



Prevocational medical training accreditation report: MidCentral District Health Board

Date of site visit: 30 June 2016

Date of report: 12 October 2016

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

1. A self-assessment undertaken by MidCentral 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 MidCentral DHB.
3. A site visit by an accreditation team to MidCentral DHB on 30 June 2016 that included meetings with key staff and interns.
4. Presentation of key preliminary findings to the Chief Executive, Chief Medical Officer (CMO) and other relevant MidCentral DHB staff.

The Accreditation Team is responsible for the assessment of the MidCentral 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 MidCentral District Health Board



Name of training provider:	MidCentral DHB
Name of site(s):	Palmerston North Hospital
Date of training provider accreditation visit:	30 June 2016
Accreditation visit team members:	Dr Jonathan Fox (Chair) Dr Allen Fraser Ms Kim Ngarimu Dr Kate Robertshaw Mr Philip Pigou Ms Toni Gray Ms Eleanor Quirke
Key staff the accreditation visit team met with:	
Chief Executive:	Ms Kathryn Cook
General manager: clinical services and transformation	Mr Mike Grant
Chief Medical Officer	Dr Kenneth Clark
Director of Clinical Training (or equivalent):	Dr Syed Zaman
Prevocational educational supervisors:	Dr Aldoph Nanguzgambo Dr Ivan Iniesta Dr Joy Percy Dr Nathalie de Vries
Others, for example medical education unit staff:	Ms Moira Eathorne Ms Penny Blackley Ms Yvonne Detmar
Number of interns at training provider:	
Postgraduate year 1 interns:	18
Postgraduate year 2 interns:	15

Section A – Executive Summary

MidCentral District Health Board (DHB) demonstrates a comprehensive and strong commitment to a high standard of medical practice, education and training. Education and training are a major focus of MidCentral DHB and this is reflected in the quality of the intern training programme. Nevertheless, the strategic plan for future development and support of a sustainable medical training and education programme remains work in progress.

MidCentral DHB has embraced the new standards for prevocational medical training and demonstrates commitment to its workforce and the maintenance of a high standard of medical education.

The DHB has set up a Medical Education Training Group to oversee prevocational medical training. This group will also finalise and implement the DHB's strategic plan for the development and support of sustainable medical training and education.

The interns are well supported not only in their education and training but also in their pastoral care. This support is provided by an enthusiastic education team supported by the Chief Medical Officer and the Medical Administration Unit staff.

The DHB provides a comprehensive formal teaching programme that is linked with the *New Zealand Curriculum Framework for Prevocational Medical Training*.

MidCentral DHB has already established a number of community based attachments and is committed to increasing community based attachments for interns

The MidCentral DHB has a high level of engagement with the prevocational training programme. This is reflected in the priority assigned to it by the Chief Executive, the Chief Medical Officer, senior management and clinical staff.

Interns experience a high degree of contact with their clinical supervisors and as a result have a high level of satisfaction with the teaching and learning which is provided in a supportive environment. Orientation and informed consent practices warrant particular commendation.

MidCentral DHB met 21 of the 22 sets of standards of Council's *Accreditation standards for training providers*. The standard regarding Strategic Priorities was substantially met.

One required action was identified along with some recommendations and a number of commendations. The required action is:

1. MidCentral DHB must complete the development and implementation of a strategic plan that incorporates ongoing development and support of a sustainable prevocational medical training and education programme.

Overall outcome of the assessment

The overall rating for the accreditation of MidCentral DHB as a training provider for prevocational medical training is:	SUBSTANTIALLY MET
<p>MidCentral DHB holds accreditation until 30 June 2020 subject to Council receiving an interim report from MidCentral DHB by 12 April 2017 that addresses the following required action;</p> <ol style="list-style-type: none">1. MidCentral DHB must complete the development and implementation of a strategic plan that incorporates ongoing development and support of a sustainable prevocational medical training and education programme.	

