealand Curriculum Framework for Prevocational Medical Training* continues to be supported and made available to the interns.

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 Relationships to support medical education			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: The majority of the intern education programme is delivered through local expertise, both from within the hospital and from community providers. Tairāwhiti DHB has established a video link through which interns can participate in teaching sessions delivered by the Royal College of Physicians of Edinburgh. This facility is greatly appreciated by interns.</p> <p>Commendation: The video link established by the DHB to enable interns to access teaching sessions delivered by the Royal College of Physicians of Edinburgh.</p> <p>Required actions: Nil.</p>			

3 The intern training programme

3.1 Professional development plan (PDP) and e-portfolio			
3.1.1	There is a system to ensure that each intern maintains a PDP as part of their e-portfolio that identifies the intern's goals and learning objectives, informed by the NZCF, mid and end of clinical attachment assessments, personal interests and vocational aspirations.		
3.1.2	There is a system to ensure that each intern maintains their e-portfolio, to ensure an adequate record of their learning and training experiences from their clinical attachments, 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.		
3.1 Professional development plan (PDP) and e-portfolio			
	Met	Substantially met	Not met
Rating	X		
Commentary:			

Comments:

Interns meet with their clinical supervisor at the beginning, middle and end of their clinical attachments. The Resident Medical Officer (RMO) coordinator monitors ePort to ensure these meetings are occurring, and sends reminders to interns and clinical supervisors as necessary. It was noted that these meetings are not always occurring in a timely fashion. It is recommended Tairāwhiti DHB identify mechanisms for improving the timeliness of the beginning, middle and end of attachment meetings between the intern and clinical supervisor.

The prevocational educational supervisors meet face-to-face with interns on a regular basis. The prevocational educational supervisors meet with their assigned interns at the beginning of their first clinical attachment, and work with the interns to establish goals for their PDP for the first quarter. At the end of each clinical attachment, following the assessment with the clinical supervisor, the prevocational educational supervisor again meets with the intern to ensure that an adequate record of the intern’s learning, training experiences and CPD activities that reference the *New Zealand Curriculum Framework for Prevocational Medical Training* is taking place. Mid-attachment meetings with the clinical supervisors are also reviewed by the prevocational educational supervisor. Interns report that the prevocational educational supervisors are approachable, and are available outside of the formally scheduled meetings if required.

Recommendation:

The DHB should identify mechanisms for improving the timeliness of the beginning, middle and end of attachment meetings between the interns and clinical supervisors.

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	<p>The training provider selects suitable clinical attachments for training on the basis of the experiences that interns can expect to achieve, including the:</p> <ul style="list-style-type: none"> • workload for the intern and the clinical unit • complexity of the given clinical setting • mix of training experiences across the selected clinical attachments and how 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:			
<p>Comments:</p> <p>The intern training programme overall is structured to support interns to achieve the goals in their PDP and substantively attain the learning outcomes in the <i>New Zealand Curriculum Framework for Prevocational Medical Training</i>. Interns are assigned to eight 13-week accredited clinical attachments over the course of the two year programme which provide a broad based experience of medical practice. The prevocational educational supervisors and the Resident Medical Officer (RMO) coordinator work together to ensure that interns' preferences for clinical attachments are considered, as well as their clinical experience and vocational aspirations.</p> <p>At the time of the visit, Tairāwhiti DHB had implemented one community based attachment. This clinical attachment will be attended by three postgraduate year 2 interns over the course of 2017. The DHB acknowledged the value of community based attachments to the prevocational medical training programme and the development of regional health services. However, the DHB stated that there will be no further increase in the number of community based attachments in the foreseeable future. By 2020, the training provider will be required to ensure that each intern spends at least one clinical attachment in a community setting over the course of the two intern years. The DHB must provide a plan to Council that details how it intends to meet this requirement.</p> <p>Interns are not rostered on night duties in postgraduate year 1. Postgraduate year 2 interns report being well supported by senior medical staff when on night duty.</p> <p>The protocol for handover between intern shifts is well documented, and the interns are well aware of the expected handover processes. The interns use handover meetings to discuss cases and to ensure continuity of care for patients. However, this is an intern-to-intern handover and does not include senior clinical staff. Handover between senior medical staff amongst the services occurs in parallel. The separation of these handover processes is a missed educational opportunity for interns.</p> <p>The interns and clinical supervisors have an agreed process around obtaining informed consent. This process is documented in the DHB's informed consent policy, which adheres to Council's statement on obtaining informed consent.</p> <p>Commendation:</p> <p>Senior medical staff support interns to learn the process of obtaining informed consent, and all parties take appropriate clinical responsibility for the consent process.</p> <p>Recommendation:</p> <p>The DHB should consider introducing the attendance of senior medical staff at the morning handover meeting that currently occurs between interns.</p> <p>Required actions:</p> <p>4. By 2020, Tairāwhiti DHB must ensure that each intern spends at least one clinical attachment in a community setting over the course of the two intern years. The DHB must provide a plan to Council that details how it intends to meet this requirement.</p>			

