



Te Kaunihera Rata
o Aotearoa

**Medical Council
of New Zealand**

Prevocational medical training accreditation
report for:
Wairarapa District Health Board

Date of site visit: 17 and 18 October 2019
Date of report: 12 February 2020

Background

The Council accredits¹ 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.

Please refer to Council's [Policy on the accreditation of prevocational medical training providers](#) for further information.

¹ Section 118 of the Health Practitioners Competence Assurance Act 2003

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



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of New Zealand**

Name of training provider:	Wairarapa District Health Board (DHB)
Name of sites:	Wairarapa Hospital
Date of training provider accreditation visit:	17 and 18 October 2019
Accreditation visit team members:	Dr Ken Clark (Accreditation team Chair) Dr Pamela Hale Ms Kim Ngārimu Dr Brendan Marshall Dr Philip Ruppeltd Mr David Dunbar Ms Krystiarna Jarnet
Date of previous training provider accreditation visit:	August 2016
Key staff the accreditation visit team met:	
Chief Executive:	Ms Dale Oliff
Chief Medical Officer:	Dr Shawn Sturland
Prevocational Educational Supervisors:	Mr Robert Sahakian Dr Tim Matthews Dr Niels Dugan
RMO unit staff:	Ms Bernadine McGruddy
Other key people who have a role within the prevocational training programme:	Dr Maha Jaber Dr Hok Mao Dr Laura Davidson Dr Norman Gray Mr Konrad Schwanecke
Key data about the training provider:	
Number of interns at training provider:	13 per quarter, 52 each year
Number of PGY1s:	15 each year
Number of PGY2s:	37 each year
Number of accredited clinical attachments (current):	13
Number of accredited community based attachments:	0

Section A – Executive Summary

Wairarapa DHB offers a supportive, constructive and highly valuable training environment for interns. Council considers that there is real potential for the DHB to become a centre of excellence as a provider of prevocational medical training and education in the context of community based models of care and service in a provincial setting.

The accreditation team was cognisant of major change over recent years in Wairarapa DHB's operational relationships with its neighbouring DHBs, in particular Capital and Coast DHB and Hutt Valley DHB. There were also substantial changes in the make-up of the Executive Leadership team in the months preceding this visit.

Despite these changes it was clear there had been considerable progress in the provision of intern training since the previous Council accreditation in 2015. Intern training and supervision is coordinated by experienced and dedicated prevocational educational supervisors who are well supported by clinical and administrative staff including a motivated and innovative Chief Medical Officer.

The majority of interns are at Wairarapa Hospital for one 13 week clinical attachment as part of their employment in the Wellington region. Interns rotate through Wairarapa, Capital and Coast and Hutt Valley DHBs and, within this regional context, Wairarapa DHB should continue to maintain and further strengthen engagement with its partner DHBs to ensure the overall training and needs of interns are met over the course of their prevocational training.

A specific area of strength is Wairarapa DHB's focus on ensuring an apprenticeship style of learning with direct consultant contact and opportunities for ward, clinic and operating theatre work. This style of learning clearly delivers on the interns needs and supports their growth in independent decision making which may not be available in larger DHBs. There is, however, a high reliance on locums to staff the hospital. Interns consider that this negatively impacts on the quality of bedside teaching.

There is a monthly Resident Medical Officer (RMO) Local Engagement Group meeting attended by interns and hospital senior management staff and feedback about this group is positive from both interns and senior management staff. The DHB is highly responsive to intern requests for professional development and annual leave, and a strong culture of support for the DHB's informed consent policy and processes from all staff is noted and commended.

Wairarapa DHB needs to implement a strategic plan for development and support of prevocational medical training and education, which includes intern representation within the governance of the intern training programme.

Partnerships with Māori health providers need to be fostered and there is a need to embed cultural safety in all intern training to allow interns the opportunity to develop their cultural competence.

Community based attachments (CBAs) are not in place and, with due regard to the regional training arrangements, Wairarapa DHB needs to develop CBA attachments by November 2020.

Handover processes require strengthening, in particular at night and weekends with the incorporation of more consistent senior medical officer oversight. The DHB also needs to implement a formal process to support interns who have training related concerns.

Overall, Wairarapa DHB has met 15 of the 21 sets of Council's standards *Accreditation standards for training providers*. Five sets of standards are substantially met:

1. Standard 1.0 Strategic priorities
2. Standard 2.3 Relationships to support medical education
3. Standard 3.1 Programme components
4. Standard 3.3 Formal education programme
5. Standard 5.0 Monitoring and evaluation of the intern training programme

Standard 6.4 Resolution of training problems and disputes was not met.

