



# Prevocational medical training accreditation report: Waikato DHB – 2018

Date of site visit: 17 & 18 April 2018

Date of report: 9 May 2018

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

1. A self-assessment undertaken by Waikato DHB, with documentation provided to the Council.
2. Interns being invited to complete a questionnaire about their education experience at Waikato DHB.
3. A site visit by an accreditation team to Waikato Hospital on 17 and 18 April 2018 that included meetings with key staff and interns.
4. Presentation of preliminary findings to the interim Chief Executive, acting Chief Medical Officer and other relevant Waikato DHB staff.

The Accreditation Team is responsible for the assessment of the Waikato DHB 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 Waikato DHB.
2. The Waikato DHB is invited to comment on the factual accuracy of the report and conclusions.
3. Council will consider the draft accreditation report and response from the Waikato DHB and make a final accreditation decision.
4. The final accreditation report and Council's decision will be provided to the Waikato DHB.
5. The accreditation report is published on Council's website 30 days after notifying the Waikato DHB of its decision.

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



<b>Name of training provider:</b>	Waikato District Health Board
<b>Name of site:</b>	Waikato Hospital
<b>Date of training provider accreditation visit:</b>	17 & 18 April 2018
<b>Accreditation visit team members:</b>	Professor John Nacey, Chair of accreditation team Dr Greig Russell Ms Susan Hughes Ms Kim Ngārimu Dr Belinda Green Ms Joan Crawford Ms Krystiarna Jarnet Ms Sidonie
<b>Key staff the accreditation visit team met:</b>	
Interim Chief Executive:	Mr Derek Wright
Acting Chief Medical Officer	Dr Rees Tapsell
Interim Chief Operating Officer	Grant Howard
Director of Clinical Training	Dr Wayne de Beer
Prevocational Educational Supervisors:	Dr Nand Keijriwal Dr Asad Khan Dr Leo Liao Dr Etuini Ma'u Dr Ryan Paul Dr Thomas Reid Dr Richard Shepherd
Chair, Prevocational Medical Training Group	Ms Tanya Maloney
Medical Education Officer, Clinical Education and Training Unit	Ms Helen Clark
RMO support service staff:	Ms Paula Fitzgerald, Manager Ms Carmen Fortin Ms Ripeka Harrison Ms Marjory Gibbison
Director of People and Performance (HR)	Greg Peploe
Executive Director for Strategy and Funding	Tanya Maloney
Chair of the Prevocational Medical Steering Group	

Number of interns at training provider:	80
Postgraduate year 1 interns:	43
Postgraduate year 2 interns:	37

## Section A – Executive Summary

This report is to be read in conjunction with the *Prevocational medical training accreditation report: Waikato District Health Board (13 September 2017)*. While the report of 13 September 2017 assesses Waikato DHB against the full set of accreditation standards for training providers of prevocational medical training, this report focuses on the response to the 12 required actions that Waikato DHB were required to complete following the accreditation assessment in August 2017, as described below.

### **Accreditation August 2017**

Waikato DHB was assessed by Council against the *Accreditation standards for training providers* for the purposes of providing prevocational medical training for interns in August 2017. The outcome as outlined in the report *Prevocational medical training accreditation report: Waikato District Health Board (13 September 2017)* was an overall rating for the accreditation of Waikato DHB as a training provider of prevocational medical training of 'not met'. Interim accreditation was granted to Waikato DHB until 30 March 2018 subject to Council receiving an interim report by 20 November 2017 that satisfactorily addressed the 12 required actions.

Council received Waikato DHB's interim report on 20 November 2018 and this was considered by Council at its meeting on 12 and 13 December 2017. Council resolved that the accreditation period for Waikato DHB be extended until 31 July 2018, pending the outcome of the follow-up site visit on 17 and 18 April 2018.

### **Accreditation outcome April 2018**

Prevocational medical training is undertaken by Waikato DHB and as such the DHB is required to meet Council's accreditation standards. Council recognises that a considerable amount of work has been put into meeting the required actions set by Council in September 2017. Council acknowledges the commitment of the Director of Clinical Training, prevocational educational supervisors and Resident Medical Officer Unit staff who have worked very hard at making improvements to the intern training programme. It is clear that progress has been made since August 2017 and a positive shift in the attitude of the Waikato DHB to its responsibilities to the training of interns is evident. The accreditation team was mindful that the DHB has undergone significant management change over recent months and particularly appreciated the opportunity to have constructive dialogue with the interim Chief Executive and the acting Chief Medical Officer.

