



Prevocational medical training accreditation report: Taranaki District Health Board

Date of site visit: 26 and 27 July 2017

Date of report: 10 and 11 October 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 Taranaki District Health Board (DHB) as a training provider of prevocational training involved:

1. A self-assessment undertaken by Taranaki DHB, with documentation provided to Council.
2. Interns being invited to complete a questionnaire about their education experience at Taranaki DHB.
3. A site visit by an accreditation team to Taranaki Hospital on 26 and 27 July 2017 that included meetings with key staff and interns.
4. Presentation of key preliminary findings to the Chief Executive, Chief Medical Advisor (CMA) and other relevant Taranaki DHB staff.

The Accreditation Team is responsible for the assessment of the Taranaki District Health Board intern training programme against 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 is 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 Taranaki District Health Board



Name of training provider:	Taranaki District Health Board
Name of site(s):	Taranaki Base Hospital
Date of training provider accreditation visit:	26 and 27 July 2017
Accreditation team members:	Professor John Nacey (Chair) Dr Greig Russell Ms Susan Hughes, QC Dr Michael Killeen Mr David Dunbar Ms Eleanor Quirke Ms Elmarie Stander
Key staff the accreditation team met:	
Chief Executive:	Ms Rosemary Clements
Chief Medical Officer	Dr Greg Simmons
Prevocational Educational Supervisors:	Dr Alina Leigh Dr Rajesh Kumar Dr Claire Frost Dr Jonathan Albrett
Other staff:	Ms Casey Wellington Ms Rae Fursstedonn Ms Taryn Hall
Number of interns at Taranaki DHB:	25
Postgraduate year 1 interns:	13
Postgraduate year 2 interns:	12

Section A – Executive Summary

Taranaki DHB serves a population of around 120,000 and includes the major population centres of New Plymouth and Hawera. Approximately 17% of the DHB population are Māori with 4% Asian and 2% Pacific. A large proportion of the population live outside the main urban areas. The large rural population presents diverse challenges both in service delivery and ensuring access to health services.

The Socioeconomic Deprivation Index (NZDep 2013) shows around 43% of the Taranaki population live in decile 6, 7 and 8 compared to 30% nationally with significant over-representation by Māori in the lowest socio-economic deciles. In addition, Māori in Taranaki experience a shorter life expectancy than non-Māori.

The Taranaki DHB, in the 2016/2017 Annual plan, describe five strategic themes of people-powered, closer to home, value and high performance, one team and smart system. There is an emphasis on more services in the community and a stronger push on prevention, early intervention, and innovative ways of reaching the most vulnerable members of the community. As a priority, the DHB is focusing on more integrated services delivered in the community so that people can get the support and care they need away from hospitals.

Taranaki DHB has a strategic vision of “Taranaki Together, a Healthy Community – Taranaki Whanui He Rohe Oranga”. This is underpinned by a commitment to the provision of quality and sustainable health care, with the acknowledgement that this commitment will need to be supported by new models of service delivery, including information systems, integration of care and workforce capacity.

However, there is no formal acknowledgement within the DHB’s annual plan and strategic planning documents of the need to accord intern training a priority. While the Executive Management Team have offered reassurance of the intent to ensure a sustainable intern training programme, this commitment must be documented in the DHB’s strategic planning documents. Irrespective of this, the DHB has clinical governance and quality assurance processes that ensure clear lines of responsibility and accountability for intern training. The Medical Management Team (MMT) undergoing a period of review and reorganisation following a change in leadership. It is essential that the MMT continue to receive appropriate support from the Executive Management Team through and beyond this transition.

There is a stated intention by the DHB to engage with interns to ensure their representation in the governance of the intern training programme. It is encouraging that the Executive Management Team provided assurance that this remains a work in progress, and that a more formal process of intern engagement will be implemented as a matter of urgency.

The prevocational educational supervisors oversee the delivery of the intern training programme, with the comprehensive support of the MMT and the Chief Medical Advisor (CMA). The CMA and prevocational educational supervisor group meet regularly to discuss and manage any issues that may arise. In addition, the MMT has been closely involved in developing an Education and Training Committee that will be responsible for the ongoing development and sustainability of the intern training programme.

