Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand

# Prevocational medical training accreditation – report for:
# Te Whatu Ora – Lakes

Date of site visit: 24 and 25 May 2022
Date of report: 2 November 2022

**2 November 2022**
**Medical Council of New Zealand**

# Background

The Council accredits[1] training providers to provide prevocational medical education and training through the delivery of an intern training programme.

To be accredited, training providers must 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 requirements 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) covers 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. 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 4 years. However, progress reports may be requested during this period.

More information is in Council's *Policy on the accreditation of prevocational medical training providers*.

[1] Section 118 of the Health Practitioners Competence Assurance Act 2003.

# The Medical Council of New Zealand's accreditation of Te Whatu Ora – Lakes

| | |
|---|---|
| **Name of training provider:** | Te Whatu Ora – Lakes |
| **Name of sites:** | Rotorua hospital |
| **Date of training provider accreditation visit:** | 24 and 25 May 2022 |
| **Accreditation visit team members:** | Dr John Nacey (Accreditation team Chair)<br>Dr Laura Chapman<br>Dr Ainsley Goodman<br>Dr Fraser Jeffery<br>Ms Laura Mueller<br>Ms Joan Simeon<br>Ms Jen Burke |
| **Date of previous training provider accreditation visit:** | 16 and 17 October 2017 |
| **Key staff the accreditation visit team met:** | |
| Chief Executive: | Dr Nick Saville-Wood |
| Chief Medical Officer: | Dr Gerrie Snyman |
| Prevocational Educational Supervisors: | Dr David Blundell<br>Dr Mandy Perrin<br>Dr Kate Kerr<br>Dr Aimee Kettoola<br>Dr Michael Grant |
| Medical management unit staff: | Ms Julie Gibbs (RMO Coordinator)<br>Ms Kim Ibberson (Service Manager) |
| Māori health team | Mrs Mapihi Raharuhi (Director of Māori Health)<br>Mrs Phyllis Tangitu (Pou Manukura Relationship and Engagement)<br>Mr Jamaine Fraser (Pou Manukura Tuterangiharuru) |
| **Key data about the training provider:** | |
| Number of interns at training provider: | |
| Number of PGY1s: 17 | Number of PGY2s: 17 |
| Number of accredited clinical attachments (current): | 23 |
| Number of accredited community based attachments: | 4 |

# Section A – Executive summary

An accreditation team of the Medical Council of New Zealand (Council) has assessed Lakes District Health Board (Lakes DHB) and its prevocational training programme against Council's 2022 *Prevocational medical training for doctors in Aotearoa New Zealand: Accreditation standards for training providers*.

The accreditation team is grateful to the DHB's leadership, its prevocational educational supervisors, clinical supervisors, medical management unit staff, Māori health team, and interns for their preparation for the accreditation process, their warm welcome, and for their active and willing engagement with the team throughout the visit.

Medical education and training are key strategic priorities for Lakes DHB. The DHB has worked assiduously to face the challenges posed by the current COVID-19 situation and the inevitable impact this has had on all staff and patient care. Throughout this period the DHB has ensured that high quality prevocational education and training has continued to be delivered.

Lakes DHB has a clinical governance structure which reflects a priority towards teaching and learning. Its chief medical officer is responsible for all medical staff at Lakes DHB and has a particular accountability and focus on interns and prevocational medical education. This is supported by a well-developed organisational structure and strategic plan. This includes the prevocational training committee that has oversight of prevocational medical education and training. The Medical Management Unit oversees the day-to-day management of the interns including run allocation, rostering and on call duties.

Within the DHB there are a variety of teaching, simulation and training opportunities that are underpinned by sound medical education principles. There is a clinical lead for medical education and a clinical director of training. Staff in these roles do not provide formal input into the prevocational programme. The DHB should consider incorporating input from the clinical lead of medical education into the prevocational training programme.

Lakes DHB has strong relationships with several external organisations that also provide medical education and training. These include Council, medical schools and community providers including iwi. The DHB has recently strengthened its relationship and developed new initiatives with primary care. The appointment of a primary care prevocational educational supervisor is commended. It is apparent that considerable benefit will follow this appointment including an increased awareness of career pathways into general practice.