Section B – Accreditation standards

1 Strategic Priorities

1 Strategic Priorities			
1.1	High standards of medical practice, education, and training are key strategic priorities for training providers.		
1.2	The training provider is committed to ensuring high quality training for interns.		
1.3	The training provider has a strategic plan for ongoing development and support of a sustainable medical training and education programme.		
1.4	The training provider has clinical governance and quality assurance processes that ensure clear lines of responsibility and accountability for intern training in the overall context of quality medical practice.		
1.5	The training provider ensures intern representation in the governance of the intern training programme.		
1.6	The training provider will engage in the regular accreditation cycle of the Council which will occur at least every three years.		
1. Strategic Priorities			
	Met	Substantially met	Not met
Rating		X	
Commentary:			
<p>Comments:</p> <p>Interns at MidCentral DHB are comprehensively supported in their education and training by a very capable team led by the Chief Medical Officer. There is a clear commitment within the DHB to clinical governance and quality improvement, and senior management have encouraged a culture of training and teaching. From the Chief Executive Officer down there was demonstrated a clear recognition of the importance of and priority given to a high quality education and training for the interns.</p> <p>The DHB's annual plan recognises the importance of supporting and developing the health workforce including medical education and training. Their strategy has a strong primary care focus.</p> <p>The DHB has established a Medical Education and Training Group (METG) to oversee medical education and training. It is responsible for developing the DHB's training and workforce plans, and addressing any issues pertaining to medical education and training in the DHB, including the intern training programme. This includes ensuring clinical governance and quality assurance processes are robust for the intern training programme. The METG has intern representation.</p> <p>A strategic plan for future development and support of a sustainable medical training and education programme is in development. There is an established project management group and process to finalise the strategic plan, and this process will also be overseen by the METG.</p> <p>Commendations:</p>			

- MidCentral DHB has the culture of a teaching institution that is clearly visible in all aspects of its operations.
- The DHB has shown strong commitment to implementing the prevocational changes with outstanding leadership.

Required actions:

1. MidCentral DHB must complete the development and implementation of a strategic plan that incorporates ongoing development and support of a sustainable prevocational medical training and education programme.

2 Organisational and operational structures

2.1 The context of intern training			
2.1.1	The training provider can demonstrate that it has the responsibility, authority, and appropriate resources and mechanisms to plan, develop, implement and review the intern training programme.		
2.1.2	The Chief Medical Officer (CMO) or their delegate (for example a Clinical Director of Training) has executive accountability for meeting prevocational education and training standards and for the quality of training and education.		
2.1.3	There are effective organisational and operational structures to manage interns.		
2.1.4	There are clear procedures to address immediately any concerns about intern performance that may impact on patient safety.		
2.1.5	Clear procedures are documented to notify Council of changes in a health service or the intern training programme that may have a significant effect on intern training.		
2.1 The context of intern training			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments:</p> <p>The resources and mechanisms to plan, develop, implement and review intern training are in place. Overall, MidCentral DHB demonstrates a high level of leadership and teamwork in delivering the prevocational medical training and education programme, which is commended.</p> <p>The Chief Medical Officer (CMO) has executive accountability for meeting prevocational education and training standards and for the quality of training and education, working closely with the Director of Medical Training and prevocational educational supervisors. All roles demonstrate strong commitment to the intern training programme.</p> <p>The Medical Administration Unit collaborates effectively with the prevocational educational supervisors, the Director of Medical Training and the CMO in the employment and placement of interns in appropriate clinical attachments. Feedback from the interns and senior management about the Medical Administration Unit was very positive.</p>			

There is a lot of opportunity for interns to meet with their prevocational educational supervisor both individually and collectively. Intern representatives also meet regularly with the Medical Administration Unit and the CMO.

The DHB provides good support for trainees in difficulty, and an excellent draft policy formalising this process has been developed. The DHB should finalise the documentation around the process so that the effective processes are not compromised by any changes in personnel.

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

Commendation:

The high level of leadership and teamwork demonstrated at the DHB in its delivery of the intern training programme is commended.

Recommendation:

The DHB’s procedures for managing trainees in difficulty should be documented so these procedures are not compromised by any changes in personnel.

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:

MidCentral DHB is committed to providing an intern training programme that delivers the learning outcomes outlined in the *New Zealand Curriculum Framework for Prevocational Medical Training*. The DHB provides a range of learning through lecture style, adult learning principles in postgraduate year 2 and through clinical attachments with a strong focus on learning in the work place. The DHB understands and applies ‘Principles Guiding Medical Education’.