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

1. Wairarapa DHB must develop and implement a strategic plan for development and support of prevocational medical training and education. (Standard 1.2)
2. Wairarapa DHB must ensure intern representation within the governance of the intern training programme. (Standard 1.5)
3. Wairarapa DHB must establish effective partnerships with Māori health providers to support intern training and education. (Standard 2.3.3)
4. Wairarapa DHB must embed cultural safety in all intern training to allow interns the opportunity to develop their cultural competence. (Standard 3.1.5)
5. Wairarapa DHB must provide a plan for how it intends to meet the requirement for community based attachments to ensure that by November 2021, over the course of the two intern years, each intern completes at least one clinical attachment in a Council accredited community based attachment. (Standard 3.1.6)
6. Wairarapa DHB must strengthen handover processes, in particular at night and weekends with senior medical officer oversight. (Standard 3.1.9)
7. Wairarapa DHB must work with their regional partners to incorporate the NZCF learning outcomes into the formal teaching sessions. (Standard 3.3.1)
8. Wairarapa DHB needs to ensure that the formal education programme provides content on Maori health and culture, and achieving Maori health equity, including the relationship between culture and health. (Standard 3.3.4)
9. Wairarapa DHB must implement a mechanism for interns to provide anonymised feedback on prevocational educational supervisors, RMO unit staff and others involved in intern training. (Standard 5.4)
10. Wairarapa DHB must develop processes to support interns to address problems with training supervision and training requirements that maintain appropriate confidentiality. (Standard 6.4.1)
11. Wairarapa DHB must develop clear and impartial pathways for timely resolution of training-related disputes. (Standard 6.4.2)

Section B – Overall outcome of the accreditation assessment

The overall rating for the accreditation of Wairarapa DHB as a training provider for prevocational medical training	Substantially Met
<p>Wairarapa District Health Board is accredited for prevocational medical training for a period of four years, until 30 April 2024. This date is subject to the DHB satisfactorily addressing the required actions in the report, which are set out below.</p> <p>Council has requested that Wairarapa DHB provide a progress report by 15 September 2020 that satisfies Council that the following required actions have been addressed:</p> <ol style="list-style-type: none">1. Wairarapa DHB must develop and implement a strategic plan for development and support of prevocational medical training and education. (Standard 1.2)2. Wairarapa DHB must ensure intern representation within the governance of the intern training programme. (Standard 1.5)3. Wairarapa DHB must establish effective partnerships with Māori health providers to support intern training and education. (Standard 2.3.3)4. Wairarapa DHB must embed cultural safety in all intern training to allow interns the opportunity to develop their cultural competence. (Standard 3.1.5)5. Wairarapa DHB must provide a plan for how it intends to meet the requirement for community based attachments to ensure that by November 2021, over the course of the two intern years, each intern completes at least one clinical attachment in a Council accredited community based attachment. (Standard 3.1.6)6. Wairarapa DHB must strengthen handover processes, in particular at night and weekends with senior medical officer oversight. (Standard 3.1.9)7. Wairarapa DHB must work with their regional partners to incorporate the NZCF learning outcomes into the formal teaching sessions. (Standard 3.3.1)8. Wairarapa DHB needs to ensure that the formal education programme provides content on Māori health and culture, and achieving Māori health equity, including the relationship between culture and health. (Standard 3.3.4)9. Wairarapa DHB must implement a mechanism for interns to provide anonymised feedback on prevocational educational supervisors, RMO unit staff and others involved in intern training. (Standard 5.4)10. Wairarapa DHB must develop processes to support interns to address problems with training supervision and training requirements that maintain appropriate confidentiality. (Standard 6.4.1)11. Wairarapa DHB must develop clear and impartial pathways for timely resolution of training-related disputes. (Standard 6.4.2)	

