



# Prevocational medical training accreditation report: Whanganui District Health Board

Date of site visit: 2 March 2016

Date of report: 14 June 2016

## Contents

Contents .....	2
Background.....	3
Section A – Executive Summary .....	5
Section B – Accreditation standards.....	8
1 Strategic Priorities .....	8
2 Organisational and operational structures .....	9
3 The intern training programme.....	12
4 Assessment and supervision .....	17
5 Monitoring and evaluation of the intern training programme .....	21
6 Implementing the education and training framework .....	22
7 Communication with Council .....	25
8 Facilities.....	25

## Background

Under the Health Practitioners Competence Assurance Act 2003 (HPCAA) the Medical Council of New Zealand (the Council) is required to accredit and monitor educational institutions that deliver medical training for doctors and to promote medical education and training in New Zealand under section 118 of the HPCAA.

Accreditation of training providers recognises that standards have been met for the provision of education and training for interns, which is also referred to as prevocational medical training. Prevocational medical training spans the two years following graduation from medical school and includes both postgraduate year 1 (PGY1) and postgraduate year 2 (PGY2). Doctors undertaking this training are referred to as interns. Prevocational medical training applies to all graduates of New Zealand and Australian accredited medical schools and doctors who have sat and passed NZREX.

The Council will accredit training providers for the purpose of providing prevocational medical education through the delivery of an intern training programme to those who have:

- structures and systems in place to enable interns to meet the learning outcomes of the *New Zealand Curriculum Framework for Prevocational Medical Training* (NZCF)
- an integrated system of education, support and supervision for interns
- individual clinical attachments to provide a high quality learning experience.

### Process

The process of assessment for the accreditation of Whanganui District Health Board (DHB) as a training provider of prevocational training involved:

1. A self-assessment undertaken by Whanganui DHB, with documentation provided to the Medical Council of New Zealand (Council).
2. Interns being invited to complete a questionnaire about their education experience at Whanganui DHB.
3. A site visit by an accreditation team to Whanganui Hospital on 2 March 2016 that included meetings with key staff and interns.
4. Presentation of key preliminary findings to the Chief Executive and other relevant Whanganui DHB staff.

The Accreditation Team is responsible for the assessment of the Whanganui District Health Board intern training programme against the Council's *Accreditation standards for training providers*.

Following the accreditation visit:

1. A draft accreditation report is provided to the training provider.
2. The training provider is invited to comment on the factual accuracy of the report and conclusions.
3. Council's Education Committee considers the draft accreditation report and response from the training provider and make recommendations to Council.
4. Council will consider the Committee's recommendations and make a final accreditation decision.
5. The final accreditation report and Council's decision will be provided to the training provider.
6. The training provider are provided 30 days to seek formal reconsideration of the accreditation report and/or Council's decision.
7. The accreditation report is published on Council's website 30 days after notifying the training provider of its decision. If formal reconsideration of the accreditation report and/or Council's decision is requested by the training provider then the report will be published 30 days after the process has been completed and a final decision has been notified to the training provider.

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



<b>Name of training provider:</b>	Whanganui District Health Board
<b>Name of site(s):</b>	Whanganui Hospital Whanganui Accident and Medical Clinic
<b>Date of training provider accreditation visit:</b>	2 March 2016
<b>Accreditation visit team members:</b>	Mr Andrew Connolly, Chair of accreditation team Ms Kim Ngarimu Dr Huib Buyck Mr Philip Pigou Ms Krystiarna Jarnet
<b>Key staff the accreditation visit team met with:</b>	
Chief Executive:	Julie Patterson
Chief Medical Officer:	Tom Thompson (CMO delegate) Frank Rawlinson, CMO unavailable to attend.
Prevocational Educational Supervisors:	Dr Chris Cresswell and Dr John Rivers
RMO unit staff:	Linda Erni and Honey Pillai
Others, for example medical education unit staff:	Louise Torr, Business Manager
<b>Number of interns at training provider:</b>	
Postgraduate year 1 interns:	8
Postgraduate year 2 interns:	3

## Section A – Executive Summary

The Whanganui District Health Board (DHB) has demonstrated a clear and strong commitment to the education, training, medical practice and support of the interns it employs. However, strategically, the DHB needs to be much more explicit in terms of the importance it places on intern education and training. There are several prevocational medical training accreditation standards which the DHB has either not met or only substantially met. The DHB will be required to meet these within six months of this report being finalised.

The apprenticeship model of training is well established at Whanganui DHB. The interns and their clinical supervisors greatly value the quality of the teaching gained via direct contact between clinical supervisor and intern. There is an established formal teaching programme however changes to the way the programme content is determined and monitoring of intern attendance at the formal teaching sessions are required. It is expected that the education and training of interns will benefit from the recently reconstituted Whanganui DHB Education Committee.

The clinical experience gained by the interns is broad as there is a strong generalist approach to the roles and responsibilities of the senior medical staff. This is a strength of Whanganui DHB and one that should allow for achievement of the goals of the intern training programme for each intern. Interns feel well supported by their senior colleagues and by Whanganui DHB.

The required actions centre on the formal documentation of the strategic position and importance of intern education and training within Whanganui DHB, the way in which the formal education programme is administered, the appropriate and timely use of the ePort process by all prevocational educational and clinical supervisors and the processes and systems that underpin intern work and learning. Irrespective of the improvements required in these areas the Whanganui DHB provides a safe and stimulating environment for interns to learn and work.