The DHB is providing good education, and is doing so through good structures and good clinicians. The Director of Medical Training and prevocational educational supervisors have appropriate training and experience in medical education and supervision of interns. All have attended courses on educational supervision and teaching and are committed to promoting the principles of high quality educational supervision across the DHB.

Required actions:

Nil.

2.3 Relationships to support medical education

2.3.1	There are effective working relationships with external organisations involved in training and education.		
2.3.2	The training provider coordinates the local delivery of the intern training programme, or collaborates in such coordination when it is part of a network programme.		
2.3 Relationships to support medical education			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: MidCentral DHB has a strong relationship with University of Otago Wellington School of Medicine through the Dean of Undergraduate Studies and the allocation of trainee interns to the DHB each year. The Dean of Undergraduate Studies is also a member of the Medical Education and Training Group which serves to promote a seamless transition from trainee intern to intern.</p> <p>The Director of Medical Training and one of the prevocational educational supervisors are approved facilitators on the Royal Australasian College of Physicians workshops for educational supervisors of doctors in training. The same prevocational educational supervisor also has a role as Clinical Education Advisor with the University of Otago (Wellington).</p> <p>The DHB is the main provider of the local education programme whilst also collaborating with the regional hub, via the Medical Administration Unit Coordinator. One example of this is the development of a regional orientation programme.</p> <p>The DHB has established good community links evidenced by the number of community based attachments already developed, and they have shown strong commitment to achieving sufficient community based attachments by 2020.</p> <p>Required actions: Nil.</p>			

3 The intern training programme

3.1 Professional development plan (PDP) and e-portfolio			
3.1.1	There is a system to ensure that each intern maintains a PDP as part of their e-portfolio that identifies the intern's goals and learning objectives, informed by the NZCF, mid and end of clinical attachment assessments, personal interests and vocational aspirations.		
3.1.2	There is a system to ensure that each intern maintains their e-portfolio, to ensure an adequate record of their learning and training experiences from their clinical attachments, CPD activities with reference to the NZCF.		
3.1.3	There are mechanisms to ensure that the clinical supervisor and the Prevocational Educational Supervisor regularly review and contribute to the intern's PDP.		
3.1 Professional development plan (PDP) and e-portfolio			
	Met	Substantially met	Not met

Rating	X		
Commentary:			
<p>Comments: The Medical Administration Unit and prevocational educational supervisors monitor ePort to ensure that each intern maintains an adequate record of their learning and training experiences from their clinical attachments. Prevocational educational supervisors and the Medical Administration Unit also monitor ePort to ensure that the beginning, mid and end of attachment meetings are recorded by interns and their clinical supervisors.</p> <p>There is a variable level of competency in the use of ePort by clinical supervisors. Feedback from interns, the Medical Administration Unit and prevocational educational supervisors indicated that some clinical supervisors are tardy and provide only brief feedback when completing the attachment assessments for interns. Reminders to complete meetings are sent out routinely by the Medical Administration Unit. Prevocational educational supervisors follow up with clinical supervisors on an individual basis as required. The prevocational educational supervisors are proactive in supporting all clinical supervisors to complete their responsibilities.</p> <p>A tutorial on ePort is included in the intern’s orientation programme, and this was valued by the interns. Tutorials on goal setting within ePort are included in the formal teaching sessions.</p> <p>Prevocational educational supervisors also lead training on ePort for clinical supervisors. Further training for clinical supervisors on the use of ePort may improve the timeliness and quality of attachment assessments and goals for the Professional Development Plan.</p> <p>Commendation: The orientation programme for interns includes a tutorial on ePort, which is valued by interns.</p> <p>Recommendation: The timeliness of meetings between clinical supervisors and interns should be improved and this may be helped by further clinical supervisor training in the use of ePort.</p> <p>Required actions: Nil</p>			
3.2 Programme components			
3.2.1	The intern training programme overall, and the individual clinical attachments, are structured to support interns to achieve the goals in their PDP and substantively attain the learning outcomes in the NZCF.		
3.2.2	The intern training programme for each PGY1 consists of four 13-week accredited clinical attachments which, in aggregate, provide a broad based experience of medical practice.		
3.2.3	The training provider has a system to ensure that interns’ preferences for clinical attachments are considered, mindful of the overall learning objectives of the NZCF and their individual PDP goals in the context of available positions.		
3.2.4	The training provider selects suitable clinical attachments for training on the basis of the experiences that interns can expect to achieve, including the: <ul style="list-style-type: none"> • workload for the intern and the clinical unit • complexity of the given clinical setting • mix of training experiences across the selected clinical attachments and how these, in 		

aggregate, support achievement of the goals of the intern training programme.