Section C – Accreditation Standards

1 Strategic priorities

1 Strategic priorities			
1.1	High standards of medical practice, education, and training are key strategic priorities for the training provider.		
1.2	The training provider has a strategic plan for ongoing development and support of high quality prevocational medical training and education.		
1.3	The training provider’s strategic plan addresses Māori health.		
1.4	The training provider has clinical governance and quality assurance processes that ensure clear lines of responsibility and accountability for intern training in the overall context of quality medical practice.		
1.5	The training provider ensures intern representation in the governance of the intern training programme.		
1.6	The training provider will engage in the regular accreditation cycle of the Council, which will occur at least every three years.		
1. Strategic priorities			
Rating	Met	Substantially met	Not met
		X	
Commentary:			
<p>Comments:</p> <p>Council notes that Wairarapa DHB’s strategic plan is currently in draft form. While prevocational medical education is detailed in the draft strategic plan, the development and support of prevocational medical training and education is not specifically addressed. However, the strategic direction signalled by senior management at the site visit is encouraging, particularly the DHB’s transition to community-based models of care and service delivery, with training and education encompassed within these new paradigms. The draft strategic plan addresses Māori health and equity.</p> <p>There is no formal intern representation in the governance of intern training. The DHB has a RMO Local Engagement Group, but this is not a governance forum. Council notes the regional nature of the intern training programme and the practicalities of ensuring ongoing intern representation. This is being considered as part of the current review of clinical governance processes across the DHB. Issues raised from the RMO Local Engagement Group are raised with the Executive Leadership Team or the Clinical Board as relevant.</p> <p>The Clinical Board meeting, chaired by the CMO, has a standing agenda item about the intern training programme.</p> <p>Required actions:</p> <ol style="list-style-type: none"> 1. Wairarapa DHB must develop and implement a strategic plan for development and support of prevocational medical training and education. (Standard 1.2) 2. Wairarapa DHB must ensure intern representation within the governance of the intern training programme. (Standard 1.5) 			

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			
Rating	Met	Substantially met	Not met
	X		
Commentary:			
<p>Comments:</p> <p>Wairarapa DHB provides clinical attachments for interns on rotation from their principal internships at Capital and Coast and Hutt Valley DHBs. As a result, the DHB does not develop and implement a plan for an intern's full training programme. However, the prevocational educational supervisors at Wairarapa DHB liaise closely with their counterparts at the other two DHBs, which ensures the Wairarapa DHB prevocational educational supervisors are fully able to support interns during their time at Wairarapa. Any significant issues relating to an intern's practice or training are addressed between CMOs.</p> <p>The prevocational educational supervisor is the first point of contact for issues relating to underperformance or patient safety. The smaller size of the DHB allows close liaison between CMO, clinical supervisors, prevocational educational supervisors and the RMO coordinator, which is a strength in ensuring support for interns.</p> <p>The current CMO took up his role in July 2019. He has executive accountability for meeting prevocational education and training standards and for the quality of training and education. Council believes the permanent CMO appointment will allow the DHB to provide increased clarity about the processes and management responsibilities for the intern training programme.</p> <p>The CMO and RMO unit coordinator attend quarterly 3-DHB governance meetings to discuss intern training matters. Participation in such meetings and ongoing direct liaison with the two Wellington region DHBs is key to supporting a regional approach to training, ensuring that the experience meets the interns' learning needs and is integrated into their fuller training programme.</p> <p>Recommendation:</p> <ul style="list-style-type: none"> That Wairarapa DHB continue to maintain and further strengthen engagement at a regional level to ensure the overall training and needs of interns are met over the course of their prevocational training. <p>Required actions: Nil.</p>			
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:

Wairarapa DHB's vocationally registered medical staff provide teaching instruction in daily one on one discussion as well as through organised weekly conferences and lectures. There are weekly departmental meetings attended by interns that include patient reviews, audits, radiology conferences and a bimonthly pathology conference.

The DHB primarily relies on Capital and Coast and Hutt Valley DHBs to provide a more comprehensive didactic lecture series. However, the DHB sees its strength as exposing interns to a rural secondary hospital setting and is looking at ways to optimise this.

The direct support of the clinical supervisor to the intern allows excellent apprenticeship style teaching. Senior medical staff value the interns and appreciate the need to provide sound teaching. Interns also value the close interaction with senior staff that the absence of a Registrar level allows.

Commendation:

- Wairarapa DHB's focus on ensuring an apprenticeship style of learning that delivers on the interns' needs and supports their growth in independent decision making is to be commended.

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.

2.3.3 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:

The majority of interns are at Wairarapa Hospital for one 13 week clinical attachment as part of their employment in the Wellington region. The majority of the interns' contact with external organisations in training and education occurs while they are working for Capital and Coast and/or Hutt Valley DHBs. As the smallest partner in the regional training programme, Wairarapa DHB has relied on the expertise of the Otago University associated staff in Wellington to provide structured didactic education. Efforts to enable Wairarapa's interns to access the Capital and Coast and Hutt Valley DHB programmes by video link have proved unsuccessful to date. Council is aware that Wairarapa DHB is continuing to pursue access to this educational resource with Capital and Coast and Hutt Valley DHBs. Council encourages Wairarapa DHB to continue to pursue this issue.