Whanganui DHB met 12 of the 21 sections of Council's *Accreditation standards for training providers*. There are four sets of standards that were not met and five sets of standards which were substantially met. One of the standards relating to postgraduate year 2 interns cannot be assessed until November 2016 as these requirements have not come into effect yet.

The four sets of standards that were not met are:

- 1.0 Strategic Priorities
- 3.1 Professional development plan (PDP) and e-portfolio
- 3.3 Formal education programme
- 4.1 Process and systems.

The five sets of standards that were substantially met are:

- 2.2 Educational expertise
- 3.2 Programme components
- 4.3 Training for clinical supervisors and prevocational educational supervisors
- 4.4 Feedback to interns
- 6.1 Establishing and allocating accredited clinical attachments.

There are 21 recommendations for Whanganui DHB to consider and twelve required actions that are:

1. Documentation showing where education and training sits within the strategic framework of Whanganui DHB must be developed. Support for prevocational medical training must be demonstrated in the strategic plan.
2. An intern representative must be appointed to the Whanganui DHB Education Committee. The terms of reference must be amended to reflect this change.

3. A process must be implemented to assess the educational needs of interns and these needs must be reflected in the development of the teaching programme.
4. Processes must be in place to ensure timely recording in ePort of meetings and assessments of interns by clinical supervisors and prevocational educational supervisors.
5. A formal handover process that includes interns must be established in all departments where interns have clinical responsibilities.
6. Intern attendance at the formal education programme must be recorded and monitored. This information should be used to determine what is impacting on attendance. Interns must attend two thirds of the formal education programme.
7. Other domains from the *New Zealand Curriculum Framework for Prevocational Medical Training* must be incorporated into the formal education programme, including sessions on self-care and stress management to ensure all sections of the *New Zealand Curriculum Framework for Prevocational Medical Training* are covered.
8. All relevant staff at Whanganui DHB must understand the requirements for prevocational medical training. Education about the prevocational medical training programme must be provided by the Chief Medical Officer and prevocational educational supervisors to interns and consultants.
9. Whanganui DHB needs to monitor, encourage and enable interns to achieve their requirements for general registration and prevocational medical training for postgraduate year 2 interns in regards to their ePort requirements.
10. Whanganui DHB must ensure clinical supervisors who have not attended clinical supervision training do so within three years of taking on the role.
11. Whanganui DHB must ensure that there is improved timeliness with recording feedback in ePort. This must also include documentation of the start and mid run meetings at the appropriate times of the attachment.
12. The process for allocating interns to clinical attachments must be transparent and fair so it is understood by interns.

## Overall outcome of the assessment

The overall rating for the accreditation of Whanganui DHB as a training provider for prevocational medical training is:	Substantially met
<p>Whanganui DHB holds accreditation until <b>14 June 2019</b> subject to Council receiving a satisfactory interim report by 9 January 2017 that addresses the following required actions:</p> <ol style="list-style-type: none"><li>1. Documentation showing where education and training sits within the strategic framework of Whanganui DHB must be developed. Support for prevocational medical training must be demonstrated in the strategic plan.</li><li>2. An intern representative must be appointed to the Whanganui DHB Education Committee. The terms of reference must be amended to reflect this change.</li><li>3. A process must be implemented to assess the educational needs of interns and these needs must be reflected in the development of the teaching programme.</li><li>4. Processes must be in place to ensure timely recording in ePort of meetings and assessments of interns by clinical supervisors and prevocational educational supervisors.</li><li>5. A formal handover process that includes interns must be established in all departments where interns have clinical responsibilities.</li><li>6. Intern attendance at the formal education programme must be recorded and monitored. This information should be used to determine what is impacting on attendance. Interns must attend two thirds of the formal education programme.</li><li>7. Other domains from the <i>New Zealand Curriculum Framework for Prevocational Medical Training</i> must be incorporated into the formal education programme, including sessions on self-care and stress management to ensure all sections of the <i>New Zealand Curriculum Framework for Prevocational Medical Training</i> are covered.</li><li>8. All relevant staff at Whanganui DHB must understand the requirements for prevocational medical training. Education about the prevocational medical training programme must be provided by the Chief Medical Officer and prevocational educational supervisors to interns and consultants.</li><li>9. Whanganui DHB needs to monitor, encourage and enable interns to achieve their requirements for general registration and prevocational medical training for postgraduate year 2 interns in regards to their ePort requirements.</li><li>10. Whanganui DHB must ensure clinical supervisors who have not attended clinical supervision training do so within three years of taking on the role.</li><li>11. Whanganui DHB must ensure that there is improved timeliness with recording feedback in ePort. This must also include documentation of the start and mid run meetings at the appropriate times of the attachment.</li><li>12. The process for allocating interns to clinical attachments must be transparent and fair so it is understood by interns.</li></ol>	

