



Te Kaunihera Rata  
o Aotearoa

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**Medical Council  
of New Zealand**

Prevocational medical training accreditation  
report:  
Whanganui District Health Board

Date of site visit: 1 – 2 April 2019  
Date of report: 4 September 2019

## Background

Section 118 of the Health Practitioners Competence Assurance Act 2003 (HPCAA) sets out the functions of the Medical Council of New Zealand (Council). These include:

- (a) prescribing the qualifications required for scopes of practice, and, for that purpose to accredit and monitor educational institutions and degrees, courses of studies, or programmes
- (e) recognising, accrediting, and setting programmes to ensure the ongoing competence of health practitioners.

Council will accredit training providers to provide prevocational medical education and training through the delivery of an intern training programme who have:

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

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

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

Interns must complete their internship in an intern training programme provided by an accredited training provider. Interns complete a variety of accredited clinical attachments, which take place in a mix of both hospital and community settings<sup>1</sup>. Clinical attachments may only be accredited if they form part of the intern training programme provided by an accredited training provider.

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

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

Training providers are accredited for the provision of education and training for interns (prevocational medical training) for a period of 3 years. However, interim reports may be requested during this period. Please refer to Council's [Policy on the accreditation of prevocational medical training providers](#) for further information.

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<sup>1</sup> Doctors who have passed NZREX Clinical prior to 30 November 2014 and who meet the specified criteria, are eligible to complete all of their PGY1 requirements in a primary care setting. Please refer to Council's prevocational medical training policy.

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



Te Kaunihera Rata  
o Aotearoa

**Medical Council  
of New Zealand**

<b>Name of training provider:</b>	Whanganui District Health Board (DHB)
<b>Name of sites:</b>	Whanganui Hospital
<b>Date of training provider accreditation visit:</b>	1 and 2 April 2019
<b>Accreditation visit team members:</b>	Dr Curtis Walker (Accreditation team Chair) Ms Kim Ngārimu Dr Mark Huthwaite Dr Ainsley Goodman Dr Nathalie de Vries Dr Carmen Chan Ms Emily Douglas Ms Sally Match
<b>Date of previous training provider accreditation visit:</b>	2 March 2016
<b>Key staff the accreditation visit team met:</b>	
Chief Executive:	Mr Russell Simpson
Chief Medical Officer:	Dr Francois Rawlinson
Director of Clinical Training (or equivalent):	Position currently vacant
Prevocational Educational Supervisors:	Dr Keven Nevil Dr Nitin Gadgil
Medical Management Unit staff:	Louise Torr, Honey Pillai, Lisa Flood
<b>Key data about the training provider:</b>	
Number of interns at training provider during Q1 2019	
Number of PGY1s: 9	Number of PGY2s: 6
Number of accredited clinical attachments (current):	17
Number of accredited community based attachments:	2

## Section A – Executive Summary

Whanganui District Health Board (DHB) provides health services to a catchment of just over 65,000 people, with around two thirds living in Whanganui city. Nearly a quarter of the local population identify as Māori, and there is a strong commitment by Whanganui DHB to address Māori health inequities. This includes developing its Māori health workforce and the cultural competence of its entire workforce. The DHB's strong partnership with local iwi was apparent from the pōwhiri which opened the accreditation visit. The importance of intern education as a strategic priority is reflected in the DHB's draft annual plan, and evidenced by a significant investment in a new multi-disciplinary education suite.

The DHB provides a comprehensive prevocational education programme for interns, which aligns with the New Zealand curriculum framework. The programme is operationally well supported by the Medical Management Unit. However, the Director of Training position has been vacant for eighteen months and the Medical Education Committee, which previously provided governance and oversight of the prevocational training programme, has been in abeyance over the past eighteen months. It is important that governance mechanisms with intern representation are re-established to lead the ongoing development of intern training.

There are nine registrars across the specialties, meaning interns often have a direct working relationship with senior medical staff. This is appreciated by the interns, and they value the supervision and support provided by clinical supervisors. Informed consent is used as an important learning opportunity, however in the Day Unit, interns are consenting for advanced intravenous infusions without sufficient knowledge or support. The small number of interns (nine first year and six second year) supports a collegial environment and informal handover processes across most specialties. With a relatively small workforce, any vacancies create additional workplace pressures and lead to challenges in obtaining leave and attending the formal intern education sessions.

The close working relationships between interns and supervisors supports an informal approach to collecting feedback from interns on their training, identifying interns in difficulty or when training-related disputes arise. While the informal processes are generally working well, further development of formal and clear policies is needed to support the existing informal processes at the DHB.

The facilities at Whanganui DHB support the intern training programme well, and will be further enhanced by the completion of the new education suite.