Despite its limited involvement in interns' training, it is important that the DHB maintains strong links with other local organisations to ensure the interns receive comprehensive education and training during

all of their prevocational clinical attachments. Council acknowledges the DHB's long term vision to be a centre of excellence with a strong primary care focus. Local engagement is crucial to this happening.

The DHB ensures local Māori groups participate in intern orientation so that interns can develop their cultural competence. This includes a presentation about local Wairarapa Māori history that provides valuable context to the interns' delivery of patient care.

However, the DHB has acknowledged that it needs to focus on establishing and maintaining formal external relationships with the Māori health sector.

Required action:

3. Wairarapa DHB must establish effective partnerships with Māori health providers to support intern training and education. (Standard 2.3.3)

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 in the NZCF (75% by the end of PGY1 and at least 95% by the end of PGY2).		
3.1.2	The intern training programme requires the satisfactory completion of eight 13-week accredited clinical attachments, which in aggregate provide a broad based experience of medical practice.		
3.1.3	The training provider has a system to ensure that interns' preferences for clinical attachments are considered, mindful of the overall learning objectives of the NZCF and their individual PDP goals in the context of available positions.		
3.1.4	The training provider selects suitable clinical attachments for training on the basis of the experiences that interns can expect to achieve, including the: <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 they are combined to support achievement of the goals of the intern training programme. 		
3.1.5	The training provider has processes that ensure that interns receive the supervision and opportunities to develop their cultural competence in order to deliver patient care in a culturally-safe manner.		
3.1.6	The training provider, in discussion with the intern and the prevocational educational supervisor, must ensure that over the course of the two intern years each intern spends at least one clinical attachment in a community setting.		
3.1.7	Interns are not rostered on nights during the first six weeks of PGY1.		
3.1.8	The training provider has 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			
Rating	Met	Substantially met	Not met
		X	
Commentary:			

Comments:

Wairarapa DHB contributes to the interns' education programme by offering teaching and apprentice style education to enable interns to attain learning outcomes in the NZCF. By exposing interns to a wide variety of clinical experience in a smaller hospital environment it offers opportunities that may not be available at the larger Capital and Coast and Hutt Valley DHBs.

Wairarapa DHB is not involved in allocating interns to clinical attachments as this is organised through Capital and Coast DHB. However, it is respectful of interns' preferences and works with them and the lead RMO unit at Capital and Coast DHB to ensure the interns achieve the overall learning objectives of the NZCF and their individual PDP goals.

Direct supervision by the clinical supervisor allows the supervisor to recognise any training needs and ensure concerns are addressed.

Wairarapa DHB ensures local Māori groups participate in the orientation programme, however there is no formal ongoing supervision or opportunities to develop the intern's cultural competence in order to deliver patient care in a culturally safe manner. The DHB acknowledged that processes to allow this are being developed.

Access to community based attachments (CBA) is the shared responsibility of the three DHBs that employ the interns. Wairarapa DHB does not yet have CBAs available for interns during their 13 week attachment but is working to establish CBAs by 2020 as part of its strategic direction to promote increased community liaison.

PGY1 interns do not work at Wairarapa during the first 6 months of their PGY1 year. Interns feel supported at nights. Senior medical officers are readily available by phone or in person. A number of locum senior medical officers are employed at the DHB and this requirement to be available to support interns at night is communicated in advance to them. Interns may also access advice during the night shift from Capital and Coast and Hutt Valley DHBs senior medical officers, which generally works well.

Handovers occur daily at 8am and 4pm and are reported to be functioning well. Handover processes have been steadily improving with the Duty Nurse Managers and some senior medical officers involved in the process. However, handover at night has mostly occurred only for selected patients. Handover processes need to be strengthened at nights. This is a critical issue for Wairarapa DHB given the lack of senior staff on site at nights and weekends, and the relatively high volume of locum senior medical officers and RMOs who are employed at the DHB.

Informed consent processes and documented policy comply with Council's policy on informed consent and the DHB has provided evidence of ongoing process improvement. Interns report that they have not been asked to consent for procedures that were outside of their expertise or experience.