## Section B – Accreditation standards

### 1 Strategic Priorities

1 Strategic Priorities			
1.1	High standards of medical practice, education, and training are key strategic priorities for training providers.		
1.2	The training provider is committed to ensuring high quality training for interns.		
1.3	The training provider has a strategic plan for ongoing development and support of a sustainable medical training and education programme.		
1.4	The training provider has clinical governance and quality assurance processes that ensure clear lines of responsibility and accountability for intern training in the overall context of quality medical practice.		
1.5	The training provider ensures intern representation in the governance of the intern training programme.		
1.6	The training provider will engage in the regular accreditation cycle of the Council which will occur at least every three years.		
1. Strategic Priorities			
	Met	Substantially met	Not met
Rating			X
Commentary:			
<p><b>Comments:</b>            Education and training of interns is strongly supported within Whanganui DHB by the Chief Medical Officer, the prevocational educational supervisors and senior clinicians. However, the importance of prevocational education and training and the lines of accountability and responsibilities of the CMO and Prevocational Educational Supervisors are not documented within the strategic plan or related documents of Whanganui DHB.</p> <p>The success of the intern training programme and the intern experience at Whanganui DHB is reliant on the strong commitment of the senior medical staff with support from the DHB management. However, the lack of formal recognition within Whanganui DHB’s strategic priorities leaves intern education and training at risk, particularly from service demands.</p> <p>Interns gain wide experience across various departments under an over-arching apprenticeship model with educational opportunities delivered in varying ways between departments to best match training with opportunity.</p> <p>The Whanganui DHB Education Committee has recently reformed, however, there is currently no intern representation. The Committee needs intern representation to help achieve greater input from interns on their educational needs. The terms of reference for the Committee must reflect this change in membership.</p>			

Engagement with the Medical Council is high and both senior executives and senior medical staff demonstrated a strong willingness to work with the Council to continue to strengthen the education and training of interns.

**Commendation:**

Clinicians at Whanganui DHB are committed to providing a high quality standard of intern education and training.

**Recommendation:**

Whanganui DHB should ensure that the lines of responsibility and accountability for intern training, particularly regarding the Chief Medical Officer and prevocational educational supervisor roles are more explicitly described within job descriptions.

**Required actions:**

1. Documentation showing where education and training sits within the strategic framework of Whanganui DHB must be developed. Support for prevocational medical training must be demonstrated in the strategic plan.
2. An intern representative must be appointed to the Whanganui DHB Education Committee. The terms of reference must be amended to reflect this change.

## 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><b>Comments:</b>            There is an organisational structure and appropriate resources to manage and oversee interns. However, the lines of accountability must be more explicit in job descriptions. The Chief Medical Officer and prevocational educational supervisors have overall responsibility for the intern training programme. The prevocational educational supervisors ensure the annual teaching programme is planned however the content of the programme is left to each individual department to plan.</p>			

Any concerns about interns can be raised with the intern’s prevocational educational supervisors or the Chief Medical Officer. Clinical concerns about intern performance can be raised directly with clinical supervisors or via the hospital-wide risk management system. Clinical supervisors are encouraged to raise concerns with interns and to document these discussions on the ePort system. However, use of ePort remains an area that, overall, requires improvement, as on average the time taken for clinical supervisors to complete records and assessments is unacceptably long. This relates particularly to the recording of start and mid attachment meetings and the recording of learnings relevant to the *New Zealand Curriculum Framework for Prevocational Medical Training*.

Whanganui DHB has a clear understanding of its responsibilities to raise concerns about intern health or performance with Council however this needs to be clear in documentation.

**Commendation:**

The leadership provided by the Chief Medical Officer and prevocational education supervisors in maintaining a strong educational focus.

**Recommendation:**

Whanganui DHB should ensure that the procedures in place to notify Council of changes in a health service or the intern training programme that may have a significant effect on intern training are documented.

**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 commitment of clinical supervisors and other consultants to intern education and training is very high, however the lack of formal feedback to influence the educational programme is a weakness. The prevocational educational supervisors identified the advantages of a “needs assessment” process to allow the education programme to better reflect the true educational needs of the interns. The *New Zealand Curriculum Framework for Prevocational Medical Training* allows clinical and prevocational educational supervisors to better monitor learning and professional development. The Whanganui DHB Medical Education Committee should assist with this. This is fundamental to sound educational principles.

A key strength of the education of interns at Whanganui DHB is the ability, expertise and enthusiasm of many of the senior medical staff to educate interns. The team noted the direct relationship interns have with senior medical staff and that this aids their training.

**Commendation:**

The commitment of the senior medical staff at Whanganui DHB to intern education and training.

**Recommendation:**

The Whanganui DHB Education Committee should be used as the mechanism to review the intern training programme to ensure it is underpinned by sound medical educational principles.

**Required actions:**

3. A process must be implemented to assess the educational needs of interns and these needs must be reflected in the development of the teaching programme.

### 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:**

Whanganui DHB has established an effective partnership with Hawke's Bay District Health Board to provide the Basic Assessment and Support in Intensive Care (BASIC) course for all interns. This course is focused on the care of seriously ill patients and is seen as a valuable experience by the interns. In particular this helps prepare interns for their emergency department clinical attachment and for work on the night roster.

Until recently interns had also attended the Neonatal Life Support course at MidCentral District Health Board in Palmerston North but most recently this course has been provided at Whanganui DHB.

Both prevocational educational supervisors at Whanganui DHB are engaged with the Regional Training Hub.

The Whanganui Accident Medical clinic is co-located on the Whanganui DHB site. Whanganui DHB and the clinic are working collaboratively toward developing a prevocational medical training community based clinical attachment for interns at this site.