Overall, Whanganui DHB has met 12 of the 21 sets of Council's standards *Accreditation standards for training providers*. Seven sets of standards are substantially met:

1. Standard 1 Strategic Priorities
2. Standard 3.1 Programme Components
3. Standard 3.2 ePort
4. Standard 3.3 Formal education programme
5. Standard 4.3 Supervision – Clinical supervisors
6. Standard 5 Monitoring and evaluation of the intern training programme
7. Standard 6.2 Welfare and Support

Two sets of standards were not met:

1. Standard 6.3 Communication with interns
2. Standard 6.4 Resolution of training problems and disputes

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

1. Whanganui DHB must provide evidence that prevocational medical educational training features in its strategic planning and accountability documents for 2019/20. (Standard 1.1)
2. Appropriate governance of the intern training programme must be established and must include intern representation. (Standard 1.5)
3. Whanganui DHB must establish structured handovers between all shifts and across all services. (Standard 3.1.9)
4. The process of obtaining informed consent must adhere to Medical Council policy across all services, particularly in the Day Unit. (Standard 3.1.10)
5. Whanganui DHB must provide training to PGY1s for goal setting in the PDP within the first month of the training programme. (Standard 3.2.4)
6. Whanganui DHB must ensure interns attend at least two thirds of formal educational sessions. (Standard 3.3.2)
7. Whanganui DHB must ensure that nominated clinical supervisors are available to all interns, and that supervisors are aware of their roles and responsibilities and are able to undertake their duties. (Standard 4.3.1)
8. Whanganui DHB must establish a mechanism for interns to provide anonymous feedback on staff involved in intern training. (Standard 5.4)
9. Whanganui must establish routine evaluation of supervisor effectiveness which takes into account intern feedback. (Standard 5.5)
10. Whanganui DHB must satisfy Council that the duties, rostering and working hours of the psychiatric weekend on-call roster supports intern training and safe patient care.(Standard 6.2.1)
11. Whanganui DHB must satisfy Council that interns have appropriate access to leave for professional development. (Standard 6.2.5)
12. Whanganui DHB must provide interns with clear and accessible information about the intern training programme. (Standard 6.3.1)
13. Whanganui DHB must develop and implement processes to support interns to address problems with supervision and training and that these maintain appropriate confidentiality. (Standard 6.4.1)
14. Whanganui DHB must establish processes for the timely resolution of training-related disputes. (Standard 6.4.2)

## Section B – Overall outcome of the accreditation assessment

The overall rating for the accreditation of Whanganui DHB as a training provider for prevocational medical training	Substantially met
<p>Whanganui District Health Board holds accreditation until <b>30 September 2023</b>, subject to:</p> <p>a. Whanganui DHB providing a progress report that satisfies Council that the following required actions specified below have been addressed by <b>30 March 2020</b>:</p> <ol style="list-style-type: none"> <li>1. Whanganui DHB must provide evidence that prevocational medical educational training features in its strategic planning and accountability documents for 2019/20. (Standard 1.1)</li> <li>3. Whanganui DHB must establish structured handovers between all shifts and across all services. (Standard 3.1.9)</li> <li>4. The process of obtaining informed consent must adhere to Medical Council policy across all services, particularly in the Day Unit. (Standard 3.1.10)</li> <li>5. Whanganui DHB must provide training to PGY1s for goal setting in the PDP within the first month of the training programme. (Standard 3.2.4)</li> <li>6. Whanganui DHB must ensure interns attend at least two thirds of formal educational sessions. (Standard 3.3.2)</li> <li>7. Whanganui DHB must ensure that nominated clinical supervisors are available to all interns, and that supervisors are aware of their roles and responsibilities and are able to undertake their duties. (Standard 4.3.1)</li> <li>8. Whanganui DHB must establish a mechanism for interns to provide anonymous feedback on staff involved in intern training. (Standard 5.4)</li> <li>9. Whanganui must establish routine evaluation of supervisor effectiveness which takes into account intern feedback. (Standard 5.5)</li> <li>10. Whanganui DHB must satisfy Council that the duties, rostering and working hours of the psychiatric weekend on-call roster supports intern training and safe patient care. (Standard 6.2.1)</li> <li>11. Whanganui DHB must satisfy Council that interns have appropriate access to leave for professional development. (Standard 6.2.5)</li> <li>13. Whanganui DHB must develop and implement processes to support interns to address problems with supervision and training and that these maintain appropriate confidentiality. (Standard 6.4.1)</li> <li>14. Whanganui DHB must establish processes for the timely resolution of training-related disputes. (Standard 6.4.2).</li> </ol> <p>b. Whanganui DHB provides a satisfactory progress report to Council before <b>28 February 2022</b> that informs Council of:</p> <ol style="list-style-type: none"> <li>1. The DHB's progress in meeting Council's requirement around community based attachments (CBA). As you will be aware, the requirement is that interns must complete a CBA over the course of their two prevocational years by 2020. Council's expectation is that all interns who are beginning PGY2 in November 2020 will have completed a CBA by the time they complete PGY2.</li> </ol> <p>At its meeting held on 4 September 2019, Council determined that Whanganui DHB had satisfactorily addressed the following required actions:</p> <ol style="list-style-type: none"> <li>2. Appropriate governance of the intern training programme must be established and must include intern representation. (Standard 1.5)</li> <li>12. Whanganui DHB must provide interns with clear and accessible information about the intern. (Standard 6.3.1)</li> </ol>	

Please note that a further accreditation assessment will take place if all the required actions have not been satisfactorily addressed by 4 September 2020. This is 12 months after the Council granted the DHB accreditation.