Commendation:

- Despite the challenges of being a small DHB, there is a strong culture from all staff of supporting its informed consent policy and processes and this is to be commended.

Required actions:

4. Wairarapa DHB must embed cultural safety in all intern training to allow interns the opportunity to develop their cultural competence. (Standard 3.1.5)
5. Wairarapa DHB must provide a plan for how it intends to meet the requirement for community based attachments to ensure that by November 2021, over the course of the two intern years, each intern completes at least one clinical attachment in a Council accredited community based attachment. (Standard 3.1.6)

6. Wairarapa DHB must strengthen handover processes, in particular at night and weekends with senior medical officer oversight. (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 NZCF, mid and end of clinical attachment assessments, personal interests and vocational aspirations.
- 3.2.3 There are mechanisms to ensure that the clinical supervisor and the prevocational educational supervisor regularly review the goals in the intern’s PDP with the intern.
- 3.2.4 The training provider facilitates training for PGY1s on goal setting in the PDP within the first month of the intern training programme.

3.2 ePort

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:
 The prevocational educational supervisors ensure that interns are reminded to update their ePort as a record of their learning and training experience at Wairarapa DHB, but the recording of clinical attachment meetings in ePort are not always happening in a timely fashion. Meeting reminders are also sent from the RMO unit.

During their separate meetings with the intern, the clinical supervisor and the prevocational educational supervisor review the goals in the intern’s PDP. Clinical supervisors are reminded by the prevocational educational supervisors at monthly meetings, and in emails as required, to ensure that appropriate discussions are happening.

Wairarapa DHB does not facilitate training on goal setting in the PDP as interns are not allocated to Wairarapa DHB in their first 6 months of PGY1.

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 NCZF learning outcomes that are not generally available through the completion of clinical attachments.
- 3.3.2 The intern training programme is structured so that interns in PGY1 can attend at least two thirds of formal educational sessions.
- 3.3.3 The training provider ensures that all PGY2s attend structured education sessions.
- 3.3.4 The formal education programme provides content on Māori health and culture, and achieving Māori health equity, including the relationship between culture and health.
- 3.3.5 The training provider ensures the formal education programme provides opportunity for interns to develop skills in self-care and peer support, including time management, and identifying and managing stress and burn-out.
- 3.3.6 The training provider provides opportunities for additional work-based teaching and training.

3.3 Formal education programme

	Met	Substantially met	Not met
Rating		X	

Commentary:

Comments:

There is a regular formal education programme in place for interns. This includes weekly clinical society sessions (grand rounds), formal teaching sessions by senior medical officers, and RMO journal club sessions. There are also separate departmental teaching, radiology, multidisciplinary meetings and other educational sessions. A wide range of topics are covered.

Attendance by interns is encouraged and formal lectures occur at a time when most interns can attend. However, in practice interns are often not able to attend due to rostering or work commitments or cancellations of the sessions. PGY2s are offered the same education sessions as the PGY1s but there are other work based learning experiences available for PGY2s. There are minimal processes in place for ensuring intern attendance.

Wairarapa DHB does schedule a formal lecture at the Wednesday afternoon lecture series on Māori health and culture, however, staff at the DHB felt that this area of education could be strengthened.

The DHB acknowledges that the instruction that senior medical officers provide, needs to be increasingly aligned with the New Zealand Curriculum Framework (NZCF). The DHB needs to focus on working with its regional partners to ensure that between the three Wellington DHBs the full range of NZCF learning outcomes are incorporated into their formal teaching programmes.

Wairarapa DHB states that it sometimes provides lectures on self-care and peer support, including time management, and how to identify and manage stress and burn-out. The intern survey showed a variable response on whether they felt the teaching sessions were adequate. Interns in Wairarapa feel isolated from their home base (which is generally Wellington) so formal learning on self-care is very important.

There is strong 'pastoral' care for interns who appear to be in stress. They are supported by prevocational educational supervisors and other appropriate staff and encouraged to utilise appropriate support structures. There is a strong sense of community and mutual support among the interns who rotate through Wairarapa DHB.

Teaching at Wairarapa DHB is strongly apprentice based with direct consultant contact and opportunities for ward, clinic and operating theatre work. This provides opportunities for additional work-based teaching and training that may not be available in the bigger DHBs. This apprentice style learning/teaching is seen as a strength of the intern education provided by the DHB.

Recommendation:

- Wairarapa DHB should strengthen its process for ensuring interns get protected teaching time.