Historically Whanganui DHB had general practitioners contribute to the intern training programme however in recent years this has ceased. The prevocational educational supervisors have identified this as an area to try to reintroduce to the formal education programme. Improved linkages with local primary health organisations, general practices and other community focused clinical groups will also allow the DHB to explore development of community based attachments.

**Commendation:**

Whanganui DHB has demonstrated effective working relationships with other district health boards by joining the training programmes they are offering, in particular the BASIC training held at Hawke's Bay District Health Board.

**Recommendation:**

Whanganui DHB should continue to establish relationships with community based colleagues to strengthen the medical expertise and clinical variety available in the formal education programme. These relationships should help Whanganui DHB in achieving accreditation of further community based clinical attachments.

<b>Required actions:</b> 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:

**Comments:**

The interns reported inadequate education on ePort requirements and they have a lack of knowledge about the process, such as developing professional development plans and recording their continuing professional development. In particular interns find marking the learning outcomes in their skills log difficult and this is reflected in the relatively low average number of skills completed by interns when they finish their prevocational year.

The current system in relation to interns maintaining their professional development plan, informed by the *New Zealand Curriculum Framework for Prevocational Medical Training* and vocational aspirations is not working well in all areas.

ePort statistics from 2015 and the first quarter of 2016 identified significant delays in the beginning and mid clinical attachment meetings, and although the trend was improving in the fourth quarter of 2015, there was an increase in time completing these meetings in quarter one of 2016. The Resident Medical Officer (RMO) office has a system in place to notify clinical supervisors and interns when the beginning, mid and end of clinical attachment meetings are required but the RMO office agrees this is not currently working well.

There have been difficulties getting some clinical supervisors to adopt ePort and learn to use the system. In addition, concern has been expressed by staff in the RMO office that some clinical supervisors just “tick the box” and may be reluctant to report under performance through ePort.

**Recommendations:**

- Time should be allocated at the end of formal teaching sessions to allow interns to update their ePort including completion of their continuing professional development activities and recording learning outcomes in their skills log.
- Whanganui DHB should seek assistance in training clinical supervisors and interns in how to use ePort. Whanganui DHB should consider exploring the use of external expertise in leading sessions at the DHB for

the clinical supervisors on the use of ePort and some of the educational principles underlying it. Alternatively clinical supervisors should be encouraged to attend Council supervisor workshops.

- Interns should receive education on ePort requirements at the time of their orientation.

**Required actions:**

4. Processes must be in place to ensure timely recording in ePort of meetings and assessments of interns by clinical supervisors and prevocational educational supervisors.

**3.2 Programme components**

- 3.2.1 The intern training programme overall, and the individual clinical attachments, are structured to support interns to achieve the goals in their PDP and substantively attain the learning outcomes in the NZCF.
- 3.2.2 The intern training programme for each PGY1 consists of four 13-week accredited clinical attachments which, in aggregate, provide a broad based experience of medical practice.
- 3.2.3 The training provider has a system to ensure that interns' preferences for clinical attachments are considered, mindful of the overall learning objectives of the NZCF and their individual PDP goals in the context of available positions.
- 3.2.4 The training provider selects suitable clinical attachments for training on the basis of the experiences that interns can expect to achieve, including the:
  - workload for the intern and the clinical unit
  - complexity of the given clinical setting
  - mix of training experiences across the selected clinical attachments and how these, in aggregate, support achievement of the goals of the intern training programme.
- 3.2.5 The training provider, in discussion with the intern and the prevocational educational supervisor shall ensure that over the course of the two intern years each intern spends at least one clinical attachment in a community setting. This requirement will be implemented over a five year period commencing November 2015 with all interns meeting this requirement by November 2020.
- 3.2.6 Interns are not rostered on night duties during the first six weeks of their PGY1 intern year.
- 3.2.7 The training provider ensures there are mechanisms in place for appropriate structured handovers between clinical teams and between shifts to promote continuity of quality care.
- 3.2.8 The training provider ensures adherence to the Council's policy on obtaining informed consent.

**3.2 Programme components**

	Met	Substantially met	Not met
Rating		X	

Commentary:

**Comments:**

The senior clinicians report that much of the intern training programme follows an apprenticeship model and that there is a close and direct working relationship between the interns and the clinical supervisors with significant opportunity for direct observation and constructive feedback. This is reported as working well by both the interns and the clinical supervisors however there is a lack of evidence recorded in ePort that this is occurring.

The available clinical attachments provide a broad base of learning experiences and this is helped by the absence of the unselected nature of the medical and surgical admissions as well as smaller number of acute admissions allowing adequate time to benefit from the learning experience. However the ability to access some educational opportunities such as in the out-patient clinic is not formalised with respect to intern timetabling and rostering.

Although attempts are made to accommodate intern preferences in allocating clinical attachments, this is not always possible and interns express some concern that they are not aware of the clinical attachments for the second half of the year. The Whanganui Accident Medical clinic is co-located on the Whanganui DHB site. Whanganui DHB and the clinic are working toward accreditation of this site as the first community based clinical attachment for interns.