However, a number of the required actions identified by Council after the August 2017 accreditation visit have not yet been completed. As this report makes clear, of the 12 agreed required actions only six have been met. After consideration on the progress made it has been determined that 'substantially met' is the overall outcome of this assessment.

There are six required actions arising from this report.

### **The six required actions remaining are:**

1. Commitment to intern training as a key strategic priority must be included in appropriate documentation including but not limited to the 10 Year Health System Plan (or its draft) by 16 November 2018.
2. Waikato DHB must provide confirmation that the RMO Council has been established and has held its first meeting by 1 August 2018. This confirmation should include details of its composition, mandate and reporting lines.
3. Waikato DHB must review the morning handover process to ensure participation of senior medical staff and implement a handover plan for cardiology by 1 August 2018.
4. Waikato DHB must provide an update regarding the implementation of the electronic clinical task management system by 16 November 2018.

5. Workload on surgical attachments, including the distribution of workload among interns and the length of the day interns are required to work, must be addressed to ensure a safe working environment in which effective teaching can occur. This must occur by 1 August 2018. Failure to satisfactorily address this requirement will result in Council reviewing and potentially withdrawing the accreditation status of the affected clinical attachments in the surgical department.
6. Waikato DHB must provide evidence that the leave application and approval process is transparent, timely and equitable by 1 August 2018.

## Overall outcome of the assessment

The overall rating for the accreditation of the Waikato DHB as a training provider for prevocational medical training is:	Substantially met
<p>Waikato DHB holds accreditation <b>until 30 May 2019</b>, subject to Council receiving iterative reports from Waikato DHB that satisfy Council that the required actions specified below have been addressed by the following specified dates:</p> <p><b>By 1 August 2018:</b></p> <ol style="list-style-type: none"><li>2. Waikato DHB must provide confirmation that the RMO Council has been established and has held its first meeting by 1 August 2018. This confirmation should include details of its composition, mandate and reporting lines.</li><li>3. Waikato DHB must review the morning handover process to ensure participation of senior medical staff and implement a handover plan for cardiology by 1 August 2018.</li><li>5. Workload on surgical attachments, including the distribution of workload among interns and the length of the day interns are required to work, must be addressed to ensure a safe working environment in which effective teaching can occur. This must occur by 1 August 2018. Failure to satisfactorily address this requirement will result in Council reviewing and potentially withdrawing the accreditation status of the affected clinical attachments in the surgical department.</li><li>6. Waikato DHB must provide evidence that the leave application and approval process is transparent, timely and equitable by 1 August 2018.</li></ol> <p>Failure to satisfactorily address <b>required action 5</b> by <b>1 August 2018</b> will result in Council reviewing and potentially withdrawing the accreditation status of the affected clinical attachments in the surgical department.</p> <p><b>By 16 November 2018:</b></p> <ol style="list-style-type: none"><li>1. Commitment to intern training as a key strategic priority must be included in appropriate documentation including but not limited to the 10 Year Health System Plan (or its draft) by 16 November 2018.</li><li>4. Waikato DHB must provide an update regarding the implementation of the electronic clinical task management system by 16 November 2018.</li></ol> <p>A final report on the required actions must be provided by Waikato DHB by <b>1 April 2019</b>. The report must include reports from the CEO and CMO, the CDT and the prevocational educational supervisors. Council will also conduct an intern survey at this time. All of this information will be considered by Council at its May meeting in 2019. Council will then consider the accreditation status of Waikato DHB and decide the period of accreditation and if it requires a further accreditation assessment visit.</p>	

## Section B – Progress on the required actions

### 1 Strategic Priorities

There were two required actions under Section 1 Strategic Priorities section in the *Prevocational medical training accreditation report: Waikato District Health Board* dated 13 September 2017. They were:

- i. Evidence of prevocational training as a key strategic priority must be reflected in Waikato DHB's strategic planning documents.
- ii. Waikato DHB must establish a governance group for the intern training programme with appropriate intern representation. This must have the authority to effect change and facilitate support in response to identified issues. This must also include advocating, at executive level, for the role and requirements to be an effective training establishment.

### 1. Strategic Priorities

	Met	Substantially met	Not met
Rating		X	

Commentary:

#### Findings:

i.