The intern training programme provides a wide variety of clinical attachments and other learning opportunities that provide interns with a broad experience from which they may attain the necessary learning outcomes. There is meaningful training on cultural safety and cultural competency embedded throughout the intern experience and the wider hospital and clinical environment.

Lakes DHB is commended for the excellent opportunities provided to interns by the Māori health team for interns to further develop cultural safety and cultural competency. This small but focussed team are driven by a collective understanding of the importance of achieving health equity for all Māori patients and their whānau. Lakes DHB is commended for the long-established community-based attachments which are highly valued by the interns.

Interns reported that senior medical officers were approachable on nights when senior advice and support was required. In response to intern feedback regarding emergency medicine, the DHB has responded to concerns that there are occasionally only two PGY2s on nightshift. Emergency medicine staff and the CMO recognise the importance of providing appropriate support for interns during nightshift. As a result, the DHB is in the process of strengthening senior medical staffing in emergency medicine by implementing a planned tiered overnight roster.

There are structured morning handover processes that are consultant driven and effectively contribute to continuity of patient care and intern learning. There is no formal DHB handover policy. While senior DHB staff can articulate an outline of the handover process this is not consistent with what is reported by the interns. Handover between evening and night-shift interns currently takes place intern to intern without senior input or oversight. The DHB must ensure that structured handovers take place between clinical teams and between all shifts with appropriate senior staff support.

Lakes DHB has both an informed consent policy and procedure documents that clearly outline the legislative and ethical requirements for the informed consent process. The DHB is to be commended for strongly adhering to Council's policy on informed consent.

Lakes DHB provides a comprehensive formal training programme with two teaching sessions every week for interns, including simulation. The programme includes confidential weekly sessions between PGY1 interns and prevocational educational supervisors to discuss the challenges of starting as a new intern and to provide pastoral support. Interns reported that prevocational educational supervisors have emphasised to them the importance of self-care and that they have registered with a general practitioner.

Orientation at the start of PGY1 year, including for those interns starting part way through the year, is comprehensive and highly regarded. Departmental orientation at the start of clinical attachments is inconsistent and needs to be strengthened. The DHB must develop and implement departmental orientation for interns at the start of each clinical attachment.

Lakes DHB has appointed five prevocational educational supervisors. The DHB is commended for the innovative appointment of a primary care prevocational educational supervisor to oversee intern training and education in the primary care setting. The prevocational educational supervisor team are committed, engaged and provide exceptional support to interns. The chief medical officer provides oversight to the prevocational educational supervisors and meets regularly with them. Administrative support for the prevocational educational supervisors is not adequate and must be improved for the prevocational educational supervisors to continue to carry out their roles effectively.

There is robust feedback following use of the PHEEM survey tool. This is considered annually at prevocational medical training committee meetings and any areas requiring improvement are addressed. Structured dissemination of all feedback to those involved in intern prevocational medical training, including clinical supervisors must be provided.

## Summary of findings

Overall, Lakes DHB has met 17 of the 21 sets of Council's 2022 *Prevocational medical training for doctors in Aotearoa New Zealand: Accreditation standards for training providers.*

4 sets of standards are substantially met:

- Standard 3.1 – Programme components
- Standard 3.4 – Orientation
- Standard 4.2 – Supervision – Prevocational educational supervisors
- Standard 5 – Monitoring and evaluation of the intern training programme

4 required actions were identified, along with 2 recommendations and 7 commendations.

## Required actions

| Required action | Standard |
|---|---|
| **1**. Te Whatu Ora – Lakes must ensure that structured handovers take place between clinical teams and between all shifts with appropriate senior support.<br><br>*(to be addressed by 30 June 2023)* | **The intern training programme – programme components**<br><br>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 (3.1.9). |
| **2**. Te Whatu Ora – Lakes must develop and implement departmental orientation for interns at the start of the clinical attachment.<br><br>*(to be addressed by 30 June 2023)* | **The intern training programme – orientation**<br><br>Orientation is provided at the start of each clinical attachment, ensuring familiarity with key staff, systems, policies, and processes relevant to that clinical attachment (3.4.2). |
| **3**. Te Whatu Ora – Lakes must ensure appropriate administrative support is available for prevocational educational supervisors.<br><br>*(to be addressed by 30 June 2023)* | **Assessment and supervision – supervision – prevocational educational supervisors**<br><br>Administrative support is available to prevocational educational supervisors so they can carry out their roles effectively (4.2.4). |
| **4**. Te Whatu Ora – Lakes must ensure structured dissemination of all feedback to those involved in intern prevocational medical training, including clinical supervisors, is provided.<br><br>*(to be addressed by 30 June 2023)* | **Monitoring and evaluation of the intern training programme**<br><br>The training provider routinely evaluates supervisor effectiveness taking into account feedback from interns (5.5). |