Both the breadth of experience and workload of the clinical attachments appears good, with opportunity for attendance at for example in some outpatient clinics and minor surgical procedures, as well as good hands on experience in the medical rotations. However, Whanganui DHB has not yet reviewed whether the intern training programme (clinical attachments and formal education programme) allows interns to substantively attain the learning outcomes from the *New Zealand Curriculum Framework for Prevocational Medical Training* (NZCF) in postgraduate year 1 and attain the balance in postgraduate year 2.

The process for applying for accreditation of a community based clinical attachment is in progress.

Postgraduate year 1 interns are not rostered on nights in their first six months and interns must complete the night orientation checklist including completing appropriate training courses before they begin nights. Interns provided feedback to the accreditation team that they would appreciate better orientation about what support services are available before they start on nights. Whilst this is covered in the start-of-year orientation a repetition prior to the 6- month mark would be of value.

Handover processes are an area of concern. The process is currently verbal, with a reliance on the hospital electronic admissions system to identify new admissions but clerical errors have been noted by clinicians, with delays in becoming aware of patients admitted under their care. Furthermore, because interns may not be working during the week for the same service they are on call for in the weekend, they may not always be able to attend the structured Friday handover meetings.

Interns have a good knowledge of the informed consent process and believe they are fully supported by the senior medical staff in the informed consent process.

**Commendations:**

- The informed consent process for interns is working very well at Whanganui DHB.
- The amount of quality contact time with clinical supervisors and the apprenticeship model of training experience is excellent at Whanganui DHB.

**Recommendations:**

- The NZCF should be mapped to the allocation of clinical attachments and with the formal education programme.
- The clinical attachment allocations should be reassessed, as the requirement for medical and surgical attachments have been removed.
- Where clinical supervisors identify educational opportunities for interns in out-patient clinic the DHB should review the timetabling of interns to allow attendance.
- The orientation process prior to interns commencing nights should be reviewed.

**Required actions:**

5. A formal handover process that includes interns must be established in all departments where interns have clinical responsibilities.

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 structured teaching programme with formal teaching on Thursdays as well as an intern led teaching session on Tuesdays with a clinical supervisor or consultant present who has responsibility for the formal teaching programme rotating through the various departments.

While some of the formal teaching, such as that provided by the anaesthetic department is excellent, teaching sessions are inconsistent, with the interns reporting many sessions not occurring.

There are also problems with notification of the teaching programme, or short notice by text that teaching is occurring. Attendance at the formal teaching sessions is not monitored, and there is some conflict with service commitments restricting ability to attend teaching although there are posters on the wards requesting interns are not disturbed during teaching time. There is no process for pagers to be held during formal sessions.

The Accreditation Team received no evidence that the professionalism and communication sections from the *New Zealand Curriculum Framework for Prevocational Medical Training* (NZCF) have been incorporated into the formal teaching programme.

Feedback from the intern led Tuesday teaching session was very positive and provided a good opportunity for peer support and self-directed learning with the support of consultants.

There is a good opportunity for additional learning through the emergency department tutorials as well as surgical morbidity and mortality meetings. The work based training opportunities across all specialities are excellent and appreciated by the interns.

Interns are able to provide feedback on the content of the formal programme, however the formal education programme would benefit from periodic review of its content and effectiveness, particularly as the interns gain experience throughout the internship. This review should include intern feedback.

**Commendations:**

- The additional work based teaching is well done across different departments.

- The intern led Tuesday teaching sessions are a successful initiative and provide great peer support for interns.

**Recommendations:**

- Intern feedback should be incorporated into the planning of the formal education programme.
- The Whanganui DHB should undertake periodic reviews of the formal education programme. The Whanganui DHB Education Committee should be responsible for this.

**Required actions:**

6. Intern attendance at the formal education programme must be recorded and monitored. This information should be used to determine what is impacting on attendance. Interns must attend two thirds of the formal education programme.
7. Other domains from the *New Zealand Curriculum Framework for Prevocational Medical Training* must be incorporated into the formal education programme, including sessions on self-care and stress management to ensure all sections of the *New Zealand Curriculum Framework for Prevocational Medical Training* are covered.

**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:**

Whanganui DHB provides a good initial orientation programme for interns at the start of the year and there is also an effective process for orientation of interns who commence part way through the year. Interns are shadowed at the start of their clinical attachment.

Orientation documents do not exist for all medical and surgical departments and therefore interns tend to rely for process and system information on word of mouth from the intern previously on the clinical attachment. Some departments have on-line orientation information but access is variable and the interns have variable knowledge of the existence of these programmes.

There is evidence of good pastoral care for all interns commencing with the DHB with support around accommodation and the setting up of bank accounts if needed.

The DHB has a strong Employee Assistance Programme although interns were generally unaware of its role.

**Commendations:**

- Whanganui DHB's orientation is consistent and effective irrespective of when interns commence with the DHB.
- Whanganui DHB provides outstanding pastoral support for all interns commencing with the DHB.

**Recommendations:**

- The effectiveness of the orientation in each department should be assessed.
- Information on the Employee Assistance Programme should be provided in the intern orientation programme.