There are effective organisational and operational process that support the intern training programme. Day-to-day clinical supervision is undertaken by clinical supervisors. Prevocational educational supervisors provide overarching supervision to interns over the course of their 2 years of prevocational training, and the interns are appreciate of the comprehensive support provided by the prevocational educational supervisors. The intern training programme is strongly underpinned by sound medical education principles, with a strong focus on timely and practical scenario-based teaching. The senior medical staff are enthusiastic about teaching interns and have the appropriate skills and experience to provide sound teaching and assessment. The intern training programme incorporates sessions from other medical professionals, such as nurse specialists and the DHB is currently exploring options for social work, occupational therapy, physiotherapy and dieticians to also undertake teaching.

The interns raised concerns about the process of obtaining informed consent, and noted particular concern with regards to consenting patients for interventional radiology procedures, as well as for liver and renal biopsies. While the interns almost always felt that they were able to decline to undertake the informed consent process if they were not comfortable, interns are being placed under pressure from time-to-time to consent patients for procedures which are beyond their experience and knowledge.

The DHB met 18 of the 22 sets of standards of Council's *Accreditation standards for training providers*. There is one set of standards that is not met and three sets of standard which are substantially met.

Standard 3.2 regarding Programme Components was not met by the DHB, The three sets of standards which were substantially met, are:

- 1 - Strategic Priorities
- 3.4 - Orientation
- 5 - Monitoring and evaluation of the intern training programme

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

1. Evidence must be provided to demonstrate that high quality intern training is a strategic priority at Taranaki DHB. This must be reflected in the organisation's planning documents.
2. Taranaki DHB must develop and implement a strategic plan for the ongoing development and support of a sustainable intern training programme.
3. Taranaki DHB must ensure appropriate and effective intern representation in the governance of the training programme.
4. Taranaki DHB must demonstrate adherence to Council's statement on informed consent.
5. Departmental orientation at the commencement of each clinical attachment must be strengthened and formalised.
6. Mechanisms that enable interns, clinical supervisors and other staff involved in the delivery of the intern training programme to provide feedback on the programme must be implemented. There must be clear processes and lines of accountability for the incorporation of this feedback into any quality improvement strategies for the intern training programme.

Overall outcome of the assessment

The overall rating for the accreditation of Taranaki DHB as a training provider for prevocational medical training is:	SUBSTANTIALLY MET
<p>Taranaki DHB holds accreditation until 30 October 2020, subject to Council receiving an interim report within 6 months (by 24 April 2018) 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 strategic priority at Taranaki DHB. This must be reflected in the organisation's planning documents.2. Taranaki DHB must develop and implement a strategic plan for the ongoing development and support of a sustainable intern training programme.3. Taranaki DHB must ensure appropriate and effective intern representation in the governance of the training programme.4. Taranaki DHB must demonstrate adherence to Council's statement on informed consent.5. Departmental orientation at the commencement of each clinical attachment must be strengthened and formalised.6. Mechanisms that enable interns, clinical supervisors and other staff involved in the delivery of the intern training programme to provide feedback on the programme must be implemented. There must be clear processes and lines of accountability for the incorporation of this feedback into any quality improvement strategies for the intern training programme.	

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:

Comments:

Taranaki DHB has a strategic vision of “Taranaki Together, a Healthy Community – Taranaki Whanui He Rohe Oranga”. This is underpinned by a commitment to the provision of quality and sustainable health care, with the acknowledgement that this commitment will need to be supported by new models of service delivery, including information systems, integration of care and workforce capacity.

However, within the DHB’s annual plan and strategic planning documents there is no formal acknowledgement of the need to accord intern training a priority and the DHB does not have a strategic plan for the ongoing development and support of a sustainable intern training programme. While the Executive Management Team have offered reassurance of the intent to ensure a sustainable intern training programme, this commitment must be documented in the DHB’s strategic planning documents. It would seem reasonable that the strategic plan for the development and support of the intern training programme is the responsibility of the DHB’s planned Education and Training Committee.

The DHB has clinical governance and quality assurance processes that ensure clear lines of responsibility and accountability for intern training. Nevertheless, there has been a change in leadership in the Medical Management Team (MMT) and this is in the context of the MMT undergoing a period of review and reorganisation. It is essential that the MMT continue to receive appropriate support from the Executive Management Team.