# Section B – Overall outcome of the accreditation assessment

| The overall rating for the accreditation of Te Whatu Ora – Lakes as a training provider for prevocational medical training | **Substantially Met** |
|---|---|

Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand (Council) considered and approved the report titled *Prevocational medical training accreditation report: Te Whatu Ora – Lakes* and determined that:

- the overall outcome of the assessment for accreditation of Te Whatu Ora – Lakes is **'substantially met'**, and
- Te Whatu Ora – Lakes is accredited for a period of 4 years, until **30 November 2026**, subject to Lakes addressing the required actions on its accreditation, and
- Te Whatu Ora – Lakes is to provide annual reports to Council for the period of its accreditation. These will be due **30 June** each year.

On 1 July 2022, Te Whatu Ora | Health New Zealand replaced Aotearoa New Zealand's 20 DHBs. The prevocational training programme run by Lakes DHB is now run by Te Whatu Ora – Lakes.

# 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 and health equity. |
| 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 four years. |

| 1. Strategic priorities | | | |
|---|---|---|---|
| | Met | Substantially met | Not met |
| Rating | **X** | | |

Commentary:

**Comments:**

Medical education and training are key strategic priorities for Lakes DHB. Despite the challenges posed by the current COVID-19 situation, and the inevitable impact this has had on all staff and patient care, prevocational education and training remains at a high standard and is highly valued by all interns employed by the DHB.

Lakes DHB's clinical governance structure reflects a priority towards teaching and learning. Its chief medical officer is responsible for all medical staff at Lakes DHB and has a particular accountability and focus on interns. This is supported by a well-developed organisational structure and strategic plan. The DHB's prevocational medical training committee has oversight of prevocational training. This committee is chaired by the chief medical officer and includes broad representation from the medical management unit, prevocational educational supervisors and interns.

Lakes DHB recognises its junior staff by way of its Stolwyk quality award, which is awarded to a junior doctor every two years.

Within the DHB there is a major focus on quality improvement. As part of this the DHB has established the position of "Quality Improvement RMO". This appointment acknowledges that RMOs are well placed to identify issues with healthcare delivery and that quality improvement is most effective following engagement of all staff in the process.

Lakes DHB staff appear well prepared for the structural changes that form part of the government health reforms. In preparation for these changes the DHB has ensured that interns are kept informed of the potential impact this will have on their training, and the new clinical environment in which they will work.

**Commendation:**

- Lakes DHB is commended for its commitment to prevocational medical training (standard 1.1).

## 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:**

Lakes DHB has the authority, responsibility and appropriate resources and mechanisms to plan, develop, implement and review the intern training programme.

The chief medical officer (CMO) has executive accountability for the standards and quality of the prevocational education and training programme. It has a prevocational training committee, chaired by the CMO, that is responsible for prevocational education and training.

The medical management unit (MMU) is effective in the day-to-day management of the interns. Rostering, leave applications, on call duties and allocation of clinical attachments fall within the MMU's responsibilities. The MMU also provides pastoral care to interns and supports the formal training programme. There have been recent staffing pressures on the MMU and there are plans underway to address these.

There are clear procedures to immediately address any concerns about intern performance that may impact on patient safety. The close working relationship between the interns, the prevocational educational supervisors (PESs) and the clinical supervisors ensures there are effective processes in place to identify, address and escalate any concerns about intern performance.

There are clear procedures in place to notify Council of any changes to the health service or in the intern training programme that may have a significant impact on intern training. The CMO is responsible for notifying Council of any such changes.

### 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:**

Lakes DHB provides interns with a variety of formal and informal teaching, simulation and ward-based training opportunities that are underpinned by sound medical education principles. There are several

departmental education sessions, grand rounds and quality control initiatives in addition to the formal training sessions.