<b>Required actions:</b> 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>			
	<b>Met</b>	<b>Substantially met</b>	<b>Not met</b>
Rating	<b>X</b>		
Commentary:			
<p><b>Comments:</b> Whanganui DHB is responsive to the health and welfare needs of interns. This includes flexibility in training. The DHB has provided examples of specific support interns have received to complete their training and fulfilling service requirements safely.</p> <p><b>Commendation:</b> Whanganui DHB is very responsive to the health and personal requirements of the interns employed with them.</p> <p><b>Required actions:</b> Nil.</p>			

## 4 Assessment and supervision

<b>4.1 Process and systems</b>			
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.			
<b>4.1 Process and systems</b>			
	<b>Met</b>	<b>Substantially met</b>	<b>Not met</b>
Rating			<b>X</b>
Commentary:			
<p><b>Comments:</b> While the quality of clinical training is high there are significant delays in the timing and recording of the beginning of clinical attachment meeting. This meeting is vital as the professional development plan for a clinical attachment should be established early in the attachment. In addition, the mid-attachment meetings are also delayed. This is an important opportunity for feedback to be provided to the intern and to plan for early intervention to address any areas of concern if applicable.</p> <p>These meetings are monitored by the Resident Medical Officer office with reminder notifications sent to supervisors. Despite this action, the timing and recording of meetings remains a significant problem with many meetings taking place well after the actual start, mid or end point of the attachment.</p>			

Most interns had not recorded achieving a substantive number of skills from the *New Zealand Curriculum Framework for Prevocational Medical Training* at the time they were assessed by the advisory panel.

There was confusion amongst interns and supervisors at Whanganui DHB as to the requirements for gaining registration in a general scope of practice for postgraduate year 1 interns and the requirements for prevocational medical training for postgraduate year 2 interns.

**Required actions:**

8. All relevant staff at Whanganui DHB must understand the requirements for prevocational medical training. Education about the prevocational medical training programme must be provided by the Chief Medical Officer and prevocational educational supervisors to interns and consultants.
9. Whanganui DHB needs to monitor, encourage and enable interns to achieve their requirements for general registration and prevocational medical training for postgraduate year 2 interns in regards to their ePort requirements.

**4.2 Supervision**

- 4.2.1 The training provider has an appropriate ratio of prevocational educational supervisors in place to oversee the training and education of interns in both PGY1 and PGY2.
- 4.2.2 Mechanisms are in place to ensure clinical supervision is provided by qualified medical staff with the appropriate competencies, skills, knowledge, authority, time and resources.
- 4.2.3 Interns are clinically supervised at a level appropriate to their experience and responsibilities at all times.
- 4.2.4 Administrative support is available to prevocational educational supervisors so they can carry out their roles effectively.

**4.2 Supervision**

	Met	Substantially met	Not met
Rating	X		

**Commentary:**

**Comments:**  
 The ratio of interns to prevocational educational supervisors is appropriate. There is good administrative support for the prevocational educational supervisors. The prevocational educational supervisor responsible for postgraduate year 1 interns has a clinical practice focused in the emergency department. Recent senior staff vacancies in this area have placed an additional burden on the prevocational educational supervisor. Active support is essential to allow the prevocational educational supervisor adequate direct contact time with interns.

Interns are placed under the supervision of appropriately qualified clinical supervisors, with additional supervision provided by other senior staff who are not yet vocationally registered. Efforts are made to ensure that the needs of interns are matched with appropriate clinical supervisors.

The contact time between interns and their clinical supervisors is high in part due to the low number of registrars at Whanganui DHB.

**Recommendation:**

The Chief Medical Officer should periodically review direct contact time between the interns and the prevocational educational supervisors.

<b>Required actions:</b> Nil.			
<b>4.3 Training for clinical supervisors and prevocational educational supervisors</b>			
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.		
<b>4.3 Training for clinical supervisors and prevocational educational supervisors</b>			
	<b>Met</b>	<b>Substantially met</b>	<b>Not met</b>
Rating		X	
Commentary:			
<p><b>Comments:</b> The prevocational educational supervisors have attended the annual meeting of prevocational educational supervisors.</p> <p>Opportunities exist for clinical supervisors to attend supervision training from Council or an appropriate supervision training course from their vocational college. Only six clinical supervisors from Whanganui DHB have attended Council’s supervision workshops.</p> <p>At present each clinical department constructs aspects of the formal intern educational programme. This allows clinical supervisors to influence the content of the formal intern education programme.</p> <p>Senior medical officers and the DHB executive are aware of the Council requirement for supervisor training. Senior Medical Officers all have opportunities for professional development. These opportunities should include activities to improve the quality of the intern training programme.</p> <p><b>Required actions:</b> 10. Whanganui DHB must ensure clinical supervisors who have not attended clinical supervision training do so within three years of taking on the role.</p>			
<b>4.4 Feedback to interns</b>			
4.4.1	Systems are in place to ensure that regular, formal, informal and documented feedback is provided to interns on their performance within each clinical attachment and in relation to their progress in completing the goals in their PDP, and substantively attaining the learning outcomes in the NZCF. This is recorded in the intern’s e-portfolio.		
4.4.2	Mechanisms exist to identify at an early stage interns who are not performing at the required standard of competence; to ensure that the clinical supervisor discusses these concerns with the intern, the prevocational educational supervisor (and CMO or delegate when appropriate); and that a remediation plan is developed and implemented with a focus on patient safety.		