There is a stated intention by the DHB to engage with interns to ensure their representation in the governance of the intern training programme. However, this remains an aspiration and interns are not yet formally involved in the governance of the intern training programme. The Executive Management Team

provided assurance that this remains a work in progress, and that a more formal process of intern engagement will be implemented as a matter of urgency.

The DHB engages in the regular accreditation cycle of Council.

Required actions:

1. Evidence must be provided to demonstrate that high quality intern training is a strategic priority at Taranaki DHB. This must be reflected in the organisation’s planning documents.
2. Taranaki DHB must develop and implement a strategic plan for the ongoing development and support of a sustainable intern training programme.
3. Taranaki DHB must ensure appropriate and effective intern representation in the governance of the training programme.

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: At the operational level, Taranaki DHB has the responsibility, authority and resources to deliver the intern training programme, and is committed to developing the programme within the resources available to the DHB.</p> <p>There is effective leadership and a clear structure for the management of the intern training within the organisation. The Chief Medical Advisor (CMA) has executive accountability for ensuring high quality training and education is provided by the DHB, and thereby has executive responsibility for the intern training programme.</p> <p>The prevocational educational supervisors oversee the delivery of the intern training programme, with the comprehensive support of the Medical Management Team (MMT) and the CMA. The CMA and prevocational educational supervisor group meet regularly to discuss and manage any issues that may arise. In addition, the MMT has been closely involved in developing an Education and Training Committee that will be responsible for the ongoing development and sustainability of the intern training programme.</p>			

There are effective organisational and operational process that support the intern training programme. Day-to-day clinical supervision is undertaken by clinical supervisors. Prevocational educational supervisors provide overarching supervision to interns over the course of their two years of prevocational training, and the interns are appreciate of the comprehensive support provided by the prevocational educational supervisors. The day-to-day coordination of interns is managed by the MMT.

Quarterly discussions are held with the interns as part of Local Resident Medical Officer Engagement Group (LREG). These meetings are also attended by the MMT and prevocational educational supervisors. The aim of the group is to provide a forum to discuss any issues or concerns the interns might have. Open discussion is encouraged during these meeting.

The DHB is relatively small, and this allows frequent interaction between clinical supervisors, prevocational supervisors, the MMT and interns. Communication between clinical supervisors, the prevocational supervisors and the MMT is positive and effective. The MMT is strongly supportive of the medical workforce, takes a collaborative approach to resolving issues. As a result, issues about intern performance and possible impact are quickly identified and addressed. Formal performance management procedures are documented and available on the intranet. The human resource department is collocated with the MMT and library, and is easily accessible.

The DHB has documented procedures that ensure Council will be notified of changes in a health service or the intern training programme that may have a significant effect on intern training

Required actions:

Nil.

2.2 Educational expertise

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

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

2.2 Educational expertise

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

The intern training programme is strongly underpinned by sound medical education principles, with a strong focus on timely and practical scenario-based teaching. Taranaki DHB's formal education programme is blueprinted to the *New Zealand Curriculum Framework for Prevocational Medical Training*.

The senior medical staff are enthusiastic about teaching interns and have the appropriate skills and experience to provide sound teaching and assessment. The intern training programme incorporates sessions from other medical professionals, such as nurse specialists and the DHB is currently exploring options for social work, occupational therapy, physiotherapy and dieticians to also undertake teaching.

The DHB contracts one of the prevocational educational supervisors to deliver 10 sessions on simulation scenarios with a particular focus on medical emergency situations. This prevocational educational supervisor has undergone formal training in simulation teaching, and holds a Postgraduate Diploma in Clinical Education. The sessions provided by the prevocational educational supervisor are well attended and interns are

canvassed for suitable topics. The simulation training covers a range of issues that interns are likely to encounter such as 'the deteriorating patient'.

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:

Comments:

In the last 2 years, Taranaki DHB has entered into a formal relationship with the University of Auckland School of Medicine, and continues to work proactively with the University to place additional fifth and sixth year medical students. A rural immersion programme based in the Taranaki region will commence in 2018. 22 fifth year medical students from the University of Auckland will partake in this programme.