Lakes DHB delivers the prevocational training programme using its own vocationally registered specialists as well as visiting clinicians from Waikato and Bay of Plenty DHBs. The DHB also utilises clinical nurse specialists, allied health staff, their Māori health team, community providers and other non-medical staff to deliver a broad spectrum of medical education.

There is a clinical lead for medical education and clinical director of training in place, however they do not provide formal input into the prevocational programme.

**Recommendation:**

- Lakes DHB should enable the clinical lead of medical education to provide input into the prevocational training programme (standard 2.2.2).

## 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.

2.3.3 The training provider has effective partnerships with Māori health providers to support intern training and education.

**2.3 Relationships to support medical education**

| | Met | Substantially met | Not met |
|---|---|---|---|
| Rating | **X** | | |

Commentary:

**Comments:**

Lakes DHB has recently strengthened its relationship and developed new initiatives with primary care. We commend the DHB's appointment of a general practitioner prevocational educational supervisor. There appears to be many benefits from this including increasing awareness of career pathways into general practice.

Lakes DHB has the staff and facilities to deliver the training programme locally, as well as video conferencing and online teaching capability, which has been particularly helpful during the recent pandemic restrictions.

The DHB uses external providers as needed and has connections with the medical schools and other DHBs.

Lakes DHB is in an area with a strong community cultural foundation and the DHB is well supported by the local iwi. The DHB has an innovative and highly regarded Māori health team that has input into the intern training programme and the overall intern experience at Lakes DHB. The interns feel immersed in the principles of cultural competency and cultural safety in all aspects of their training.

**Commendation:**

- Lakes DHB is commended for its strong relationships with several external organisations that benefit from medical education and training. These include Council, medical schools and community providers, including iwi (standard 2.3.1).

# 3 The intern training programme

## 3.1 Programme components

3.1.1 The intern training programme is structured to support interns to attain the learning outcomes outlined in the 14 learning activities of the curriculum.

3.1.2 The intern training programme requires the satisfactory completion of eight accredited clinical attachments, which in aggregate provide a broad-based experience of medical practice.

3.1.4 The training provider selects suitable clinical attachments for training based on 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:

- enhance their skills, understanding and knowledge of hauora Māori
- develop their cultural safety and cultural competence, and
- 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 completes at least one community-based attachment.

3.1.7 Interns are not rostered on nights during the first six weeks of PGY1.

3.1.8 The training provider has a process 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:**

Lakes DHB provides an intern training programme with a wide range of clinical attachments and other learning opportunities that give interns a broad experience to attain the 14 learning activities of the curriculum. Overall, interns report a positive learning experience from their clinical attachments and value the training provided by Lakes DHB.

Allocation of clinical attachments is conducted by the prevocational educational supervisors, accounting for interns' preferences, their career plans and the preparedness of an intern to the particular attachment.

There is meaningful training on cultural safety and cultural competency embedded throughout the intern experience and the wider hospital and clinical environment. The Māori health team demonstrated strong engagement and an emphasis on enhancing the cultural training of interns. This begins with Noho Marae visit during orientation. Whilst there are a limited number of sessions on Māori health in the formal education programme, interns reported their learning in caring for Māori patients was being well developed through their day-to-day work, supported by the Māori health team on the wards. This is

highlighted as a reason that some interns chose to work at Lakes DHB. Further training on Te Tiriti o Waitangi and Te Reo is available from the DHB. The accreditation team commends Lakes DHB for the excellent opportunities provided by the Māori health team to interns to further develop cultural safety and cultural competency.

Lakes DHB has long established community-based attachments which are valued by the interns. These include attachments in general practice, rural hospital medicine in Taupō and in community psychiatry. All interns are allocated a community attachment during their two intern years. We commend the DHB for its proactive approach in this area.

Interns do not start night shifts until after six months of practice. Interns reported that senior medical officers were approachable overnight when senior advice and support was required. The DHB has acknowledged, in response to intern feedback regarding emergency medicine, that there are at times only two PGY2s on nightshift. Emergency medicine staff and the CMO recognise the importance of supporting interns during nightshift and are taking steps to strengthen staffing in emergency medicine at nights with a tiered roster so that a PGY2 will always be working alongside a more experienced doctor. It is recommended that this roster be implemented.