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:			
<p>Comments:</p> <p>The prevocational educational supervisors coordinate and administer the formal education programme, with support from the Resident Medical Officer (RMO) coordinator. Teaching takes place once a week for an hour. Tairāwhiti DHB acknowledges that the formal teaching programme should cover the learning outcomes of the <i>New Zealand Curriculum Framework for Prevocational Medical Training</i> not generally available through the completion of clinical attachments. The formal education programme also provides opportunities for interns to develop skills in self-care and peer support. Interns report that they are able to input into the content of the formal education programme.</p> <p>It is noted there is no formal education programme for postgraduate year 2 interns. However interns report a wide range of useful additional work based teaching and training that supports both postgraduate year 1 and postgraduate year 2 learning. This includes (but is not limited to) morbidity and mortality meetings, audit activities, journal clubs, grand rounds and a video-link to lectures provided by the Royal College of Physicians of Edinburgh.</p> <p>Interns report that they are supported to attend formal education sessions, with the exception of those attending work in the emergency department. Both those working on the emergency department clinical attachment, and those on acute admissions for other specialties, report regular difficulties leaving their clinical duties to attend the weekly teaching sessions.</p> <p>Attendance at the formal education programme is recorded by the RMO coordinator, and both the RMO coordinator and the prevocational educational supervisors monitor attendance.</p> <p>Commendation:</p> <p>Interns report a wide range of additional work based teaching and training within individual departments at the DHB.</p> <p>Recommendation:</p> <p>The DHB should ensure that those attending work in the emergency department are able to attend the formal teaching programme.</p> <p>Required actions:</p> <p>Nil.</p>			

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>Comments: Tairāwhiti DHB provides a comprehensive initial orientation. The orientation programme includes visiting a local marae, cultural orientation and organisational orientation. The interns particularly valued the opportunity to shadow incumbent interns as part of their orientation to the DHB. The orientation programme is supported by the House Officer Essentials Handbook.</p> <p>The orientation programme is devised each year by the prevocational educational supervisors, the Resident Medical Officer coordinator and the Chief Medical Officer. Feedback from interns is incorporated into the programme.</p> <p>Informal orientation to individual attachments occurs across the hospital, with many attachments having both verbal orientation by clinical supervisors and informal written information shared by previous interns. More formalised orientation material for individual clinical attachments is being developed.</p> <p>To date, no interns have commenced employment at the DHB outside of the house officer year. The DHB reports that should this occur then a specific orientation package would be developed for the individual concerned.</p> <p>Commendation: Interns visit a marae as part of their formal orientation programme. Although this was unable to occur for the 2016 intake, it is expected to resume in 2017.</p> <p>Recommendation: The DHB should develop and implement formal orientation for all clinical attachments.</p> <p>Required actions: 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>Comments: At the time of the visit, Tairāwhiti DHB reports that it has not received any recent requests for flexible training arrangements for postgraduate year 1 interns. The DHB had facilitated a job-share arrangement in response to a request for part-time work by postgraduate year 2 interns. The DHB reports that any requests for flexible</p>			

training would be assessed on a case by case basis, with appropriate involvement of the Resident Medical Officer coordinator, the Chief Medical Officer, the prevocational educational supervisor, head of department and service manager.