In addition to this, the DHB has sought to work collaboratively with other DHBs to ensure that the best programme of training is made available to those employed by the DHB. The Medical Management Team maintains regular collaborative contact with counterpart teams in other DHBs to learn of other training initiatives or ideas that could be implemented at the DHB.

Commendation:

The DHB is willing to look outside the bounds of the Taranaki region for ideas, solutions and learning opportunities which are then used to improve the intern training programme.

Required actions:

Nil.

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:			
<p>Comments: Council's ePort system has been fully adopted and is utilised effectively by interns.</p> <p>The DHB emphasises to its interns that it is primarily the intern's responsibility of interns to maintain their Professional Development Plans (PDPs), to identify individualised goals and attain their learning objectives. However, the interns' PDPs are also reviewed regularly by clinical supervisors and prevocational educational supervisors.</p> <p>The Medical Management Team (MMT) and the prevocational educational supervisors monitor ePort to ensure that interns and clinical supervisors meet at the beginning, mid, and end of the clinical attachment. The MMT sends reminders to clinical supervisors and interns if meetings do not occur in a timely fashion, and any ongoing concerns are escalated to the prevocational educational supervisors.</p> <p>Commendation: The prevocational supervisors comprehensively support interns throughout each clinical attachment. Beyond this, the prevocational educational supervisors have also adopted a pastoral care role which extends to the intern's personal interests and wellbeing.</p> <p>Required actions: Nil.</p>			
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:

Comments:

The intern training programme is structured to allow interns to attain the learning outcomes outlined in the *New Zealand Curriculum Framework for Prevocational Medical Training* as well as identify personal learning goals and work towards their vocational aspirations.

The clinical attachments made available by Taranaki DHB ensure interns have access broad and diverse clinical experiences during their 2 years of prevocational training. The Medical Management Team (MMT) is responsible for the allocation of clinical attachments, and as part of this interns are invited to list their preferred clinical attachments for their postgraduate year 2. The workload, complexity of the clinical setting and experience of the intern are also taken into account during the allocations process, and clinical supervisors, clinical leaders and the prevocational educational supervisors are appropriately involved in this process also.

The DHB offers one accredited community based attachment, and is in the process of implementing a further clinical attachment. The DHB is aware of Council's requirement that by 2020, every intern must spend at least one clinical attachment in a community based setting. It was noted by the Chief Medical Advisor (CMA) that there is a predicted shortfall in the number of practicing General Practitioners (GPs) in the Taranaki region, due to the large number of GPs who will retire within the next 8 years. The increasing demand for GPs within the region is likely to compound this issue. While the DHB acknowledges that community based attachments may encourage interns to work in a community based setting following completion of their prevocational training, and thereby may assist in addressing the GP shortage within the region, the DHB has identified the shortage as a possible risk to implementing the required number of community based attachments in the shorter term.

Interns are not rostered on night duties in the first 6 weeks of their postgraduate year 1. Interns feel well supported by senior medical staff when working at night.

There are robust handover processes in the morning in medicine and surgery. The handover processes are staggered to allow the intern working on nights to attend. In the evenings, there is handover meeting between the duty manager and day and night medical staff. Weekend plans are written by both the medical and surgical registrars regarding the plan of care for patients remaining in the hospital over the weekend.

The interns raised concerns about the process of obtaining informed consent, and noted particular concern with regards to consenting patients for interventional radiology procedures, as well as for liver and renal biopsies. While the interns almost always felt that they were able to decline to undertake the informed consent process if they were not comfortable, interns are being placed under pressure from time-to-time to consent patients for procedures which are beyond their experience and knowledge.

Interns at the DHB are aware of Council's statement around informed consent. However, some interns are utilising the informed consent and patient information sheets provided online by the Queensland government in Australia, as opposed to Council's statement on the informed consent and the DHB's policy available on the intranet. This is a risk to interns and patients, and must be resolved. Informed consent discussions must be framed by New Zealand legislation and processes.

During the course of its site visit to the DHB, the Accreditation Team spoke with the Head of Radiology at the DHB as well as senior medical staff regarding the concerns the interns had raised. Council's statement on informed consent was also discussed. The DHB agreed to review its processes around obtaining informed consent so as to ensure that they align with Council's expectations.