The structured morning handover processes are led by senior medical officers, providing valuable opportunities for intern learning and ensuring continuity of care. There is no formal DHB handover policy. The accreditation team was provided with the intended outline of handovers after hours. It is evident that the handover outline is not consistent with what is reported by the interns in practice. Specifically, handover between the evening and night interns currently takes place intern to intern without senior oversight. The lack of senior input into interns' handover currently represents a clinical risk and a missed opportunity for intern learning.

Interns do not consent patients for procedures that they do not perform themselves. Lakes DHB is to be commended for strongly adhering to Council's policy on informed consent.

**Commendations:**

- Lakes DHB is commended for the excellent opportunities provided by the Māori health team to interns to further develop cultural safety and cultural competency (standard 3.1.5).
- Lakes DHB is commended for its proactive approach in establishing and maintaining community-based attachments (standard 3.1.6).
- Lakes DHB is commended for strongly adhering to Council's policy on informed consent (standard 3.1.10).

**Recommendation:**

- Lakes DHB should implement the planned tiered overnight roster in emergency medicine (standard 3.1.8).

**Required action:**

1. Te Whatu Ora – Lakes must ensure that structured handovers take place between clinical teams and between all shifts with appropriate senior support (standard 3.1.9).

## 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 learning activities, 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:**

Interns meet with their prevocational educational supervisor early in their first year for a comprehensive discussion about their first intern year. A learning contract is signed between the intern and their PES which makes the expectations clear. The intern's ePort is regularly reviewed throughout the year to ensure professional development plans are maintained and interns' goals are reviewed.

## 3.3 Formal education programme

3.3.1 The intern training programme includes a formal education programme that supports interns to achieve the learning outcomes outlined in the 14 learning activities that are not generally available through the completion of clinical attachments.

3.3.2 The intern training programme ensures that interns can attend at least two thirds of formal education sessions, by structuring the formal education sessions so that barriers to attendance are minimised.

3.3.3 The training provider ensures that all PGY2s attend structured education sessions.

3.3.4 The formal education programme provides content on hauora Māori and tikanga Māori, and 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:**

Lakes DHB provides a comprehensive formal training programme. Interns are provided with two teaching sessions a week, one covering medical topics and the other covering surgical topics. The programme includes simulation. PGY2 interns can attend medical registrar teaching or departmental teaching in emergency medicine, paediatrics and obstetrics and gynaecology. Interns based outside the main Rotorua hospital site can attend teaching with the use of video conferencing. A grand round is also held once a week which the interns are welcome to attend.

Lakes DHB monitors intern attendance through a sign-in sheet, and each intern's attendance is reviewed by their PES using ePort. Interns reported being able to attend the teaching sessions regularly and that they were of good value to their learning.

Formal education sessions on cultural competency and safety in caring for Māori patients complement the learning that occurs on the wards with the support of the Māori health team.

The education programme includes confidential weekly sessions between PGY1 interns and a prevocational educational supervisor to reflect on the challenges of starting as a new intern and to provide pastoral support. The level of support provided during this session changes throughout the year as interns become more experienced.

## 3.4 Orientation

3.4.1 An orientation programme is provided for interns beginning employment at the start of the intern year and for interns beginning employment part way 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:**

Lakes DHB's orientation at the start of the PGY1 year is comprehensive and highly regarded by interns. An equally comprehensive orientation is provided for interns beginning part way through the year. Interns are buddied with a more senior intern for their initial after hours shifts.

the effectiveness of orientation at the start of each clinical attachment varies between departments. Some, such as emergency medicine and paediatrics, have a well-developed orientation programme. However, interns reported that for other departments there was no specific orientation at the start of the clinical attachment. Orientation documents are available, but these are not always provided. Some of the responsibility for informing new interns of the expectations on clinical attachments is carried by interns themselves.

**Required action:**

2. Te Whatu Ora – Lakes must develop and implement departmental orientation for interns at the start of the clinical attachment (standard 3.4.2).

## 3.5 Flexible training

3.5.1 Procedures are in place and followed, to guide and support supervisors and interns in the implementation and review of flexible training arrangements.