- 3.2.5 The training provider, in discussion with the intern and the Prevocational Educational Supervisor shall ensure that over the course of the two intern years each intern spends at least one clinical attachment in a community setting. This requirement will be implemented over a five year period commencing November 2015 with all interns meeting this requirement by November 2020.
- 3.2.6 Interns are not rostered on night duties during the first six weeks of their PGY1 intern year.
- 3.2.7 The training provider ensures there are mechanisms in place for appropriate structured handovers between clinical teams and between shifts to promote continuity of quality care.
- 3.2.8 The training provider ensures adherence to the Council's policy on obtaining informed consent.

3.2 Programme components

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

MidCentral DHB provides an intern training programme that supports interns to substantively attain the learning outcomes in the *New Zealand Curriculum Framework for Prevocational Medical Training (NZCF)* and achieve their goals in the professional development plan. Learnings relevant to the clinical attachments are mapped to the NZCF, and the senior clinicians providing clinical supervision on attachments are involved in this process. Clinical attachments are reviewed by the prevocational educational supervisors and the Director of Medical Training, to ensure that the workload for the intern and complexity of the clinical setting are in line with the experience of the intern.

MidCentral DHB has already established a number of community based attachments and is committed at a strategic level to further fund and develop community based attachments for interns.

Interns are not rostered to nights in the first 6 months of postgraduate year 1. Where possible, the DHB places a postgraduate year 1 with a postgraduate year 2 on their first set of rostered nights. Interns report feeling fully supported and confident when working at night.

There are structured mechanisms for handover in medicine, and documented processes for surgery. Handover processes are discussed during the interns' orientation. The DHB advised that following an audit of surgical handover, changes had been made to the surgical handover process. Interns reported that their role in surgical handover was unclear. The DHB should clarify this for interns, and review the handover to ensure it is compliant with its documented process.

The procedures for gaining informed consent are well understood by interns and clinical supervisors, and are fully compliant with Council's expectations. Clinical supervisors report using informed consent procedures as a teaching tool. Interns reported they felt they were able to refuse to consent a patient if they were not familiar with the procedure.

Commendation:

Procedures for gaining informed consent are fully compliant with the expectations of the Council, and understood by interns and clinical supervisors. Further, clinical supervisors are using informed consent procedures as a teaching tool for interns.

Recommendation:

The DHB reviews handover in surgery to ensure that it is compliant with their documented process.

Required actions: Nil.			
3.3 Formal education programme			
3.3.1	The intern training programme includes a formal education programme that supports interns to achieve those NCZF learning outcomes that are not generally available through the completion of clinical attachments.		
3.3.2	The intern training programme is structured so that interns can attend at least two thirds of formal educational sessions, and ensures support from senior medical and nursing staff for such attendance.		
3.3.3	The training provider provides opportunities for additional work-based teaching and training.		
3.3.4	The training provider ensures the formal education programme provides opportunity for interns to develop skills in self-care and peer support, including time management, and identifying and managing stress and burn-out.		
3.3 Formal education programme			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: Formal teaching sessions are scheduled for Wednesday and Friday lunchtimes. The formal teaching sessions are linked to the <i>New Zealand Curriculum Framework for Prevocational Medical Training</i>, and seek to cover learning outcomes and topics that are not generally available through the completion of clinical attachments. Wednesday teaching sessions are focused on clinical learning outcomes, whilst the Friday sessions cover topics such as self-care, burn out, professionalism and communication skills. Interns give case presentations as part of the formal teaching sessions after working at MidCentral DHB for a quarter. The DHB is proactive about seeking feedback from interns and clinical supervisors on topics for the teaching sessions, and interns report they feel that their feedback and input is listened to.</p> <p>Overall, interns are well supported to attend the formal teaching sessions. There is good postgraduate year 1 attendance to the formal teaching sessions, but lesser postgraduate year 2 attendance. Postgraduate year 2 interns indicate they do not always attend formal teaching sessions as they would have attended the same session the previous year. Consequently, the postgraduate year 2s undertake a lot of self-directed learning, however this learning is not always structured and the time may not be protected. The DHB should explore further ways to provide structured formal teaching for postgraduate year 2 interns.</p> <p>In addition to the formal education programme, there are a number of opportunities for additional work-based teaching including ward teaching, journal clubs and morbidity and mortality meetings.</p> <p>Commendation: The DHB provides a comprehensive formal teaching programme that is linked with the <i>New Zealand Curriculum Framework for Prevocational Medical Training</i>. The DHB is proactive about seeking feedback from interns and clinical supervisors on the topics of the formal teaching sessions.</p> <p>Recommendation: The DHB should explore further ways to provide structured formal teaching for postgraduate year 2 interns.</p>			