Commendation:

The interns commented favourably on the support they receive when undertaking night duties. Interns advised that their calls are answered willingly by senior medical staff, which provided them with a sense of security and confidence.

Required actions:

- 4. Taranaki DHB must demonstrate adherence to Council's statement on informed consent.

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:

There is a weekly formal education programme that is linked the *New Zealand Curriculum Framework for Prevocational Medical Training*. This is coordinated by the Medical Management Team and prevocational educational supervisors. The formal educational programme is under review, with the aim of better aligning it to the *New Zealand Curriculum Framework for Prevocational Medical Training*. Taranaki DHB is also seeking to involve more senior medical staff in the delivery of the teaching programme. Registrars have also been asked to deliver some teaching sessions.

Some of the interns did express frustration at the number of their dedicated teaching sessions that did not seem to address practical hands-on teaching experiences. The majority of interns felt that practical teaching was of most value if delivered earlier in the house officer year.

Efforts are made to ensure interns are given the opportunity to attend formal protected teaching session. Pagers can be left with the Medical Management Team, however this is not always utilised by the interns.

In addition to the weekly formal educational programme on Tuesdays, the DHB also contracts one of the prevocational educational supervisors to provide a ten week simulation teaching programme. These sessions are problem-based scenarios and mainly focus on the acute care of sick patients. There is also a session

devoted to errors, poor outcomes, stress, burnout and support for colleagues. The session includes acknowledging stress, the inevitable occurrence of human error, poor outcomes and behaviours that can alleviate or compound problems for medical staff. The interns reported that this teaching programme is highly useful and applicable to their everyday practice. The prevocational educational supervisor is commended for delivering an excellent and needs-specific teaching programme to interns.

There are a variety of additional educational opportunities for interns. Individual departments also provide specialty-specific teaching, which includes radiology, obstetric and neonatal emergencies, advanced life support training, and pathology.

Commendation:

The simulation teaching sessions provided by one of the prevocational educational supervisors are commended; these sessions are highly useful to interns as they transition to full time clinical practice, and are much appreciated by interns.

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:

Comments:

There is a 3-day orientation programme provided at the beginning of the house officer year which is both comprehensive and culturally sensitive. This initial orientation is attended by the prevocational educational supervisors as well as the Chief Medical Adviser. Taranaki DHB also provides a Resident Medical Officer (RMO) handbook in hardcopy and electronic format, which is discussed during this orientation. At the end of the formal orientation programme, postgraduate year 1 interns are buddied with a postgraduate year 2 intern for half a day.

Interns who start partway through the year are provided an individualised orientation to the DHB by one of the prevocational educational supervisors, and this is effective.

The interns raised concerns regarding the orientation provided by departments at the beginning of some of the postgraduate year 2 clinical attachments, and specifically with regards to orientation provided at the beginning of clinical attachments in obstetrics and gynaecology (O&G). Interns reported that there were often unrealistic expectations from their clinical supervisors as to their clinical responsibilities, given a lack of specialty specific orientation.

Required actions:

5. Departmental orientation at the commencement of each clinical attachment must be strengthened and formalised.

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: Interns are supported to complete the required time in each clinical attachment. Taranaki DHB is willing to make arrangements for interns who require flexible working arrangements, and has done so in the past. The Medical Management Team, prevocational educational supervisors and relevant senior medical staff consider requests for altered start dates, extraordinary leave requests and/or altered hours of work on an individual basis. There have been examples of interns who have taken parental leave during their prevocational training, and this has been well accommodated.</p> <p>Required actions: 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>Comments: 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 <i>New Zealand Curriculum Framework for Prevocational Medical Training</i>. This is recorded in the intern's ePort. Clinical supervisors consult other medical staff, nursing staff and allied health professionals as part of their assessment of an intern's performance. The process and requirements for registration in a general scope of practice are well understood by prevocational educational supervisors, and these requirements are made clear to interns and clinical supervisors.</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:			
<p>Comments: There are four prevocational educational supervisors at the DHB who collectively supervise 25 interns. Taranaki DHB therefore meets Council's minimum ratio of prevocational educational supervisors to interns (1:10).</p> <p>The Medical Management Team (MMT) is responsible for coordinating, supporting and ensuring that the interns are supervised by appropriately qualified medical staff. All clinical supervisors are vocationally registered. The requirement for senior medical staff to provide supervision and training is included in the DHB's employment contracts. The interns reported being well supported by the senior medical staff, including afterhours.</p> <p>The MMT provides effective administrative support to the prevocational educational supervisors.</p> <p>Commendation: The interns made clear that they had fulsome support from registrars and senior members of staff as and when needed, and in particular at night. Further there was a common theme amongst the interns that senior members of staff were prepared to engage in teaching informally and there is a commitment to the training of interns, which exceeds formal training requirements.</p> <p>Required actions: Nil.</p>			
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:

All clinical supervisors are reminded of the requirement to complete supervisor training within 3 years of commencing the role. This attendance is formally recorded and monitored by the Medical Management Team.

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

All staff involved in the intern training programme are able to access professional development activities to support improvement in the quality of the intern training programme.

Required actions:

Nil.

4.4 Feedback to interns

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

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

4.4 Feedback to interns

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

The Medical Management Team (MMT) has effective processes to ensure that interns meet with their clinical supervisor at the beginning, middle and end of each clinical attachment. The MMT sends out reminders to both clinical supervisors and interns via ePort.

Taranaki DHB has effective mechanisms to identify at an early stage, and manage, interns who are not performing at the required standard of competence. The DHB leverages its small size to the advantage of the intern. An interdependent network exists between interns, clinical supervisors, prevocational educational supervisors and the MMT. Issues are able to be identified quickly and appropriate solutions proportionate to the problem developed. Should it be necessary, the issue will be escalated from the prevocational educational supervisor to the Chief Medical Adviser and ultimately Council.

Required actions:

Nil.

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

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

4.5.2 The advisory panel will comprise:

- a CMO or delegate (who will Chair the panel)
- the intern's prevocational educational supervisor
- a second prevocational educational supervisor
- a lay person.

4.5.3 The panel follows Council's *Guide for Advisory Panels*.

4.5.4 There is a process for the advisory panel to recommend to Council whether a PGY1 has satisfactorily completed requirements for a general scope of practice or should be required to undertake further intern training.

4.5.5 There is a process to inform Council of interns who are identified as not performing at the required standard of competence.

4.5.6 The advisory panel bases its recommendation for registration in a general scope of practice on whether the intern has:

- satisfactorily completed four accredited clinical attachments
- substantively attained the learning outcomes outlined in the NZCF
- completed a minimum of 10 weeks (full time equivalent) in each clinical attachment
 - developed an acceptable PDP for PGY2, to be completed during PGY2
- advanced cardiac life support (ACLS) certification at the standard of New Zealand Resuscitation Council CORE level 7 less than 12 months old.

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

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

Taranaki DHB has established an advisory panel that functions effectively in reviewing and assessing each intern's progress and making a recommendation for a general scope.

Required actions:

Nil.

4.6 Signoff for completion of PGY2

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

4.6 Signoff for completion of PGY2

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

Taranaki DHB has established processes for the assessment of interns at the end of postgraduate year 2. This assessment is informed by the progress of the intern over the course of their 2 years of prevocational training.