**3.5 Flexible training**

| | Met | Substantially met | Not met |
|---|---|---|---|
| Rating | **X** | | |

Commentary:

**Comments:**

Lakes DHB has a generic flexible working arrangements policy however this has not been adapted specifically for interns. The DHB demonstrates a willingness to accommodate interns' requests and need for flexible training, including interns requiring time away from work for personal matters.

## 4 Assessment and supervision

### 4.1 Process and systems

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.

**4.1 Process and systems**

| | Met | Substantially met | Not met |
|---|---|---|---|
| Rating | **X** | | |

Commentary:

**Comments:**
Lakes DHB has effective systems in place to ensure that interns and others involved in prevocational medical training understand the requirements of the programme.

During orientation week all interns attend a session that is focused on outlining expectations and requirements of the programme, led by one of the prevocational educational supervisors. In addition, the prevocational educational supervisors provide an overview of using ePort to record learning to each of the interns at their first individual meeting. Within two weeks of employment at Lakes DHB, each intern and prevocational educational supervisor must sign a prevocational education learning contract. This is a mutual agreement of expectations for each through the two-year programme. These processes ensure that all interns are aware of the requirements of the intern training programme.

Clinical supervisors are provided with the Council's clinical supervisor guide and the requirements of the role before being added as approved supervisors and users of ePort.

### 4.2 Supervision – Prevocational educational supervisors

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:**
Lakes DHB has appointed five prevocational educational supervisors, including a general practitioner, to oversee intern training and education. This provides an appropriate ratio of prevocational educational supervisors to interns.

All appointed prevocational educational supervisors attended one of Council's meetings in 2021.

The CMO provides oversight of prevocational educational supervisors and meets regularly with the prevocational educational supervisors. The CMO attends a quarterly meeting of the prevocational medical training committee. The committee membership includes the CMO, prevocational educational supervisors, PGY1 and PGY2 representatives and the medical management unit. This provides a forum to discuss issues relating to prevocational medical education.

The prevocational educational supervisor team are committed, engaged and provide exceptional support to interns.

Administrative support is not available to prevocational educational supervisors. This needs to be addressed to ensure that they continue to carry out their roles effectively.

**Commendation:**

- Lakes DHB is commended for the innovative appointment of a primary care prevocational educational supervisor (standard 4.2.1).

**Required action:**

3. Te Whatu Ora – Lakes must ensure appropriate administrative support is available for prevocational educational supervisors (standard 4.2.4).

## 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.

4.3.3 Clinical supervisors undertake relevant training in supervision and assessment as soon as practicable after beginning 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 supervision is provided by vocationally registered doctors and many of them have completed training in medical education and supervision. In addition, supervisors are encouraged to complete the supervisor training modules, available through ePort. A record of supervisor training is maintained.

Clinical supervisors actively support interns in goal setting relevant to their clinical attachment. Interns are clinically supervised at a level appropriate to their experience and responsibilities.

A group of clinical supervisors are allocated to relief rotations. A logbook system is used to help supervisors monitor progress of interns on relief attachments and this is effective.

Clinical supervisors are encouraged to attend leadership and educational workshops and training, including *Teaching on the run* and several other supervisor training workshops, many provided by Lakes DHB.

## 4.4 Feedback and assessment

4.4.1 Systems are in place to ensure that regular, formal feedback is provided to interns and documented in ePort on their performance within each clinical attachment, including end of clinical attachment assessments. This should also cover the intern's progress in completing the goals in their PDP and the intern's self-reflections against the 14 learning activities.

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:**

Interns reported that they meet with their clinical supervisors at the beginning, middle and end of each clinical attachment and receive constructive feedback that informs their learning. This includes a focus on progression through the 14 learning activities and review of the PDP and is recorded in ePort.

The DHB has sound processes in place to identify and support interns who are not performing at the required standard. Processes about interns in difficultly are set out in the clinical supervisors pack.

Prevocational educational supervisors are aware of their responsibility to inform Council of interns not performing at the required standard of competence and processes are in place to ensure this occurs.

**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

- satisfactorily completed four accredited clinical attachments
- substantively attained the learning outcomes outlined in the 14 learning activities of the curriculum
- developed an acceptable PDP for PGY2, to be completed during PGY2
- achieved advanced cardiac life support (ACLS) certification at the standard of the New Zealand Resuscitation Council CORE Advanced less than 12 months old.