4.4 Feedback to interns			
	Met	Substantially met	Not met
Rating		X	
Commentary:			
<p><b>Comments:</b> Both the clinical supervisors and interns report that there are good opportunities for regular informal and formal feedback but this is not well documented in ePort.</p> <p>Any concerns about poor performance are reported to the prevocational educational supervisor and the Resident Medical Officer office, and can be escalated to the Chief Medical Officer if necessary. Systems are in place to ensure patient safety and intern welfare such as changing oncall rosters, putting in place management plans and if necessary using external resources to support interns.</p> <p><b>Required actions:</b> 11. Whanganui DHB must ensure that there is improved timeliness with recording feedback in ePort. This must also include documentation of the start and mid run meetings at the appropriate times of the attachment.</p>			
4.5 Advisory panel to recommend registration in a general scope of practice			
4.5.1	The training provider has an established advisory panel to consider progress of each intern during and at the end of the PGY1 year.		
4.5.2	<p>The advisory panel will comprise:</p> <ul style="list-style-type: none"> <li>• a CMO or delegate (who will Chair the panel)</li> <li>• the intern's prevocational educational supervisor</li> <li>• a second prevocational educational supervisor</li> <li>• a lay person.</li> </ul>		
4.5.3	The panel follows Council's <i>Guide for Advisory Panels</i> .		
4.5.4	There is a process for the advisory panel to recommend to Council whether a PGY1 has satisfactorily completed requirements for a general scope of practice or should be required to undertake further intern training.		
4.5.5	There is a process to inform Council of interns who are identified as not performing at the required standard of competence.		
4.5.6	<p>The advisory panel bases its recommendation for registration in a general scope of practice on whether the intern has:</p> <ul style="list-style-type: none"> <li>• satisfactorily completed four accredited clinical attachments</li> <li>• substantively attained the learning outcomes outlined in the NZCF</li> <li>• completed a minimum of 10 weeks (full time equivalent) in each clinical attachment</li> <li>• developed an acceptable PDP for PGY2, to be completed during PGY2</li> <li>• advanced cardiac life support (ACLS) certification at the standard of New Zealand Resuscitation Council CORE level 7 less than 12 months old.</li> </ul>		
4.5 Advisory panel to recommend registration in a general scope of practice			
	Met	Substantially met	Not met
Rating	X		
Commentary:			

<p><b>Comments:</b> An advisory panel was convened and followed the appropriate process for recommending general scope of practice for the interns who commenced prevocational medical training in November 2014. The Resident Medical Officer unit have clear documentation regarding the advisory panel process.</p> <p><b>Required actions:</b> Nil.</p>	
<b>4.6</b>	<b>Signoff for completion of PGY2</b>
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.
<b>4.6 Signoff for completion of PGY2</b>	
<p><b>Comments:</b> <i>Accreditation standard 4.6 cannot be assessed until 2016.</i></p>	

## 5 Monitoring and evaluation of the intern training programme

<b>5 Monitoring and evaluation of the intern training programme</b>			
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.		
<b>5. Monitoring and evaluation of the intern training programme</b>			
	<b>Met</b>	<b>Substantially met</b>	<b>Not met</b>
Rating	<b>X</b>		
Commentary:			
<p><b>Comments:</b> Mechanisms exist to enable intern feedback on the intern training programme. These mechanisms include a monthly meeting with interns, the Chief Medical Officer and prevocational education supervisors, the intern evaluation of teaching sessions and formal exit interviews. The Whanganui DHB also undertook a survey of Resident Medical Officers (this included interns and other staff) on night shift, and identified proposed actions to address issues identified by survey respondents.</p> <p>The interns themselves were generally positive about the opportunities afforded them to provide feedback on their training programme. However, although these mechanisms exist, it was less clear how they have contributed to on-going quality improvement of the intern training programme. There is no formal process to feed this information back to prevocational educational supervisors, clinical supervisors or hospital managers</p>			

The Whanganui DHB have a formal process for monitoring action on matters raised by the Council, including action arising from the previous accreditation visit.

As more interns rotate through the newly accredited clinical attachments Whanganui DHB will be able to monitor the currency of these attachments against the learning outcomes in the *New Zealand Curriculum Framework for Prevocational Medical Training* and its intern training programme.

**Recommendation:**

There should be documented processes to demonstrate how on-going feedback about the intern training programme contributes to improvements in the programme’s quality.

**Required actions:**

Nil.

## 6 Implementing the education and training framework

6.1 Establishing and allocating accredited clinical attachments			
6.1.1	The training provider has processes for applying for accreditation of clinical attachments.		
6.1.2	The process of allocation of interns to clinical attachments is transparent and fair.		
6.1.3	The training provider must maintain a list of who the clinical supervisors are for each clinical attachment.		
6.1 Establishing and allocating accredited clinical attachments			
	Met	Substantially met	Not met
Rating		X	
Commentary:			
<p><b>Comment:</b></p> <p>There are processes in place for applying for accreditation of clinical attachments. At the time of the accreditation visit, the majority of Whanganui DHB’s clinical attachments have been approved.</p> <p>The Whanganui DHB has implemented a new process which aims to provide advance notice of intern allocation to clinical attachments. Although initially successful, it has not worked as well recently. Interns are given the opportunity to indicate preferences for their clinical attachments, and efforts are made to accommodate these, although in a relatively small organisation this can be challenging. Feedback from interns on the process of allocating clinical attachments was not positive with interns stating they were not aware of which attachments they would be on for the full year. This is possibly a reflection that the allocation process has not worked as well this year as it did the previous year.</p> <p>The clinical supervisors, and the interns they are supervising for each clinical attachment, is documented.</p> <p><b>Required actions:</b></p> <p>12. The process for allocating interns to clinical attachments must be transparent and fair so it is understood by interns.</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 Whanganui DHB provides a safe working environment for interns, with particularly positive feedback about the level and quality of supervision provided by clinical supervisors. Whanganui DHB responds well to any concerns raised by interns.