Prevocational medical training is regarded as a strategic priority by the Waikato DHB. However, it is not explicitly reflected as a priority in any strategic planning documents. Waikato DHB is developing their 10 year health system plan which will include a workforce development plan. It is essential that prevocational medical training is demonstrated as a priority in the relevant strategic planning documents, in particular reference must be made to such commitment in the 10 year health system plan. This is of particular importance given the interim nature of the current senior leadership. Recording this commitment in strategic documents will confirm the commitment of the organisation and reduces reliance on individuals.

ii.

Waikato DHB has established the Prevocational Medical Training Steering Group in order to proactively address the concerns raised in the accreditation report of 13 September 2017 which includes intern representation. Interns appreciate the opportunity to provide input and be part of the decision-making. Waikato DHB is currently establishing a Resident Medical Officer (RMO) Council. The RMO Council will provide governance and leadership for all RMO education, training, supervision and employment. The RMO Council will replace the Prevocational Medical Training Steering Group and is expected to have its first meeting before the end of June. While Council acknowledges that the Prevocational Medical Training Steering Group has served as a governance group overseeing changes to prevocational training, the Waikato DHB must provide confirmation that the work they have undertaken is to be continued by the RMO Council.

#### Required actions:

1. Commitment to intern training as a key strategic priority must be included in appropriate documentation including but not limited to the 10 Year Health System Plan by 16 November 2018.
2. Waikato DHB must provide confirmation that the RMO Council has been established and has held its first meeting by 1 August 2018. This confirmation should include details of its composition, mandate and reporting lines.

**2.1 The context of intern training**

There were two required actions under Section 2.1 The context of intern training section in the *Prevocational medical training accreditation report: Waikato District Health Board* dated 13 September 2017. They were:

- iii. Waikato DHB must ensure appropriate resources for the delivery of the intern training programme, including senior medical officer (SMO) staffing, to ensure the effective support and supervision of interns.
- iv. Clinical supervisors must be made aware of their responsibility to escalate any concerns about intern performance to the prevocational educational supervisors.

**2.1 The context of intern training**

	Met	Substantially met	Not met
Rating	<b>X</b>		

Commentary:

**Findings:**

**iii.**  
The senior medical officer (SMO) capacity to provide supervision, oversight and teaching continues to be a challenge and this is impacting on the delivery of the intern training programme. Council acknowledges that Waikato DHB has a generic job description for SMOs that includes a clear expectation that SMOs will be involved in the teaching of interns at all levels. However, the ability of the SMOs to deliver the required supervision and training to interns is still being compromised due to the SMO work load.

**iv.**  
The clinical supervisors have received numerous communications outlining the procedures to follow if they have any concerns about intern performance. In addition, the profile of the prevocational educational supervisors has been raised and this has resulted in a greater awareness amongst clinical supervisors, of who the prevocational educational supervisors are.

Clinical supervisors are aware of their responsibility to escalate concerns about intern performance to the prevocational educational supervisors.

**Recommendation:**

- Waikato DHB should ensure that the senior medical officers have the capacity and resources to effectively contribute to the provision of appropriate, quality teaching of interns at all levels.

**3.2 Programme components**

There were two required actions under Section 3.2 Programme components section in the *Prevocational medical training accreditation report: Waikato District Health Board* dated 13 September 2017. They were:

- v. Waikato DHB must ensure appropriate engagement between consultants and interns during handover.

vi. Mechanisms must be implemented to allow for the effective prioritisation of clinical tasks following handover.

**3.2 Programme components**

	Met	Substantially met	Not met
Rating		X	

Commentary:

**Findings:**

**v.**  
 There has been an improvement with handover at Waikato DHB. This is particularly the case with the medical and surgical attachments where there is a documented process that has been implemented well in most areas at nights. However, the morning handover is conducted between interns rather than with the involvement of senior members of the clinical team. The presence of a more senior medical staff member at handover ensures the safety of the patient and the staff members involved. It also provides the opportunity for teaching. Of particular concern is that cardiology has no formal handover process. This deficiency must be addressed.

Waikato DHB conducted a survey with the interns about their handover experiences which has informed the development of draft policy which was approved in April and is now available on the DHB’s intranet.