Required actions: Nil.			
3.4 Orientation			
3.4.1 An orientation programme is provided for interns commencing employment, to ensure familiarity with the training provider and service policies and processes relevant to their practice and the intern training programme.			
3.4 Orientation			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: For postgraduate year 1s commencing immediately following graduation from medical school, a comprehensive four day orientation programme is undertaken. This consists of orientation to the hospital and its processes as well as essential medical information. The programme also addresses other important information regarding support processes, developing professionalism, cultural sensitivity and developing collegial relationships within the hospital community. A buddying system is put in place at this time and the Advanced Cardiac Life Support programme is part of the programme also.</p> <p>A tailored orientation and buddying programme is provided to the postgraduate year 1 interns commencing work outside of the start of year. Orientation for postgraduate year 2s is tailored to experience and whether the intern has worked at the DHB previously. The DHB should ensure its comprehensive orientation programme is delivered consistently to all postgraduate year 1 and 2 doctors.</p> <p>Commendation: The DHB delivers an exemplary, comprehensive orientation programme that is highly valued by interns.</p> <p>Recommendation: The DHB's comprehensive orientation programme should be delivered consistently to all postgraduate year 1 and 2 interns, including those that begin work outside the house officer year.</p> <p>Required actions: Nil.</p>			
3.5 Flexible training			
3.5.1 Procedures are in place and followed, to guide and support supervisors and interns in the implementation and review of flexible training arrangements.			
3.5 Flexible training			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: Flexible training arrangements are assessed by MidCentral DHB on a case by case basis. The DHB has accommodated job share arrangements for postgraduate year 1 and 2 interns in the past.</p> <p>Required actions: Nil.</p>			

4 Assessment and supervision

4.1 Process and systems			
4.1.1	There are processes to ensure assessment of all aspects of an intern's training and their progress towards satisfying the requirements for registration in a general scope of practice, that are understood by interns, Prevocational Educational Supervisors, clinical supervisors and, as appropriate, others involved in the intern training programme.		
4.1 Process and systems			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: Intern progress is monitored by the prevocational educational supervisors. The process for meeting training and registration requirements is understood by the interns and prevocational educational supervisors, and broadly by the clinical supervisors.</p> <p>Required action: Nil.</p>			
4.2 Supervision			
4.2.1	The training provider has an appropriate ratio of Prevocational Educational Supervisors in place to oversee the training and education of interns in both PGY1 and PGY2.		
4.2.2	Mechanisms are in place to ensure clinical supervision is provided by qualified medical staff with the appropriate competencies, skills, knowledge, authority, time and resources.		
4.2.3	Interns are clinically supervised at a level appropriate to their experience and responsibilities at all times.		
4.2.4	Administrative support is available to Prevocational Educational Supervisors so they can carry out their roles effectively.		
4.2 Supervision			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: The DHB have an adequate number of prevocational educational supervisors to interns (ratio 1:8) to support both postgraduate year 1 and postgraduate year 2 doctors. The interns reported that they receive excellent support from their prevocational educational supervisors. The prevocational educational supervisors have dedicated administrative support, and also feel well supported by the Medical Administration Unit.</p> <p>Clinical supervision is provided by vocationally registered senior medical officers. Interns are also well supported by other senior staff who are not yet vocationally registered. The interns reported that their clinical</p>			

supervisors and colleagues are committed supervisors who are keen to teach. Interns are aware of who their clinical supervisor is and are aware of alternative avenues for support should their clinical supervisor be unavailable.