## Section C – Accreditation Standards

### 1 Strategic priorities

1 Strategic priorities			
1.1	High standards of medical practice, education, and training are key strategic priorities for the training provider.		
1.2	The training provider has a strategic plan for ongoing development and support of high quality prevocational medical training and education.		
1.3	The training provider’s strategic plan addresses Māori health.		
1.4	The training provider has clinical governance and quality assurance processes that ensure clear lines of responsibility and accountability for intern training in the overall context of quality medical practice.		
1.5	The training provider ensures intern representation in the governance of the intern training programme.		
1.6	The training provider will engage in the regular accreditation cycle of the Council, which will occur at least every three years.		
1. Strategic priorities			
	Met	Substantially met	Not met
Rating		X	
Commentary:			
<p><b>Comments:</b></p> <p>Whanganui District Health Board’s draft annual plan for 2019/2020 includes a clear strategic commitment to prevocational medical education for interns. It will be important that this commitment is reflected in the DHB’s finalised planning documents. The development of a dedicated education suite in the decommissioned operating theatres represents a significant commitment to medical education.</p> <p>Of particular note is the DHB’s strong strategic commitment to improve the health of its significant Māori population, through a comprehensive range of strategies across primary and secondary care. This includes a commitment to developing the skills and diversity of its workforce and a formal relationship with its Māori Partnership Board “Hauora-a-Iwi” and Whanganui regional iwi.</p> <p>The DHB has a comprehensive plan which describes further development of the intern training programme. Implementation of this plan will be supported by appropriate governance structures with responsibility for intern education. At present, the governance structures and lines of responsibility and accountability for intern training are not functioning adequately. The Medical Education Committee, which previously held governance responsibility for the prevocational education programme, has been in abeyance for 18 months. Similarly, the Director of Training position has been vacant for 18 months. Although there are regular meetings between interns and the Medical Management Unit, this is not a governance forum. As a result, there is no effective intern representation in the governance of the prevocational education programme.</p> <p><b>Commendation:</b></p> <ul style="list-style-type: none"> <li>The DHB has demonstrated a broad ranging and comprehensive strategic commitment to Māori health.</li> </ul> <p><b>Required actions:</b></p> <ol style="list-style-type: none"> <li>Whanganui DHB must provide evidence that prevocational medical educational training features in its strategic planning and accountability documents for 2019/20. (Standard 1.1)</li> </ol>			

2.	Appropriate governance of the intern training programme must be established and must include intern representation. (Standard 1.5)
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## 2 Organisational and operational structures

### 2.1 The context of intern training

2.1.1	The training provider demonstrates that it has the mechanisms and appropriate resources to plan, develop, implement and review the intern training programme.
2.1.2	The chief medical officer (CMO) or their delegate (for example a Clinical Director of Training) has executive accountability for meeting prevocational education and training standards and for the quality of training and education.
2.1.3	There are effective organisational and operational structures to manage interns.
2.1.4	There are clear procedures to notify Council of changes in a health service or the intern training programme that may have a significant effect on intern training.

#### 2.1 The context of intern training

	Met	Substantially met	Not met
Rating	X		

#### Commentary:

#### Comments:

Whanganui DHB's Medical Education Committee has oversight of the intern training programme. However, the Committee has not been operational for the last 18 months. During this period the Medical Management Unit has ensured the continued operation of the intern training programme, and provided effective operational structures to manage interns. The CMO has executive accountability for the programme.

The Medical Management Unit has developed a strategic plan that addresses the development, implementation and review of the intern training programme. However, the Medical Management Unit has not reported on its progress in implementing the plan.

#### Recommendation:

- Whanganui DHB should ensure regular reporting of progress against the requirements of the Medical Management Unit's strategic plan.

#### Required actions:

Nil.

### 2.2 Educational expertise

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

#### 2.2 Educational expertise

	Met	Substantially met	Not met
Rating	X		

#### Commentary:

#### Comments:

The intern training programme draws on a range of learning methods and the formal teaching programme is supported by a variety of educational experiences. The DHB is currently reviewing its

<p>Learning and Development Policy, which will include a review of the medical educational principles supporting the training programme.</p> <p>A wide range of expertise is utilised to deliver the programme, including medical and nursing staff, allied health staff and Māori health specialists.</p> <p><b>Recommendation:</b></p> <ul style="list-style-type: none"> <li>Whanganui DHB is encouraged to complete its review of the learning and development policy.</li> </ul> <p><b>Required actions:</b> Nil.</p>			
<b>2.3 Relationships to support medical education</b>			
2.3.1	There are effective working relationships with external organisations involved in training and education.		
2.3.2	The training provider coordinates the local delivery of the intern training programme, or collaborates in such coordination when it is part of a network programme.		
2.3.3	The training provider has effective partnerships with Māori health providers to support intern training and education.		
<b>2.3 Relationships to support medical education</b>			
	Met	Substantially met	Not met
Rating	X		
<b>Commentary:</b>			
<b>Comments:</b>			
<p>Whanganui DHB has established links with the University of Otago and primary health care providers to support the intern training programme. Although the DHB is not part of a network programme, it is exploring options for formal collaboration with other regional DHBs, such as MidCentral DHB, to enhance the intern training programme. The DHB is encouraged to further develop and formalise these relationships.</p> <p>The DHB's formal relationship with the Māori Partnership Board "Hauora-a-Iwi" includes a focus on enhancing workforce capability and capacity.</p> <p><b>Recommendation:</b></p> <ul style="list-style-type: none"> <li>Whanganui DHB is encouraged to further develop and formalise its relationships with external organisations in order to enhance the intern training programme.</li> </ul> <p><b>Required actions:</b> Nil.</p>			