Required actions:

7. Wairarapa DHB must work with its regional partners to incorporate the NZCF learning outcomes into the formal teaching sessions. (Standard 3.3.1)
8. Wairarapa DHB needs to ensure that the formal education programme provides content on Maori health and culture, and achieving Maori health equity, including the relationship between culture and health. (Standard 3.3.4)

3.4 Orientation

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

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

3.4 Orientation

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

Wairarapa DHB provides a comprehensive full day orientation at the start of each quarter attachment for all interns commencing employment. Locum intern coverage is organised to relieve incoming interns of clinical duties to allow their uninterrupted participation. The orientation includes introductions to key staff, systems, policies and relevant processes. The orientation also includes a detailed introduction to the emergency department as interns working night shift are based in the emergency department.

There is the option to participate in the orientation for those interns who do return to do further clinical attachments at Wairarapa DHB.

Required actions:

Nil.

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:

Wairarapa DHB has not received any requests for flexible training arrangements. However any requests would be considered by the clinical supervisor, prevocational educational supervisor and CMO. The RMO unit is responsive to individual intern requirements, for example those interns who are not able to work nights or participate in operating theatre work.

Recommendation:

- Wairarapa DHB should consider developing a flexible training policy.

Required actions:

Nil.

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:

All involved in prevocational training at Wairarapa DHB have a good understanding of and engagement in the requirements of the intern training programme.

The CMO and RMO unit coordinator attend quarterly 3-DHB governance meetings to discuss intern training matters. Prevocational training is discussed with clinical supervisors are reminded of the requirements of the intern training programme by the prevocational educational supervisors at monthly meetings, informally and in emails as required.

Interns attend the RMO Local Engagement Group meetings where prevocational training issues are discussed.

Required actions:

Nil.

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:**

Wairarapa DHB has two prevocational supervisors and another approved prevocational educational supervisor who provides cover if one of the supervisors is on leave. They all attend the annual prevocational educational supervisor meetings held by Council.

Council noted there was a high level of engagement and personal commitment from the two permanent prevocational educational supervisors and they are held in high regard by other staff including the interns.

The CMO has oversight of the prevocational educational supervisors to ensure they are effectively fulfilling the obligations of their role.

The RMO unit coordinator, the Executive Assistants to the CMO and the Executive Leader of Clinical Operations ably assist the prevocational educational supervisors. The RMO unit coordinator is supported by the RMO units at Capital and Coast and Hutt Valley DHBs.

Required actions:

Nil.

4.3 Supervision – Clinical supervisors

- 4.3.1 Mechanisms are in place to ensure clinical supervisors have the appropriate competencies, skills, knowledge, authority, time and resources to meet the requirements of their role.

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

4.3 Supervision – Clinical supervisors

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

The DHB supports clinical supervisors to undertake relevant training in supervision and assessment and to attend training. However there is no system in place to track attendance.

Interns are supervised to a level that is appropriate for their experience, abilities and responsibilities. Interns are frequently reminded to express their level of comfort and seek consultant help freely.

The prevocational educational supervisors provide clinical supervision to interns on relief attachments.

Access to professional development activities to support teaching and educational practice is available to all staff involved in the intern training programme.

Recommendation:

- Wairarapa DHB should monitor and record the attendance of supervisor training.

Required actions:

Nil.

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

4.4 Feedback and assessment

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

There are systems in place to ensure interns receive regular feedback from supervisors.

Interns who are not performing at the required standard of competence are identified at an early stage due to the close working relationship between supervisors and interns. Quarterly meetings between the

CMOs and prevocational educational supervisors of each of the three Wellington regional DHBs ensures that, where necessary, the need to provide additional support is known ahead of the intern's next placement.

When selecting clinical attachments for interns, the DHB takes into account the performance of interns up to that point in the programme. ePort is one of the major tools that assists the DHB's supervisors to track the progress of an intern before they start work at Wairarapa DHB. There are meetings and phone calls with other supervisors from the Capital and Coast and Hutt Valley DHBs to make sure that Wairarapa DHB supervisors are aware of any intern who may require greater support.

Internally, all members of staff are familiar with the lines of accountability from clinical supervisors to prevocational educational supervisors and then to the CMO (who would notify Council if required). Specific examples highlighted supportive processes around struggling interns where this was required.

Recommendation:

- Wairarapa DHB should develop a policy document or protocol to strengthen the processes that are followed when concern is raised about an intern's progress.

Required actions:

Nil.