There is an *Employee Wellness* page on the intranet, which covers the Employee Assistance Programme, bullying, ergonomics, smokefree environment and stress management. However, it was not apparent that access to formal career advice is a feature of employee wellness and development, and this was not positively commented on by interns.

Leave procedures are fair and transparent, and take into account impacts on the roster, and in the case of professional development leave there is transparency about prior access to training and the level of expenditure for that prior access, the contribution of a proposed professional development activity to the wider learning and development plan, and the interest of the applicant.

Intern enrolment with a general practitioner is more varied, and it was not clearly demonstrated that this is actively encouraged by the DHB.

Intern support is formally established via the Resident Medical Officer office and the prevocational educational supervisors. In addition the interns have access to the Employee Assistance Programme although this availability is not well known by the interns.

**Recommendations:**  
 Greater attention should be paid to encouraging interns to register with a general practitioner. Whanganui DHB could provide practical support for this, by linking with general practice clinics and facilitating the enrolment of interns for what is often a short period of time that they are resident in Whanganui.

**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.			
<b>6.3 Communication with interns</b>			
	<b>Met</b>	<b>Substantially met</b>	<b>Not met</b>
Rating	<b>X</b>		
Commentary:			
<p><b>Comments:</b> Whanganui DHB is able to maintain close and direct communication between interns, prevocational educational supervisors and clinical supervisors and the Resident Medical Officer (RMO) office. The Whanganui DHB <i>RMO Handbook</i> provides information about the intern training programme and directs users to where additional information can be found. Monthly meetings are held with interns, the Chief Medical Officer and prevocational education supervisors. These meetings typically cover issues related to the training programme, administrative matters and employment matters.</p> <p>However, there are instances where communication has resulted in interns having unclear expectations. An example cited was confusion about whether a regular teaching session was proceeding or not, with interns not attending because they did not receive a reminder.</p> <p><b>Recommendation:</b> The RMO office should discuss with interns the best options for effectively communicating with them at short notice.</p> <p><b>Required actions:</b> Nil.</p>			
<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 impartial pathways for timely resolution of training-related disputes.			
<b>6.4 Resolution of training problems and disputes</b>			
	<b>Met</b>	<b>Substantially met</b>	<b>Not met</b>
Rating	<b>X</b>		
Commentary:			
<p><b>Comments:</b> Interns report that prevocational educational supervisors and clinical supervisors are highly approachable, and they feel confident in raising issues with them. While there are some dispute resolution processes documented, for example processes outlined in the <i>Introduction to the General Surgical Service</i>, this level of documentation was not generally apparent.</p> <p><b>Recommendation:</b> A formal complaints management system or guide for how interns can address problems should be documented and promoted to interns. It should provide clear processes, responsibilities and pathways for resolution that can all be dealt with in a confidential manner.</p> <p><b>Required actions:</b> Nil.</p>			

## 7 Communication with Council

7.1 Process and systems			
7.1	There are processes in place so that prevocational educational supervisors inform Council in a timely manner of interns whom they identify as not performing at the required standard of competence.		
7. Process and systems			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p><b>Comments:</b> The prevocational educational supervisors and the Chief Medical Officer at Whanganui DHB have been proactive in advising Council of interns when there have been issues of not performing at the required standard of competence. Their communication ensures a strong relationship between Council and Whanganui DHB.</p> <p><b>Commendation:</b> Whanganui DHB has been proactive in advising the Council of concerns when individual interns and are not performing at the required standard of competence.</p> <p><b>Required actions:</b> Nil.</p>			

## 8 Facilities

8 Facilities			
8.1	Interns have access to appropriate educational resources, facilities and infrastructure to support their training.		
8.2	The training provider provides a safe working and learning environment.		
8. Facilities			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p><b>Comments:</b> The facilities such as the library and the intern lounge were not observed by the Accreditation Team. However the overall feedback from interns was positive in relation to their access to appropriate educational resources, facilities and infrastructure to support their training at Whanganui DHB. The interns made specific comment that:</p> <ul style="list-style-type: none"> <li>the librarian is very supportive and helpful in accessing the educational resources required, and</li> <li>greater computer access in departments would be helpful in balancing the intern's clinical responsibilities and time for education.</li> </ul>			

Computer access, particularly on the wards, is at times restricted due to the requirements for computer-based work amongst nurses and pharmacists in particular. This can lead to significant delays in interns being able to complete tasks or to access on-line resources to aid their learning.

Whanganui DHB makes appropriate use of facilities for training at other district health boards including Hawkes Bay and MidCentral.

**Recommendation:**

IT resources are monitored to ensure that there is enough resources to enable interns to meet their clinical responsibilities and allow time for education.

**Required actions:**

Nil.