### 3 The intern training programme

<b>3.1 Programme components</b>	
3.1.1	The intern training programme is structured to support interns to attain the learning outcomes in the NZCF (75% by the end of PGY1 and at least 95% by the end of PGY2).
3.1.2	The intern training programme requires the satisfactory completion of eight 13-week accredited clinical attachments, which in aggregate provide a broad based experience of medical practice.

- 3.1.3 The training provider has a system to ensure that interns' preferences for clinical attachments are considered, mindful of the overall learning objectives of the NZCF and their individual PDP goals in the context of available positions.
- 3.1.4 The training provider selects suitable clinical attachments for training on the basis of the experiences that interns can expect to achieve, including the:
- workload for the intern and the clinical unit
  - complexity of the given clinical setting
  - mix of training experiences across the selected clinical attachments and how they are combined to support achievement of the goals of the intern training programme.
- 3.1.5 The training provider has processes that ensure that interns receive the supervision and opportunities to develop their cultural competence in order to deliver patient care in a culturally-safe manner.
- 3.1.6 The training provider, in discussion with the intern and the prevocational educational supervisor, must ensure that over the course of the two intern years each intern spends at least one clinical attachment in a community setting.
- 3.1.7 Interns are not rostered on nights during the first six weeks of PGY1.
- 3.1.8 The training provider has processes to ensure that interns working on nights are appropriately supported. Protocols are in place that clearly detail how the intern may access assistance and guidance on contacting senior medical staff.
- 3.1.9 The training provider ensures there are procedures in place for structured handovers between clinical teams and between shifts (morning, evening, nights and weekends) to promote continuity of quality care. The training provider ensures that interns understand their role and responsibilities in handover.
- 3.1.10 The training provider ensures adherence to the Council's policy on obtaining informed consent.

### 3.1 Programme components

	Met	Substantially met	Not met
Rating		X	

#### Commentary:

##### Comments:

The intern training programme effectively provides the interns with the opportunity to attain the learning outcomes from the *New Zealand Curriculum Framework for Prevocational Medical Training* (NZCF).

Both interns and clinical supervisors report a close working relationship, which provides the interns with meaningful opportunities for direct observation and constructive feedback.

The Resident Medical Officer (RMO) Shift Allocation Checklist provides a list of principles and allocations for suitable clinical attachments are based on these principles, as well as taking into account the experiences and preferences of the interns.

There are two community based attachments (CBAs) available, and it is anticipated that all interns will be able to undertake a CBA during their two-year internship from 2020.

Interns are not rostered on nights for the first six months of PGY1. In addition, Whanganui DHB has identified a list of skills that interns should have before being placed on night duty.

The DHB has a formal, documented handover process within the Emergency Department, however there are no other formalised and documented handover policies. As a result, there are varied degrees of formality in handover across the DHB. The interns' report that only two structured handovers take place: the evening-to-night handover in the Emergency Department, and a weekend handover on Fridays in General Medicine. Interns also report some difficulty locating the appropriate medical colleagues to hand over to in the morning following night shifts.

The process of obtaining informed consent is operating according to Council’s policy across the majority of services, with responsibility for ensuring the informed consent process is completed remaining with the senior clinician performing the procedure or responsible for the patient’s care. Interns are appropriately guided, and supported to participate in the informed consent process, and this provides valuable learning opportunities. However, in the Day Unit, interns report that they are responsible for taking consent for advanced intravenous infusions for which they lack the appropriate knowledge or support.

**Required actions:**

3. Whanganui DHB must establish structured handovers between all shifts and across all services. (Standard 3.1.9)
4. The process of obtaining informed consent must adhere to Council policy across all services, particularly in the Day Unit. (Standard 3.1.10)

**3.2 ePort**

- 3.2.1 There is a system to ensure that each intern maintains their ePort as an adequate record of their learning and training experiences from their clinical attachments and other learning activities.
- 3.2.2 There is a system to ensure that each intern maintains a PDP in ePort that identifies their goals and learning objectives which are informed by the NZCF, mid and end of clinical attachment assessments, personal interests and vocational aspirations.
- 3.2.3 There are mechanisms to ensure that the clinical supervisor and the prevocational educational supervisor regularly review the goals in the intern’s PDP with the intern.
- 3.2.4 The training provider facilitates training for PGY1s on goal setting in the PDP within the first month of the intern training programme.

**3.2 ePort**

	Met	Substantially met	Not met
Rating		X	

**Commentary:**

**Comments:**

Monitoring of the interns’ PDPs and their progress towards attaining the learning outcomes in the NZCF is appropriately being managed by the prevocational educational supervisors and the Medical Management Unit staff.