Required actions:

Nil.

4 Assessment and supervision

4.1 Process and systems			
4.1.1	There are processes to ensure assessment of all aspects of an intern's training and their progress towards satisfying the requirements for registration in a general scope of practice, that are understood by interns, prevocational educational supervisors, clinical supervisors and, as appropriate, others involved in the intern training programme.		
4.1 Process and systems			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: Tairāwhiti DHB has established processes and systems to ensure that the interns' progress is monitored and tracked. The DHB utilises the ePort system to ensure that the interns are making adequate progress towards completing the requirements for a general scope of practice. Interns demonstrated a good understanding of Council's requirements for a general scope of practice.</p> <p>Required actions: Nil.</p>			
4.2 Supervision			
4.2.1	The training provider has an appropriate ratio of prevocational educational supervisors in place to oversee the training and education of interns in both PGY1 and PGY2.		
4.2.2	Mechanisms are in place to ensure clinical supervision is provided by qualified medical staff with the appropriate competencies, skills, knowledge, authority, time and resources.		
4.2.3	Interns are clinically supervised at a level appropriate to their experience and responsibilities at all times.		
4.2.4	Administrative support is available to prevocational educational supervisors so they can carry out their roles effectively.		
4.2 Supervision			
	Met	Substantially met	Not met
Rating	X		
Commentary:			

Comments:

Tairāwhiti DHB has an appropriate ratio of prevocational educational supervisors to interns (1:10). Interns report that their prevocational educational supervisors are approachable and available, and are appreciative of the support their prevocational educational supervisors provide.

Interns report they are well supported by their clinical supervisors, with their clinical supervisors readily available for additional support when required. The interns were also able to identify a number of other avenues of support if their clinical supervisor was unavailable.

The prevocational educational supervisors report that they can spend a significant amount of time reviewing and following up outstanding assessments, as well as arranging meetings with interns. However, the prevocational educational supervisors report they are very well supported by the Resident Medical Officer coordinator and are also trialing ways to reduce the administrative burden associated with aspects of the role.

Commendation:

The support and supervision provided to interns by the clinical and prevocational educational supervisors is greatly appreciated by interns.

Required actions:

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:**

According to Council records at the time of the visit, only three clinical supervisors had attended clinical supervisor training workshops. It is recommended that Tairāwhiti DHB works with Council to provide supervisor training for its clinical supervisors.

The prevocational educational supervisors attend the annual prevocational educational supervisor workshops conducted by Council.

Recommendation:

The DHB works with Council to provide supervisor training for its clinical supervisors.

Required actions:

Nil.

4.4 Feedback to interns			
4.4.1	Systems are in place to ensure that regular, formal, informal and documented feedback is provided to interns on their performance within each clinical attachment and in relation to their progress in completing the goals in their PDP, and substantively attaining the learning outcomes in the NZCF. This is recorded in the intern's e-portfolio.		
4.4.2	Mechanisms exist to identify at an early stage interns who are not performing at the required standard of competence; to ensure that the clinical supervisor discusses these concerns with the intern, the prevocational educational supervisor (and CMO or delegate when appropriate); and that a remediation plan is developed and implemented with a focus on patient safety.		
4.4 Feedback to interns			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments:</p> <p>There are systems in place to ensure that interns receive regular feedback from their prevocational educational supervisors and their clinical supervisors. The direct working relationship between interns and their clinical supervisors means that regular informal feedback is provided to interns during their attachments. ePort is used by clinical supervisors and prevocational educational supervisors to record progress and give formal feedback.</p> <p>Interns who are not performing at the required standard of competence are recognised early in their attachment due to the close supervision by their clinical supervisors and prevocational educational supervisor. There is a draft document outlining the process for managing an intern in difficulty. This document specifies when the Medical Council of New Zealand should be notified. The Resident Medical Officer coordinator, prevocational educational supervisor, and Chief Medical Officer understand their roles in this process.</p> <p>Recommendation:</p> <p>The draft process for managing interns in difficulty should be finalised and adopted across Tairāwhiti DHB.</p> <p>Required actions:</p> <p>Nil.</p>			
4.5 Advisory panel to recommend registration in a general scope of practice			
4.5.1	The training provider has an established advisory panel to consider progress of each intern during and at the end of the PGY1 year.		
4.5.2	<p>The advisory panel will comprise:</p> <ul style="list-style-type: none"> • a CMO or delegate (who will Chair the panel) • the intern's prevocational educational supervisor • a second prevocational educational supervisor • a lay person. 		
4.5.3	The panel follows Council's <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	<p>The advisory panel bases its recommendation for registration in a general scope of practice on whether the intern has:</p> <ul style="list-style-type: none"> • 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:

Tairāwhiti DHB established their advisory panel with full representation as required by Council in 2015 and 2016. The panel functioned effectively in reviewing and assessing each intern's progress, and making a recommendation to Council as to whether the intern met the requirements for a general scope of practice.

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.
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4.6 Signoff for completion of PGY2

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

The prevocational educational supervisors understood the requirements for reviewing interns' reports at the end of postgraduate year 2 before recommending removal of endorsement. This process was effectively utilised at the conclusion of the intern year in 2016.

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>Comments:</p> <p>Tairāwhiti DHB has 28 accredited clinical attachments, including one accredited community based attachment (CBA). The Resident Medical Officer (RMO) coordinator and prevocational educational supervisors review the clinical attachments annually to ensure relevant information regarding the attainment and learning outcomes has been included in the clinical attachment information.</p> <p>Processes and systems are in place to monitor the intern training programme. There are informal mechanisms for interns to feed back into the training programme, including the monthly Local Resident Engagement Group (LREG) meetings with the Chief Medical Officer, prevocational educational supervisors and the RMO coordinator. The frequent meetings between the interns and their prevocational educational supervisors, as well as the ready availability of the RMO coordinator, also provide opportunities for interns to offer informal feedback. Interns report that they feel empowered to provide such feedback. Tairāwhiti DHB is a relatively small DHB, which means that the Chief Executive is accessible to staff, including interns. The senior management team makes an effort to ensure a culture where interns feel able to provide direct feedback. The interns spoke positively of their training experience at Tairāwhiti DHB. However, there is no avenue or formal process for interns to provide anonymous feedback about their clinical attachments. The DHB is considering options for this formal feedback. A formal system collecting feedback from interns in relation to the learning experience of the clinical attachments, and the quality and content of the teaching sessions, must be developed and implemented.</p> <p>Commendation:</p> <p>The close working relationships between interns, supervisors and management provides many informal opportunities for interns to provide feedback on the intern training programme.</p> <p>Required actions:</p> <p>5. A formal mechanism that allows interns to provide feedback on their clinical attachments, and the quality and content of the teaching sessions, must be developed and implemented by the DHB.</p>			