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

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

In the past, Wairarapa DHB has participated in a regional Advisory Panel with Hutt Valley DHB. Wairarapa DHB has established its own advisory panel for this year which has the appropriate membership and is well supported by the CMO.

Required actions:

Nil.

4.6 End of PGY2 – removal of endorsement on practising certificate			
4.6.1	There is a monitoring mechanism in place to ensure that all eligible PGY2s have applied to have the endorsement removed from their practising certificates.		
4.6.2	There is a monitoring mechanism in place to ensure that prevocational educational supervisors have reviewed the progress of interns who have applied to have their endorsement removed.		
4.6 End of PGY2 – removal of endorsement on practising certificate			
Rating	Met	Substantially met	Not met
	X		
Commentary:			
<p>Comments: The prevocational educational supervisors and RMO coordinator jointly ensure that all eligible PGY2s have applied to have their endorsement removed from their practising certificates.</p> <p>Required actions: Nil.</p>			

5 Monitoring and evaluation of the intern training programme

5 Monitoring and evaluation of the intern training programme			
5.1	Processes and systems are in place to monitor the intern training programme with input from interns and supervisors.		
5.2	There are mechanisms in place that enable interns to provide anonymous feedback about their educational experience on each clinical attachment.		
5.3	There are mechanisms that allow feedback from interns and supervisors to be incorporated into quality improvement strategies for the intern training programme.		
5.4	There are mechanisms in place that enable interns to provide anonymous feedback on their prevocational educational supervisors, RMO unit staff and others involved in intern training.		
5.5	The training provider routinely evaluates supervisor effectiveness taking into account feedback from interns.		
5.6	There is a process to address any matters raised by Council in relation to training, including those arising from accreditation visits.		
5. Monitoring and evaluation of the intern training programme			
Rating	Met	Substantially met	Not met
		X	
Commentary:			
<p>Comments: The small size of the hospital creates a culture of approachability between interns and senior management. Wairarapa DHB facilitates a monthly RMO Local Engagement Group meeting attended by interns, RMO unit staff, prevocational educational supervisors and the CMO. This system offers a regular and frequent opportunity for interns to provide feedback on the intern training programme, clinical supervisors and any other issues. Senior management welcome intern feedback and the interns feel they are listened to by management. Interns report that their feedback is actioned appropriately and they are able to regularly follow-up on progress made in resolving previously raised matters. Issues raised at RMO Local Engagement Group Meetings follow a clear chain of escalation, with prevocational educational supervisors and the CMO subsequently being able to raise wider issues regarding intern training at Clinical Governance Meetings and directly with clinical supervisors.</p>			

Interns are invited to complete anonymised feedback forms about their educational experience at the end of each clinical attachment which are reviewed and actioned if necessary by RMO unit staff and prevocational educational supervisors.

Although there is a strong culture of informal feedback, there is no formal mechanism to allow interns to provide anonymous feedback on prevocational educational supervisors, RMO unit staff and others involved in intern training.

The DHB has a process in place to address any matters raised by Council in relation to training that involves the CMO, prevocational educational supervisors and RMO unit.

Commendation:

- Wairarapa DHB is commended for facilitating a monthly RMO Engagement Group meeting attended by interns and hospital senior management staff. Feedback regarding the efficacy of these meetings is positive amongst both interns and senior management staff alike.

Required actions:

9. Wairarapa DHB must implement a mechanism for interns to provide anonymised feedback on prevocational educational supervisors, RMO unit staff and others involved in intern training. (Standard 5.4)

6 Implementing the education and training framework

6.1 Establishing and allocating accredited clinical attachments			
6.1.1	Processes and mechanisms are in place to ensure the currency of accredited clinical attachments.		
6.1.2	The training provider has processes for establishing new clinical attachments.		
6.1.3	The process of allocation of interns to clinical attachments is transparent and fair.		
6.1 Establishing and allocating accredited clinical attachments			
Rating	Met	Substantially met	Not met
	X		
Commentary:			
Comments:			
Wairarapa DHB has processes and mechanisms in place to establish and review clinical attachments. This is done via ePort and is led by the RMO Unit.			
Allocation of interns to clinical attachments is undertaken as part of the wider regional programme, which is led by the RMO unit at Capital and Coast DHB. Wairarapa DHB has no direct control over this process. For this reason, this part of the standards has not been assessed.			
Required actions:			
Nil.			
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:

Wairarapa DHB participates in the regional training programme, which results in interns that are based in either the Capital and Coast or Hutt Valley DHBs doing one or more clinical attachments in the Wairarapa. These interns are able to access their welfare and support needs from both Wairarapa DHB and in some cases their 'base' DHB during their attachment at the Wairarapa DHB.