Although goal setting in the PDP and information on ePort is provided during the training programme, this does not occur within the first month of the training programme commencing. However, the DHB indicates that it is planning to update the order of the training programme to address this.

**Required actions:**

5. Whanganui DHB must provide training to PGY1s for goal setting in the PDP within the first month of the training programme. (Standard 3.2.4)

**3.3 Formal education programme**

- 3.3.1 The intern training programme includes a formal education programme that supports interns to achieve NCZF learning outcomes that are not generally available through the completion of clinical attachments.
- 3.3.2 The intern training programme is structured so that interns in PGY1 can attend at least two thirds of formal educational sessions.
- 3.3.3 The training provider ensures that all PGY2s attend structured education sessions.
- 3.3.4 The formal education programme provides content on Māori health and culture, and achieving Māori health equity, including the relationship between culture and health.

3.3.5 The training provider ensures the formal education programme provides opportunity for interns to develop skills in self-care and peer support, including time management, and identifying and managing stress and burn-out.

3.3.6 The training provider provides opportunities for additional work-based teaching and training.

### 3.3 Formal education programme

	Met	Substantially met	Not met
Rating		X	

#### Commentary:

##### Comments:

Whanganui DHB provides a structured two year education programme, with teaching sessions on Tuesdays and Thursdays that are based on the NZCF and which take into account feedback from interns. The education programme includes content on cultural competence, Māori health, doctor health and wellbeing, accessing EAP, and managing stress and burnout.

The interns report significant challenges attending the education sessions due to demands from clinical work. They report particular difficulties attending during Emergency Department and General Medical attachments. As a result, only half of the PGY1s and none of the PGY2s were able to attend two thirds of the formal education sessions.

In addition to the formal education sessions, the DHB provides further opportunities for work-based training and teaching including departmental teaching, mortality reviews, hospital grand rounds, and special events such as the “MedScan Lectures” and the annual “Porritt Lecture”.

##### Required actions:

- Whanganui DHB must ensure interns attend at least two thirds of formal educational sessions. (Standard 3.3.2)

### 3.4 Orientation

3.4.1 An orientation programme is provided for interns commencing employment at the beginning of the intern year and for interns commencing employment partway through the year, to ensure familiarity with the training provider policies and processes relevant to their practice and the intern training programme.

3.4.2 Orientation is provided at the start of each clinical attachment, ensuring familiarity with key staff, systems, policies and processes relevant to that clinical attachment.

### 3.4 Orientation

	Met	Substantially met	Not met
Rating	X		

#### Commentary:

##### Comments:

Written departmental orientation guides are available through the RMO homepage of the intranet. There is also a comprehensive RMO handbook with practical information about the hospital, departments and the different runs.

Whanganui DHB provides a comprehensive multi-day hospital orientation on a quarterly basis for interns to attend during the first week of their employment. The orientation includes a pōwhiri, cultural competency training, health and safety information, and familiarisation with hospital policies and departments. It also includes resuscitation courses and an opportunity to “shadow” medical colleagues on the ward.

##### Required actions:

Nil.

<b>3.5 Flexible training</b>			
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.			
<b>3.5 Flexible training</b>			
	Met	Substantially met	Not met
Rating	<b>X</b>		
Commentary:			
<b>Comments:</b> Whanganui DHB considers applications for flexible training on an informal case-by-case basis, and has done so recently. However, there are no formal procedures or policies in place.			
<b>Recommendation:</b>			
<ul style="list-style-type: none"> <li>Whanganui DHB should formalise its policies and procedures for flexible training.</li> </ul>			
<b>Required actions:</b>			
Nil.			

## 4 Assessment and supervision

<b>4.1 Process and systems</b>			
4.1.1 There are systems in place to ensure that all interns and those involved in prevocational training understand the requirements of the intern training programme.			
<b>4.1 Process and systems</b>			
	Met	Substantially met	Not met
Rating	<b>X</b>		
Commentary:			
<b>Comments:</b> There are systems in place across Whanganui DHB which ensure that all interns and those involved in prevocational training understand the requirements of the intern training programme.			
Links to the intern prevocational training programme are available on the DHB intranet. There is a monthly RMO management meeting organised by the Medical Management Unit which prevocational educational supervisors, the CMO, and interns are invited to attend. These meetings mainly discuss operational matters and education issues are discussed as required, rather than as a formal agenda item.			
In addition, the prevocational educational supervisors meet with the CMO quarterly to consider the requirements of the intern training programme.			
<b>Required actions:</b>			
Nil.			
<b>4.2 Supervision – Prevocational educational supervisors</b>			
4.2.1 The training provider has an appropriate ratio of prevocational educational supervisors in place to oversee the training and education of interns in both PGY1 and PGY2.			
4.2.2 Prevocational educational supervisors attend an annual prevocational educational supervisor meeting conducted by Council.			

- 4.2.3 There is oversight of the prevocational educational supervisors by the CMO (or delegate) to ensure that they are effectively fulfilling the obligations of their role.
- 4.2.4 Administrative support is available to prevocational educational supervisors so they can carry out their roles effectively.