6 Implementing the education and training framework

6.1 Establishing and allocating accredited clinical attachments			
6.1.1	The training provider has processes for applying for accreditation of clinical attachments.		
6.1.2	The process of allocation of interns to clinical attachments is transparent and fair.		
6.1.3	The training provider must maintain a list of who the clinical supervisors are for each clinical attachment.		
6.1 Establishing and allocating accredited clinical attachments			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments:</p> <p>The Resident Medical Officer (RMO) coordinator facilitates the accreditation of clinical attachments, with support from the prevocational educational supervisors. The RMO coordinator and the prevocational educational supervisors are responsible for the allocation of interns to clinical attachments. Interns are invited to provide an indication of their preferences, and the allocation process considers the interns' vocational aspirations. Interns generally report that the allocation process is transparent and fair.</p> <p>The list of clinical supervisors for each clinical attachment is maintained via ePort.</p> <p>Required actions: Nil.</p>			
6.2 Welfare and support			
6.2.1	The duties, rostering, working hours and supervision of interns are consistent with the delivery of high quality training and safe patient care within a safe working environment, including freedom from harassment.		
6.2.2	Interns have access to personal counselling, and career advice. These services are publicised to interns and their supervisors.		
6.2.3	The procedure for accessing appropriate professional development leave is published, fair and practical.		
6.2.4	The training provider actively encourages interns to maintain their own health and welfare and to register with a general practitioner.		
6.2.5	Applications for annual leave are dealt with properly and transparently.		
6.2 Welfare and support			
	Met	Substantially met	Not met
Rating	X		
Commentary:			

Comments:

The Resident Medical Officer (RMO) coordinator organises the rosters for the interns. No postgraduate year 1 interns are rostered to work night duties. Tairāwhiti DHB has acknowledged that there are cross-cover issues, and will employ an additional reliever from November 2017 to address this.

There is formal documentation in place to prevent harassment, including a Workplace Bullying and Harassment Intervention Policy and Protocol.

The DHB has appropriate mechanisms to support intern welfare. Counselling is available to interns, both through the Employee Assistance Programme and through the hospital's occupational health service. Information on these services is provided on the intranet and in the House Officer Manual, and is discussed as part of intern orientation. The DHB has actively encouraged interns to register with a general practitioner, and all interns that spoke with Council's Accreditation Team indicated they had done so.

There are formal processes in place for applying for leave. Interns report that the RMO coordinator consistently aims to accommodate leave requests, and are appreciative of the RMO coordinator's prompt and helpful response to leave requests.

Commendations:

Applications for annual leave are dealt with properly and transparently, and interns greatly appreciate the RMO coordinator's prompt and helpful response to leave requests.

Required actions:

Nil.

6.3 Communication with interns

6.3.1 Clear and easily accessible information about the intern training programme is provided to interns.

6.3 Communication with interns

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

There is a range of sources for interns to access information about the intern training programme, including the *House Officer Essentials Handbook*, the teaching programme schedule and the surgical attachments have documented guidelines. It would be useful if these information sources could be consolidated.

Recommendation:

Tairāwhiti DHB should consider consolidating the resources it makes to available to interns, to provide interns with a single source of information about the programme as a whole.

Required actions:

Nil.

6.4 Resolution of training problems and disputes

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

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

6.4 Resolution of training problems and disputes			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: There are informal processes to address disputes, which are largely centered on an expectation that interns would approach their prevocational educational supervisor or the Resident Medical Officer coordinator if they had any concerns. Tairāwhiti DHB should develop a formal documented process for addressing training related disputes.</p> <p>Recommendation: The DHB should develop a formal documented process for addressing training related disputes.</p> <p>Required actions: Nil.</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>Comments: The process for reporting an unsatisfactory <i>End of clinical attachment assessment</i> are clear and documented within ePort. Although there have been no issues to date, the prevocational educational supervisors and the Chief Medical Officer have undertaken to inform the Council in a timely manner of any interns who are not performing at the required standard of competence.</p> <p>Required actions: 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>Comments:</p> <p>Interns report they have adequate access to computer, library and e-learning facilities to support their training. Tairāwhiti DHB's library is located in Ko Matakerepo (The Learning Centre) within the hospital, and computers are available for use in the library. The DHB provides a common room for Resident Medical Officers, and there are computers available to interns in the common room also.</p> <p>While it was commented on that certain educational material was unable to be viewed over the hospital internet, this did not really pose a practical issue of concern for the interns. The interns did not raise any concerns around the facilities provided by Tairāwhiti DHB.</p> <p>The DHB has provided its Code of Behavior which applies to all staff, including interns. The close contact between interns, clinical supervisors and prevocational educational supervisors supports a safe working and learning environment for interns.</p> <p>Required actions: Nil.</p>			