Commendations:

- Interns experience a high degree of contact with their clinical supervisors and prevocational education supervisors, and feel well supported. Clinical supervisors and senior clinicians are committed and are keen to teach.
- The Medical Administration Unit provides excellent support to the prevocational educational supervisors.

Required action:

Nil.

4.3 Training for clinical supervisors and Prevocational Educational Supervisors

- 4.3.1 Clinical supervisors undertake relevant training in supervision and assessment within three years of commencing this role.
- 4.3.2 Prevocational Educational Supervisors attend an annual Prevocational Educational Supervisor training workshop conducted by Council.
- 4.3.3 All staff involved in intern training have access to professional development activities to support improvement in the quality of the intern training programme.

4.3 Training for clinical supervisors and Prevocational Educational Supervisors

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

MidCentral DHB have been proactive in providing training for their clinical supervisors by running their own workshops and also hosting a Council training workshop. Approximately half of all clinical supervisors have attended Council or College supervisor training. The DHB should prioritise further training for clinical supervisors at the DHB so that all clinical supervisors have undertaken relevant training in supervision and assessment within three years of commencing this role.

Three of the four prevocational educational supervisors have attended one of the annual meetings for prevocational educational supervisors hosted by Council.

Recommendation:

All clinical supervisors should attend supervisor training within the next two years. Clinical supervisor training includes Council training, college training and university training.

Required actions:

Nil.

4.4 Feedback to interns

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

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

4.4 Feedback to interns

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

Interns report receiving regular and valuable formal and informal feedback from their clinical and prevocational educational supervisors.

There are regular meetings between the prevocational educational supervisors, Medical Administration Unit coordinator and Director of Medical Training to discuss any concern raised about an intern who is not performing at the required standard. There are clear processes for escalating any concerns about an intern's performance to the Chief Medical Officer (CMO).

An excellent draft policy formalising the support for trainees in difficulty has been developed. The prevocational educational supervisors were confident about when to seek advice from Council or the CMO if required.

Required actions:

Nil.

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

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

4.5.2 The advisory panel will comprise:

- a CMO or delegate (who will Chair the panel)
- the intern's Prevocational Educational Supervisor
- a second Prevocational Educational Supervisor
- a lay person.

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

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

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

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

- satisfactorily completed four accredited clinical attachments
- substantively attained the learning outcomes outlined in the NZCF
- completed a minimum of 10 weeks (full time equivalent) in each clinical attachment
- developed an acceptable PDP for PGY2, to be completed during PGY2

- advanced cardiac life support (ACLS) certification at the standard of New Zealand Resuscitation Council CORE level 7 less than 12 months old.

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

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

An advisory panel for was convened in 2015 and followed the appropriate process for recommending general scope of practice for the interns who commenced prevocational medical training in November 2014.

Required actions:

Nil.

4.6 Signoff for completion of PGY2

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

4.6 Signoff for completion of PGY2

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

Plans are well in place to undertake review of progress at the end of postgraduate year 2. Beginning, mid and end of clinical attachment assessments are carried out for interns in postgraduate year 2 at MidCentral DHB.

Required actions:

Nil.

5 Monitoring and evaluation of the intern training programme

5 Monitoring and evaluation of the intern training programme

- 5.1 Processes and mechanisms are in place to ensure the currency of accredited clinical attachments.
- 5.2 Processes and systems are in place to monitor the intern training programme with input from interns and supervisors.
- 5.3 There are mechanisms that allow feedback from interns and supervisors to be incorporated into any quality improvement strategies for the intern training programme.
- 5.4 There is a process to address any matters raised by Council in relation to training, including those arising from accreditation visits.