#### 4.2 Supervision – Prevocational educational supervisors

	Met	Substantially met	Not met
Rating	X		

#### Commentary:

##### Comments:

There is an appropriate ratio of prevocational educational supervisors to interns. One prevocational educational supervisor takes responsibility for the nine PGY1 interns, and the other for the six PGY2 interns.

Prevocational educational supervisors are supported to attend the annual prevocational educational supervisor meetings.

The CMO has oversight of the prevocational educational supervisors and meets with them on a quarterly basis to ensure they are effectively fulfilling their obligations.

The CMO's Executive Assistant provides administrative support to the prevocational educational supervisors. It is anticipated that when the new Education Centre opens, a dedicated administrator will take over the support role for the prevocational education supervisors.

##### Required actions:

Nil.

#### 4.3 Supervision – Clinical supervisors

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

#### 4.3 Supervision – Clinical supervisors

	Met	Substantially met	Not met
Rating		X	

#### Commentary:

##### Comments:

Clinical supervisors are well engaged in their roles and provide an apprenticeship model of clinical teaching in addition to departmental teaching and formal sessions based on the NZCF. Each clinical department is allocated sections of the formal intern training programme, and clinical supervisors are selected to deliver the lecture sessions based upon their skills, knowledge and availability.

Overall, interns are receiving clinical supervision at a level appropriate to their experience and responsibilities and value the support they receive from clinical supervisors. However, in one instance, an intern was assigned to a clinical supervisor who was on parental leave and therefore not available to provide supervision. There were subsequent delays in confirming an alternate supervisor which left the

intern feeling unsupported and resulted in delays for the attachment meetings. This instance indicates the importance of ensuring that nominated supervisors are available to the interns at all times, and to ensure that clear processes are in place to resolve any concerns if supervisors are unavailable.

The clinical supervisors undertake relevant training in supervision and assessment as soon as practicable after commencing their role as supervisors. However, ePort data show that several clinical supervisors are yet to complete their online training, and the DHB is undertaking steps to ensure that all supervisors complete the required training.

Two clinical supervisors specifically provide supervision to interns who are on relief attachments.

All staff involved in intern training have access to professional development activities to support their teaching and educational practice.

**Recommendation:**

- Whanganui DHB should ensure that clinical supervisors complete relevant training in supervision and assessment within 12 months of appointment.

**Required actions:**

7. Whanganui DHB must ensure that nominated clinical supervisors are available to all interns, and that supervisors are aware of their roles and responsibilities and are able to undertake their duties. (Standard 4.3.1)

**4.4 Feedback and assessment**

4.4.1 Systems are in place to ensure that regular, formal feedback is provided to interns and their performance within each clinical attachment is documented in ePort, including end of clinical attachment assessments. This should also cover the intern’s progress in completing the goals in their PDP and in attaining the learning outcomes in the NZCF.

4.4.2 There are processes to identify interns who are not performing at the required standard of competence. These ensure that the clinical supervisor discusses concerns with the intern, the prevocational educational supervisor, and that the CMO (or delegate) is advised when appropriate. A remediation plan must be developed, documented and implemented with a focus on supporting the intern and patient safety.

4.4.3 There are processes in place to ensure prevocational educational supervisors inform Council in a timely manner of interns not performing at the required standard of competence.

**4.4 Feedback and assessment**

	Met	Substantially met	Not met
Rating	X		

**Commentary:**

**Comments:**

The Medical Management Unit has robust systems in place to monitor compliance with ePort requirements and send timely reminders in ePort to interns, prevocational educational supervisors and clinical supervisors about clinical attachment meetings and documentation. ePort data show that the recording of the clinical attachment meetings is often delayed, and these delays should be addressed.

Whanganui DHB’s ‘Fitness to Practice Policy’ details processes and procedures for reporting concerns about a doctor’s fitness to practice for conduct, competence or health reasons. The prevocational educational supervisors and clinical supervisors are aware of the policy and were able to demonstrate its appropriate application to potential scenarios. The escalation framework includes notification of concerns to Council.

**Recommendation:**

- The timeliness of clinical attachment meetings should be improved.

**Required actions:**

Nil.

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

- 4.5.1 The training provider has established advisory panels to consider progress of each intern at the end of the PGY1 year that comprise:
- a CMO or delegate (who will chair the panel)
  - the intern's prevocational educational supervisor
  - a second prevocational educational supervisor
  - a layperson.
- 4.5.2 The panel follows Council's *Advisory Panel Guide & ePort guide for Advisory Panel members*.
- 4.5.3 There is a process in place to monitor that each eligible PGY1 is considered by an advisory panel.
- 4.5.4 There is a process in place to monitor that all interns who are eligible to apply for registration in the General scope of practice have applied in ePort.
- 4.5.5 The advisory panel bases its recommendation for registration in the General scope of practice on whether the intern has:
- satisfactorily completed four accredited clinical attachments
  - substantively attained the learning outcomes outlined in the NZCF (see standard 3.1.1)
  - completed a minimum of 10 weeks (full time equivalent) in each clinical attachment
  - developed an acceptable PDP for PGY2, to be completed during PGY2
  - completed advanced cardiac life support (ACLS) certification at the standard of New Zealand Resuscitation Council CORE Advanced within the last 12 months.