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

| | Met | Substantially met | Not met |
|---|---|---|---|
| Rating | **X** | | |

Commentary:

**Comments:**

Lakes DHB has established advisory panels with appropriate membership. Each intern's progress is considered by the panel at the end of PGY1 to ensure they meet requirements to gain registration in the General scope of practice. This process is working effectively and follows Council's guidelines.

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

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|---|
| 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.<br>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:

**Comments:**

Each PGY2 is sent an email at the end of the year reminding them to apply for endorsement removal. Prior to removal of endorsement, a prevocational educational supervisor reviews each intern's progress in ePort and signs off as appropriate. Any concerns are discussed with the prevocational educational supervisor group.

## 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. |
| 5.7 | The training provider reports to Council annually against these standards to advise on significant changes to its intern training programme. |

| 5. Monitoring and evaluation of the intern training programme | | | |
|---|---|---|---|
| | Met | Substantially met | Not met |
| Rating | | **X** | |

Commentary:

**Comments:**

Lakes DHB has a robust system in place for monitoring and evaluating the intern training programme. Mechanisms include:

- the quarterly completion of PHEEM surveys to collect anonymous feedback on prevocational educational supervisors, the MMU and other aspects of intern training
- weekly meetings between the PGY1s and a prevocational educational supervisor to discuss issues as they arise
- recently restarted regular meetings of the prevocational medical training committee with PGY1 and PGY2 representation, discussing and addressing prevocational training issues including areas for improvement and PHEEM results
- an open-door policy and reinforcement by senior medical officers and the chief medical officer for interns to raise issues and concerns.

The PHEEM survey is reviewed annually. This schedule is designed to maximise and protect the anonymity of interns. This is balanced by the ability of interns to raise concerns at the weekly intern-prevocational educational supervisor meetings and open-door culture of Lakes DHB.

There is a lack of structured dissemination of PHEEM feedback to all those involved in intern prevocational medical training particularly clinical supervisors and teams. While the prevocational medical training committee's focus on resolving issues is helpful, dissemination of all feedback including positive aspects is likely to encourage good training practice.

**Required action:**

4. Te Whatu Ora – Lakes must ensure structured dissemination of all feedback to those involved in intern prevocational medical training, including clinical supervisors, is provided (standard 5.5).

# 6 Implementing the education and training framework

## 6.1 Establishing and allocating accredited clinical attachments

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|---|---|
| 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. |
| 6.1.4 | The training provider has a system to ensure that interns' preferences for clinical attachments are considered, taking into account the 14 learning activities and the intern's individual PDP goals in the context of available positions. |

**6.1 Establishing and allocating accredited clinical attachments**

| | Met | Substantially met | Not met |
|---|---|---|---|
| Rating | **X** | | |

Commentary:

**Comments:**

Lakes DHB currently has 24 accredited clinical attachments, of which 4 are community-based attachments. Lakes DHB has established processes and mechanisms in place to ensure currency of these attachments. These include annual evaluation of the anonymised PHEEM tool, which interns must complete at the end of each attachment. The collated responses provide valuable anonymised feedback and evidence of longitudinal trends specific to the clinical attachments. In addition, the interns have frequent opportunities to feedback specific issues to the prevocational supervisors at their weekly scheduled meetings, and also more formally through governance channels at the prevocational medical training committee meetings.

Lakes DHB has processes for establishing new clinical attachments, in keeping with Council requirements.

The responsibility for allocation of interns, especially PGY2s, to clinical attachments lies with the prevocational educational supervisors. The allocation process is transparent, with careful consideration given to each intern's ranked preferences and career plans. This includes consultation with clinical supervisors as to the suitability of the intern for that specific clinical attachment. Names are drawn randomly to ensure fairness of the order in which clinical attachments are allocated.

## 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:**
Lakes DHB adheres to Council and union requirements for duties, rostering, working hours and supervision of interns in order to deliver high quality training and safe patient care. As detailed in standard 3, changes to the current rostering practice of two interns staffing emergency medicine at night are being considered and will likely result in onsite senior medical officer support.