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>The Medical Management Team (MMT) has clear processes for ensuring the currency of accredited clinical attachments in ePort.</p> <p>Taranaki DHB has processes to monitor the training programme at the DHB. At the end of each clinical attachment, the MMT sends out a survey to the interns regarding their educational experience. Feedback from this is utilised to make improvements to the following year's training programme.</p> <p>Anonymous feedback is sought once interns have completed the simulation sessions provided by one of the prevocational educational supervisors. The DHB plans to collect survey data on the main formal education programme provided to interns, however this has not yet been implemented.</p> <p>The DHB also utilises the Local Resident Medical Officer Engagement Group to identify and resolve any issues pertaining to the intern training programme or the training environment. However, the DHB requires a formalised processes for obtaining and then implementing feedback from interns, clinical supervisors and other staff members involved in the delivery of the intern training programme. The recently established Training and Education Committee provides the DHB with the opportunity to formalise its feedback and quality improvement processes.</p> <p>Required actions:</p> <p>6. Mechanisms that enable interns, clinical supervisors and other staff involved in the delivery of the intern training programme to provide feedback on the programme must be implemented. There must be clear processes and lines of accountability for the incorporation of this feedback into any quality improvement strategies for the intern training programme.</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>Comment: Taranaki DHB submits clinical attachments for accreditation to Council via ePort. The DHB is committed ensuring that the process for allocating clinical attachments is transparent and fair, and the Medical Management Team makes considerable efforts to accommodate the preference and vocational aspirations of the individual intern.</p> <p>The DHB maintains a list of clinical supervisors via ePort.</p> <p>Commendation: The Medical Management Team goes to great lengths meet the preferences and vocational aspirations when allocating clinical attachments.</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 duties, rostering, and working hours of interns are consistent with the delivery of high quality training for interns. The size of Taranaki DHB allows for the comprehensive supervision of interns, whilst also allowing for interns to foster independence and confidence in a supported environment.

The DHB provides access to the Employee Assistance Programme for all its staff, and this service is well publicised by the DHB. The interns confirmed that they had access to their own GPs.

All leave requests are managed by the Medical Management Team (MMT). Leave in a small hospital meant that on occasion leave applications could not be met. However, considerable efforts were put into meeting time-sensitive requests for leave, for example weddings, overseas travel. The interns understood the requirements of the leave request system and reported that it the process of applying for leave was transparent. An obvious pressure point is the allocation of study leave. When multiple interns seek to undertake the same course of study, then cover cannot always be assured. Nevertheless, the MMT makes considerable efforts to meet, or at least treat equitably, all such 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:

The formal education programme is accessible to interns via Taranaki DHB's intranet and the Medical Management Team. Rosters are also available to all medical staff via the intranet.

Required actions:

Nil.

6.4 Resolution of training problems and disputes

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

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

6.4 Resolution of training problems and disputes

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

The interns advised that they were able to discuss with the prevocational educational supervisors any issues they may have regarding the intern training programme.

Interns were strongly encouraged to see themselves as a part of a team, and if they thought any member of their team was struggling, the interns were encouraged to seek and obtain assistance from the prevocational educational supervisors and the Medical Management Team. Such assistance had been sought and given.

The prevocational educational supervisors reported that if an intern in difficulty was identified, there was a real determination on the part of the wider workforce to do all that could be done to support an intern.

Required actions:

Nil.

7 Communication with Council

7.1 Process and systems			
7.1	There are processes in place so that prevocational educational supervisors inform Council in a timely manner of interns whom they identify as not performing at the required standard of competence.		
7. Process and systems			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: Taranaki DHB has clear processes for the escalation of concerns pertaining to an intern who is not performing at the required standard of competence. Prevocational educational supervisors understand the thresholds for referring such concerns to Council.</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: Taranaki DHB has an impressive education centre that includes multi-functional meeting rooms, computer lab and large auditorium for presentations and lectures. Weekly House Officer teaching, departmental teaching and meetings, Grand Round, daily medical handover and orientation are examples of the types of activity that take place. All rooms have large screens available for presentations and are well used. The interns acknowledged they have access to excellent educational resources.</p>			

The interns have access to a lounge area with kitchen facilities, television and separate bedroom for those on overnight call. The resources in the Resident Medical Officer (RMO) lounge were dated and lacked a fully functioning fridge and tea and coffee making facilities. However the Chief Medical Adviser advised that he would ensure that a fridge and electric kettle would be provided promptly.

The Medical Management Team offices and DHB's library are conveniently co-located with the education centre.

The library is available 24 hours a day with research librarians onsite. It is well resourced, with networked computers, sectioned workstations and a reading lounge. The library catalogue is available via the DHB's intranet and contains full text journals, electronic textbooks and links to databases such as UpToDate, Medline and the Cochrane Library. The library also subscribes to a variety of publications that support and promote workplace wellness

The DHB also has a dedicated Skills Lab, which provides a venue for a wide range of courses for all hospital staff. It is geared towards practical application of skills and/or simulations.

Required actions:

Nil.