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

	Met	Substantially met	Not met
Rating	X		

**Commentary:****Comments:**

Whanganui DHB has established a prevocational advisory panel, chaired by the CMO, which meets mid-quarter and at the end of the quarter in which interns are completing their PGY1 year. The panel adheres to Council's Advisory Panel guide, and considers recommendations for general registration as well as the progress of the interns toward full general registration.

The Medical Management Unit staff support the advisory panels and also correspond with the interns prior to the panel meeting to ensure that the interns are aware of requirements, including ACLS and satisfactory completion of the NZCF learning outcomes.

There is a process in place to ensure that interns who are eligible to apply for registration in the General scope of practice have applied in ePort. This is monitored by the Medical Management Unit.

**Required actions:**

Nil.

#### 4.6 End of PGY2 – removal of endorsement on practising certificate

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

4.6 End of PGY2 – removal of endorsement on practising certificate			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p><b>Comments:</b> The Medical Management Unit has processes in place to monitor application by PGY2s for removal of endorsement from their practising certificates and to ensure the intern progress is reviewed appropriately.</p> <p><b>Required actions:</b> Nil.</p>			

## 5 Monitoring and evaluation of the intern training programme

5 Monitoring and evaluation of the intern training programme			
5.1	Processes and systems are in place to monitor the intern training programme with input from interns and supervisors.		
5.2	There are mechanisms in place that enable interns to provide anonymous feedback about their educational experience on each clinical attachment.		
5.3	There are mechanisms that allow feedback from interns and supervisors to be incorporated into quality improvement strategies for the intern training programme.		
5.4	There are mechanisms in place that enable interns to provide anonymous feedback on their prevocational educational supervisors, RMO unit staff and others involved in intern training.		
5.5	The training provider routinely evaluates supervisor effectiveness taking into account feedback from interns.		
5.6	There is a process to address any matters raised by Council in relation to training, including those arising from accreditation visits.		
5. Monitoring and evaluation of the intern training programme			
	Met	Substantially met	Not met
Rating		X	
Commentary:			
<p><b>Comments:</b> There are processes and systems in place to monitor the intern training programme. A regular electronic evaluation form sent out by the Medical Management Unit at the end of each clinical attachment that seeks feedback from interns on the quality of the attachment. A monthly meeting is held between the Medical Management Unit and interns, attended by the unit staff, senior medical officers and the CMO. While the meeting agenda primarily focuses on operational issues rather than education, this forum does provides some opportunity to discuss matters concerning the intern training programme.</p> <p>Interns and supervisors are able to provide feedback at these meetings and also have the opportunity to raise suggestions for education topics to be implemented into their formal education curriculum.</p> <p>An anonymous survey was conducted in early 2019, with interns providing feedback on their clinical attachments, the quality of tutorials, and their prevocational educational supervisors and clinical supervisors. The survey did not request feedback on the Medical Management Unit staff or others at the DHB who are involved in intern training, although the intention is to include this in a future survey.</p> <p>There is no formal or routine evaluation of supervisor effectiveness.</p>			

The DHB has suitable processes to address matters raised by Council in relation to training.

**Recommendation:**

- Whanganui DHB should continue to collect regular anonymous feedback to inform the ongoing development of the training programme.

**Required actions:**

8. Whanganui DHB must establish a mechanism for interns to provide anonymous feedback on staff involved in intern training. (Standard 5.4)
9. Whanganui must establish routine evaluation of supervisor effectiveness which takes into account intern feedback. (Standard 5.5)

## 6 Implementing the education and training framework

6.1 Establishing and allocating accredited clinical attachments			
6.1.1	Processes and mechanisms are in place to ensure the currency of accredited clinical attachments.		
6.1.2	The training provider has processes for establishing new clinical attachments.		
6.1.3	The process of allocation of interns to clinical attachments is transparent and fair.		
6.1 Establishing and allocating accredited clinical attachments			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p><b>Comments:</b>                      The Medical Management Unit has a key role in ensuring the currency of clinical attachments. Attachments are reviewed and confirmed in ePort at the end of October each year.</p> <p>New clinical attachments have been recently established, including the two CBAs.</p> <p>Whanganui DHB has a fair and transparent process for the allocation of clinical attachments, which takes into account intern preferences, future training needs, and levels of experience.</p>			
<p><b>Required actions:</b>                      Nil.</p>			
6.2 Welfare and support			
6.2.1	The duties, rostering, working hours and supervision of interns are consistent with the delivery of high quality training and safe patient care.		
6.2.2	The training provider ensures a safe working and training environment, which is free from bullying, discrimination and sexual harassment.		
6.2.3	The training provider ensures a culturally-safe environment.		
6.2.4	Interns have access to personal counselling, and career advice. These services are publicised to interns and their supervisors.		
6.2.5	The procedure for accessing appropriate professional development leave is published, fair and practical.		
6.2.6	The training provider actively encourages interns to maintain their own health and welfare and to register with a general practitioner.		
6.2.7	Applications for annual leave are dealt with fairly and transparently.		