The DHB acknowledges its obligations to provide a safe working and training environment and has several organisational initiatives in place to ensure this. These include controlled documents which specify expected staff behaviour, procedures and guidelines for addressing harassment, workplace bullying and other inappropriate behaviours, and an anonymous reporting system. The documentation and how to access it is discussed at intern orientation. Indeed, interns reported feeling safe in their workplace environment.

Lakes DHB has ensured that cultural safety is engrained throughout the organisation. The interns highly value the culturally rich opportunities and experiences, and are well supported by the Māori health team, Te Aka Matua.

Interns and supervisors were cognisant of the process for accessing EAP personal counselling sessions, which is detailed on the intranet. Formal career advice is usually given during the careers evening, which has unfortunately been limited by COVID-19 restrictions. The prevocational educational supervisors also advise interns on career pathways.

Lakes DHB has a procedure for accessing appropriate professional development leave which is overseen by the prevocational educational supervisors and medical management unit. Leave approval is fair and practical, with leave for external courses which are prerequisites for clinical attachments being assured, such as advanced paediatric life support courses and university diplomas. Interns are actively encouraged to maintain their own health and welfare. Interns expressed gratitude for the recommendation that they register with a local general practitioner, and all had been able to do so.

Applications for annual leave are dealt with fairly and transparently by the medical management unit, which endeavours to be as flexible as possible, despite inevitable staffing constraints. The new electronic annual leave planner has improved visibility of leave availability for the interns and will continue to facilitate the process. The DHB recognises that Māori interns may have additional cultural obligations and has flexible processes to enable those commitments to be met.

**Commendation:**
- Lakes DHB is commended for its Māori health unit which provides support and opportunities to interns to develop and embed cultural safety and cultural competency (standard 6.2.3).

## 6.3 Communication with interns

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

**6.3 Communication with interns**

| | Met | Substantially met | Not met |
|---|---|---|---|
| Rating | **X** | | |

Commentary:

**Comments:**
Detailed information on the intern training programme is provided to the interns during orientation. The prevocational educational supervisors update the interns on any changes to the training programme during their regular weekly intern meetings. Reminders about the formal teaching sessions are emailed to the interns twice a week by the relevant departmental secretary.

| 6.4 Resolution of training problems and disputes |
|---|
| 6.4.1 There are processes to support interns to address problems with training supervision and training requirements that maintain appropriate confidentiality.<br>6.4.2 There are clear and impartial pathways for timely resolution of training-related disputes. |

| 6.4 Resolution of training problems and disputes | | | |
|---|---|---|---|
| | Met | Substantially met | Not met |
| Rating | **X** | | |

Commentary:

**Comments:**

Lakes DHB has both formal and informal processes to support interns with problems related to supervision and training requirements. The weekly prevocational educational supervisor meeting and end of attachment meetings are scheduled forums whereby the interns can raise issues in a confidential and supportive setting. The intern can also contact their prevocational educational supervisor if and when issues occur. Intern representation on the prevocational medical training committee affords another opportunity for interns to voice their concerns about the training programme. Pastoral care is also provided informally by medical management unit staff.

Interns are encouraged to contact their prevocational educational supervisor in the first instance about training related disputes. Often issues can be dealt with at this level but, in the event they need to be escalated, the DHB has a policy on employment relationship problems.

# 7 Facilities

| 7 Facilities | | | |
|---|---|---|---|
| 7.1 Interns have access to appropriate educational resources, facilities, and infrastructure to support their training. | | | |
| **7. Facilities** | | | |
| | Met | Substantially met | Not met |
| Rating | **X** | | |
| Commentary: | | | |

**Comments:**

Interns at Lakes DHB have access to educational resources, such as e-learning modules on the Ko Awatea platform and online medical resources via the library website. The DHB's library has two experienced and helpful librarians. Medical journals and other resources are available online via the library website.

There are appropriate training facilities to provide medical education sessions, including simulation and facilities for video conferencing and learning.

The interns have a clean, tidy well-equipped common room with two computer workstations, lockers, television, meals, and comfortable furniture.

Interns report that they have a safe and comfortable working environment. The DHB has general policies in place regarding safe workplace, harassment, and bullying. Lakes DHB endeavours to provide a safe working and learning environment for all employees.