5. Monitoring and evaluation of the intern training programme

	Met	Substantially met	Not met
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Rating	X		
Commentary:			
<p>Comments:</p> <p>Interns provide feedback on their clinical attachment at the end of each quarter via an anonymous survey. This survey helps to identify clinical attachments that may not support the training of interns. In addition, prevocational educational supervisors seek feedback from interns about their experiences on accredited clinical attachments during their individual meetings at the end of each quarter.</p> <p>Interns complete an anonymous survey regarding the prevocational medical training and education programme at the end of each year. Prevocational educational supervisors also meet with interns on a monthly basis to discuss the interns' overall learning experiences at MidCentral DHB.</p> <p>Feedback on the training programme and accredited clinical attachments is reviewed by the prevocational educational supervisors at their monthly meetings which are attended by the Director of Medical Training and the Medical Administration Unit coordinator. Feedback is also considered by the Medical Education and Training Group at their quarterly meetings. At these meetings, a prevocational educational supervisor is tasked with resolving any identified problems and sharing feedback with the services.</p> <p>The interns report that the DHB provides a safe environment in which to give feedback, and believe that their feedback is listened to.</p> <p>The Medical Education and Training Group, as well as regular meetings attended by the prevocational educational supervisors, the Director of Medical Training, the Medical Administration Unit coordinator and the Chief Medical Officer, provide clear mechanisms for feedback to be incorporated into the prevocational medical training programme.</p> <p>Commendations:</p> <ul style="list-style-type: none"> • Interns report the DHB provides a safe environment in which to give feedback, and believe their feedback is listened to. This is to be commended. • The DHB has established clear and effective processes for feedback from to be incorporated into the prevocational medical training programme. The responsiveness to intern feedback is excellent. <p>Required actions:</p> <p>Nil.</p>			

6 Implementing the education and training framework

6.1 Establishing and allocating accredited clinical attachments			
6.1.1	The training provider has processes for applying for accreditation of clinical attachments.		
6.1.2	The process of allocation of interns to clinical attachments is transparent and fair.		
6.1.3	The training provider must maintain a list of who the clinical supervisors are for each clinical attachment.		
6.1 Establishing and allocating accredited clinical attachments			
	Met	Substantially met	Not met
Rating	X		

Commentary:			
<p>Comment:</p> <p>There are processes in place, involving both the clinical supervisors and the Medical Administration Unit, for applying for the accreditation of clinical attachments. At the time of the visit each clinical attachment had been submitted to Council for accreditation and all have been approved by Council.</p> <p>There is a fair and transparently documented process, including the respective roles and responsibilities of the Medical Administration Unit Coordinator, the Recruitment Officer and a prevocational educational supervisor representative, for the allocation of interns to clinical attachments. The process requires consideration of intern preferences and career pathways and aims to provide the best match for each intern. It also includes a review process once initial allocations are made, involving the Director of Medical Training, prevocational educational supervisors, and representatives from the interns and the Medical Education and Training Group. Interns provided positive feedback on the process, indicating that they generally agreed that it is transparent and fair.</p> <p>The DHB maintains a record of the clinical supervisors for each clinical attachment.</p> <p>Required actions: Nil.</p>			
6.2 Welfare and support			
6.2.1	The duties, rostering, working hours and supervision of interns are consistent with the delivery of high quality training and safe patient care within a safe working environment, including freedom from harassment.		
6.2.2	Interns have access to personal counselling, and career advice. These services are publicised to interns and their supervisors.		
6.2.3	The procedure for accessing appropriate professional development leave is published, fair and practical.		
6.2.4	The training provider actively encourages interns to maintain their own health and welfare and to register with a general practitioner.		
6.2.5	Applications for annual leave are dealt with properly and transparently.		
6.2 Welfare and support			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments:</p> <p>MidCentral DHB provides a safe working environment for interns. The Medical Administration Unit plays an important role in supporting and guiding interns, and in keeping clinical and prevocational educational supervisors informed of issues as they arise.</p> <p>The duties, rostering, working hours and supervision of interns are consistent with the delivery of high quality training within a safe working environment, and interns provided positive feedback around this.</p> <p>Personal counselling and career advice is available to interns. Information on the Employee Assistance Programme is included in interns' orientation, and in the Resident Medical Officer Handbook, and all</p>			

employees are reminded on a quarterly basis of the availability of the Employee Assistance Programme. Pastoral support is also provided by the prevocational educational supervisors and the Director of Medical Training.