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

**6.2 Welfare and support**

	Met	Substantially met	Not met
Rating		X	

**Commentary:**

**Comments:**

Interns do not undertake night duties during their first six months.

Whanganui DHB has a focus on maintaining and enhancing its professional culture and has instituted the ‘Speaking up for Safety’ course run by the Cognitive Institute of Australia. Clinical supervisors in surgery have all completed the Royal Australasian College of Surgeons ‘Operating with Respect’ training. Interns are required to complete an online course on fatigue management as part of their orientation as a means to encourage and support interns to be proactive in managing fatigue.

Overall, interns report a positive and culturally safe environment free from bullying, discrimination or sexual harassment. However, interns also report that their rosters and working hours contribute to fatigue, mainly due to roster gaps and vacancies. This results in interns often being required to cover additional shifts.

Interns on the psychiatry attachment report that they are required to be first on call for 72 hours over weekends. The DHB has an informal policy and procedure in place that allows interns who are rostered on call and feeling fatigued to have a nine hour break while on the 72 hour shift. Information provided by the DHB indicates that the actual on duty hours are usually not excessive, with sustained breaks available through the 72-hour shift. Despite this, interns expressed concerns about the safety of this arrangement.

The Medical Management Unit manages all leave applications on a ‘first come first served’ basis and tracks all applications for leave. The unit acknowledges that not all leave requests can be accommodated. The interns’ roster is accessible on any DHB computer, or remotely from mobile phones, and allows interns to see when leave may be available. However, the interns report that they feel the leave application process lacks transparency and is a source of friction between themselves and Medical Management Unit staff.

There is a procedure for accessing professional development leave. In 2018, an intern and a manager responsible for interns were supported to attend a national conference on RMO Health & Wellbeing. Interns report some difficulty accessing professional development leave, including leave to attend mandatory courses.

Interns have access to a free and confidential Employee Assistance Programme, provided by the DHB. Interns are also encouraged to register with their own GP.

- Required actions:**
- 10. Whanganui DHB must satisfy Council that the duties, rostering and working hours of the psychiatric weekend on-call roster supports intern training and safe patient care. (Standard 6.2.1)
  - 11. Whanganui DHB must satisfy Council that interns have appropriate access to leave for professional development. (Standard 6.2.5)

**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
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Rating			<b>X</b>
Commentary:			
<b>Comments:</b>			
Communication with interns about the training programme occurs through group or individual emails and text messages, the DHB's intranet, direct communication from MMU staff, and at weekly teaching sessions and monthly meetings.			
However, the information on the intern training programme is not readily accessible to interns. The DHB intends to place a link to Council's prevocational education policy and other relevant information on its intranet intern homepage. This information will also be included in orientation for new interns.			
<b>Required actions:</b>			
12. Whanganui DHB must provide interns with clear and accessible information about the intern training programme. (Standard 6.3.1)			
<b>6.4 Resolution of training problems and disputes</b>			
6.4.1 There are processes to support interns to address problems with training supervision and training requirements that maintain appropriate confidentiality.			
6.4.2 There are clear and impartial pathways for timely resolution of training-related disputes.			
<b>6.4 Resolution of training problems and disputes</b>			
	Met	Substantially met	Not met
Rating			<b>X</b>
Commentary:			
<b>Comments:</b>			
There are informal processes for interns to address problems with training and supervision, and interns report that they feel comfortable discussing such issues with the prevocational education supervisors. There is a lack of formal processes which would maintain appropriate confidentiality for interns to address training and supervision or training-related disputes.			
<b>Required actions:</b>			
13. Whanganui DHB must develop and implement processes to support interns to address problems with supervision and training and that these maintain appropriate confidentiality. (Standard 6.4.1)			
14. Whanganui DHB must establish processes for the timely resolution of training-related disputes. (Standard 6.4.2)			

## 7 Facilities

<b>7 Facilities</b>			
7.1 Interns have access to appropriate educational resources, facilities and infrastructure to support their training.			
<b>7. Facilities</b>			
	Met	Substantially met	Not met
Rating	<b>X</b>		
Commentary:			
<b>Comments:</b>			
Currently the Porritt lecture theatre hosts the formal education sessions for interns, along with an adjacent lecture room.			

Whanganui DHB is committed to improving its educational facilities as evidenced by the project to convert former operating theatre space into a new dedicated education suite. Although the timeframe for the opening of this new space is uncertain, the scale of the proposed facility is impressive, and will enhance medical education, and provide for simulation training and multidisciplinary clinical scenarios and will be a great asset to medical education at Whanganui DHB.

Interns have access to a well-functioning library supported by an experienced librarian. The library includes quiet spaces with desks for study and computer terminals to access electronic journals and databases. One room of the library is available exclusively for trainee interns as part of the DHB's partnership with the University of Otago Wellington.

There is an intern lounge with tea and coffee making facilities and a fridge. There is an intern sleeping room with en-suite bathroom. The interns were satisfied with the physical facilities provided.

**Commendation:**

- The conversion of decommissioned hospital operating theatres into a dedicated Education Suite represents a significant investment and commitment to medical education.

**Required actions:**

Nil.