Rostering, working hours and leave requirements are principally driven by the Multi Employment Contract Agreement and meet Council requirements. Medical staff on nights is limited to two interns, with on-call support available from senior doctors as required. Interns consider consultants to be highly responsive to their requests for support during night shifts. The availability of that support to the night roster are critical to ensuring ongoing patient safety and intern welfare.

As a relatively small hospital, the interns have significant opportunities for patient contact. The apprenticeship model that is employed by the DHB ensures that interns receive a high level of bedside teaching and supervision appropriate to the nature of their duties. There is, however, a high reliance on locums to staff the hospital. Interns consider that this negatively impacts on the quality of bedside teaching.

The DHB actively encourages interns to maintain their own health and welfare. This includes formal education sessions on self-care, the availability of EAP in Masterton and access to the on-site chaplain. The relatively small size of the hospital creates a strong sense of community among interns, and between interns and senior staff. Some of the pastoral care that is provided includes informal 'check-ins', which is often a feature of this type of hospital setting. Previous issues with the availability of general practitioners to provide medical care for interns is now resolved, and interns advised that they are registered with a general practitioner.

The DHB has a high reliance on its Māori Health team to provide cultural support for the training programme. As noted above, the DHB acknowledges that it needs to focus on establishing and maintaining formal external relationships with the Māori health sector and strengthening its education on cultural competence and safety. It also accepts that interns of different backgrounds may have different cultural obligations, and notes that it would respond to these on a case by case basis.

Professional development and annual leave applications are considered to be processed transparently, fairly, and quickly, generating high levels of satisfaction among interns. It is noted that given the short term that most interns are attached to the DHB, they are encouraged to take leave commensurate with their term in the Wairarapa. This is to ensure that the DHB does not bear a disproportionate cost associated with leave.

Commendation:

- The DHB is commended for being highly responsive for professional development and annual leave.

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:**

Wairarapa DHB has an intern site on its intranet, which has comprehensive information available for interns. This includes information about clinical attachments descriptions, the teaching programme, practical administrative matters such as rosters, and pastoral support. There is also information about DHB policies and medical services at the DHB.

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 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:**

Wairarapa DHB operates an RMO Engagement Group, which is a forum in which training related issues can be raised. However, it is not a confidential forum, and is not an adequate mechanism for the resolution of training related disputes. The DHB did not provide any information about its formal dispute resolution policy or processes. It also noted that any disputes that were unable to be resolved locally would be addressed by the intern's base DHB. It is important that interns have access to a transparent and fair dispute resolution process that is available to them at the hospital they are attached to.

Required actions:

- Wairarapa DHB must develop processes to support interns to address problems with training supervision and training requirements that maintain appropriate confidentiality. (Standard 6.4.1)
- Wairarapa DHB must develop clear and impartial pathways for timely resolution of training-related disputes. (Standard 6.4.2)

7 Facilities

7 Facilities			
7.1	Interns have access to appropriate educational resources, facilities and infrastructure to support their training.		
7. Facilities			
Rating	Met	Substantially met	Not met
	X		
Commentary:			
<p>Comments:</p> <p>There is a library on site to which interns have ready access, as well as a large variety of online library facilities available through the Wairarapa DHB intranet. The majority of interns feel that the educational resources, facilities and infrastructure support their learning. The intern room at the hospital is well located near wards and hospital services.</p> <p>The dedicated training centre has rooms for meetings and tutorials. There is also a skills lab available and video conference facilities. The DHB has prepared the facilities to link to Wellington for streamed education, which the Council considers will be a valuable resource and support for the interns.</p> <p>Interns have access to computer facilities and to the internet library service, which the interns particularly valued. The librarian circulates to all DHB staff abstracts from new journal articles, which the interns appreciate. They feel well supported in maintaining their knowledge of current medical research.</p> <p>Wairarapa DHB also provides accommodation for interns during their 13 week attachment. This accommodation is provided on-site or in one of the 3 houses that the DHB rents for interns.</p> <p>Commendation:</p> <ul style="list-style-type: none"> The DHB is to be commended for the library abstract service that strongly assists interns in being aware of relevant medical articles. <p>Required actions:</p> <p>Nil.</p>			