The DHB is proactive in providing career development information and advice to interns throughout the course of their internship. Career planning is included in the DHB letter of employment. Career pathways are one of the considerations in allocating interns to clinical attachments, and are discussed with interns by their prevocational educational supervisor and clinical supervisors. There is an annual careers evening which is well attended and valued by clinical supervisors and interns.

The processes for professional development leave is documented and fair, with leave being required to be demonstrably linked to an intern's professional development plan. Interns provided positive feedback on this aspect of their internship.

Wellness, self-care and the importance of enrolling with a general practitioner is included as part of the orientation programme. The DHB proactively encourages interns to register with a general practitioner, and includes this as a standing item on the monthly group meeting between prevocational educational supervisors and interns. Intern feedback on this aspect of the support provided to them by the DHB was exceptionally positive.

The DHB has a comprehensive approach to managing annual leave. The annual leave process is discussed as part of the orientation programme, and all interns are encouraged to plan their leave for the forthcoming year. Wherever possible, annual leave applications are approved, and interns are notified within 10 working days of the outcome of their leave application. The Medical Administration Unit monitors leave, and proactively offers leave to interns where there is unexpected surplus capacity within the DHB.

Commendation:

The concern MidCentral DHB demonstrates for the welfare of interns, and the support and pastoral care provided to them is excellent.

Required actions:

Nil.

6.3 Communication with interns

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

6.3 Communication with interns

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

MidCentral DHB utilises a range of methods to provide accessible information to interns about the intern training programme. Information on the training programme is provided as part of orientation, and in the Resident Medical Officer Handbook. Information on the training sessions is circulated to interns by their prevocational educational supervisors and the Director of Medical Training at the commencement of the year, and updated as required. On a more day-to-day basis, weekly updates are posted on an electronic whiteboard opposite the Resident Medical Officers' lounge, and interns are paged to remind them of training sessions on each teaching day. The DHB is developing a portal which will house all information on the intern training programme.

Required actions:

Nil.			
6.4 Resolution of training problems and disputes			
6.4.1 There are processes to support interns to address problems with training supervision and training requirements that maintain appropriate confidentiality.			
6.4.2 There are clear impartial pathways for timely resolution of training-related disputes.			
6.4 Resolution of training problems and disputes			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: MidCentral DHB dispute resolution process principally focuses on direct communication with an intern about any concerns. That communication can occur between the intern and representatives of the Medical Education and Training Group, their prevocational educational supervisor, their clinical supervisor, the Director of Medical Training or the Medical Administration Unit. Interns provided positive feedback about the processes to support them to address any issues with their supervision and training requirements.</p> <p>Required actions: Nil.</p>			

7 Communication with Council

7.1 Process and systems			
7.1 There are processes in place so that Prevocational Educational Supervisors inform Council in a timely manner of interns whom they identify as not performing at the required standard of competence.			
7. Process and systems			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: The process for reporting an unsatisfactory <i>End of clinical attachment assessment</i> are clear and documented within ePort.</p> <p>MidCentral DHB's draft "Doctors in Difficulty" policy identifies the point at which Council will need to be notified of interns who are performing below the required standard.</p> <p>Required actions: Nil.</p>			

8 Facilities

8 Facilities			
8.1	Interns have access to appropriate educational resources, facilities and infrastructure to support their training.		
8.2	The training provider provides a safe working and learning environment.		
8. Facilities			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: Interns have access to appropriate resources and facilities. This includes a computer within the Resident Medical Officer lounge and additional computers in the library, on-line learning modules, a simulation training facility and appropriate training venues. Although positive feedback was received from interns about the facilities available to them, it was noted by clinical supervisors and prevocational educational supervisors that it was difficult to access a private room, with a computer to access ePort, and for individual intern meetings with interns.</p> <p>The DHB provides a safe working and learning environment for interns. There are clear policies for workplace safety, incident reporting and the prevention of unacceptable behaviour, harassment and bullying. The close contact that is maintained between interns and their prevocational educational supervisor and clinical supervisors is also a factor in maintaining a safe working and learning environment.</p> <p>Required actions: Nil.</p>			