**vi.**  
 The medical staff acknowledged that the electronic solution for the effective prioritisation of clinical tasks, due to be implemented in July, will be an improvement on the current process. However some medical staff have expressed concerns that there are significant gaps in the solution’s functionality and lack of future proofing. The DHB advised that further options to address the concerns are being investigated.

**Required actions:**

3. Waikato DHB must review the morning handover process to ensure participation of senior medical staff and implement a handover plan for cardiology by 1 August 2018.

4. Waikato DHB must provide an update regarding the implementation of the electronic clinical task management system by 16 November 2018.

**4.2 Supervision**

There were two required actions under Section 4.2 Supervision section in the *Prevocational medical training accreditation report: Waikato District Health Board* dated 13 September 2017. They were:

vii. Council’s required ratio of prevocational educational supervisors to interns (1:10), with FTE protected time, must be met at all times.

viii. Council’s serious concerns regarding medical night cover must be addressed. Interns must be appropriately supported and supervised by qualified medical staff at all times.

**4.2 Supervision**

	Met	Substantially met	Not met
Rating	X		

Commentary:

**Findings:****vii.**

Waikato DHB has demonstrated commitment to ensuring the appropriate ratio of prevocational educational supervisors to interns (1:10) and provided them protected time. Recruitment is underway for an additional prevocational educational supervisor to maintain the ratio.

**viii.**

The concerns regarding medical night cover have been addressed. In October 2017 the Waikato DHB appointed both an additional registrar and intern to the medical night roster.

**Required actions:**

Nil.

**6.2 Welfare and support**

There were four required actions under Section 6.2 Welfare and support section in the *Prevocational medical training accreditation report: Waikato District Health Board* dated 13 September 2017. They were:

- ix. The workload of interns must be consistent with the delivery of safe patient care within a safe working environment.
- x. Waikato DHB must ensure a safe working environment that is free from bullying and harassment.
- xi. Access to confidential counselling services for interns must be ensured.
- xii. Waikato DHB must implement an effective and transparent system for annual leave applications.

**6.2 Welfare and support**

	Met	Substantially met	Not met
Rating			<b>X</b>

**Commentary:****Findings:****ix.**

The workload of interns remains an issue. Serious concerns have been raised about the workload on the surgical attachments. The surgical department has been restructured, resulting in the establishment of an additional surgical team (the red team) covering trauma and general admissions. The net effect of this change is that the number of interns attached to each team has been reduced from 3 to 2.

Alongside this, there is an uneven distribution of work between the various surgical teams. One team (the green team) has 3 consultants all of whom admit acute patients, while another (the blue team) has no consultants that admit acute patients. This has a significant impact on the spread of workload among the interns in the surgical department.

Interns on surgical attachments are rostered for 8 hours, but are typically working up to 12 hours in order to complete all necessary tasks. Although the Waikato DHB intends to recompense them by re-categorising the attachment this will not ameliorate the risks associated with fatigue.

Interns and prevocational educational supervisors raised serious concerns about surgical attachments, including the potential risks to patient safety, and negative impacts on effective teaching of interns within the surgical department.

**x.**

The interns are aware of the steps that they could take if they were subject to bullying. Examples were provided where such steps were taken to the satisfaction of the intern in question.

The accreditation team wish to acknowledge the positive efforts made by the Waikato DHB in this regard and in particular the implementation of the Workplace Support Person initiative.

**xi.**

Appropriate confidential counselling services are available for any intern needing to access these services. Interns are aware that these services are confidential. The DHB is now holding an employee assistance programme (EAP) and wellbeing teaching session as part of the formal education programme for both PGY1s and PGY2s.

**xii.**

Interns are entitled to a transparent and equitable process of leave allocation, including a prompt response to leave applications. Interns at Waikato DHB continue to be vexed by the inequitable and difficult to access leave system. This seems to be exacerbated by the leave process still being paper-based and to some extent that granting leave is limited by staff numbers.

However, the accreditation team acknowledges that there has been a restructure of the RMO unit and a review of the leave process is underway.

**Required actions:**

5. Workload on surgical attachments, including the distribution of workload among interns and the length of the day interns are required to work, must be addressed to ensure a safe working environment in which effective teaching can occur. This must occur by **1 August 2018**. Failure to satisfactorily address this requirement will result in Council reviewing and potentially withdrawing the accreditation status of the affected clinical attachments in the surgical department.
6. Waikato DHB must provide evidence that the leave application and approval process is transparent, timely and equitable by 1 August 2018.